



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) 58703 (Completion Date 05/01/2025) and 55954 (Completion Date 03/11/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/01/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b

The Department staff who did the on-site verification:

Keiko Kitano, Licensors
Alma Duran, Licensors

If you have any questions, please contact me at (253)312-1446.

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 # 55954
Plan of Correction	Kin On Assisted Living	Completion Date
Page 1 of 6	Licensee: KIN ON HEALTH CARE CENTER	03/11/2025

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

The department completed data collection for an unannounced on-site follow-up on 03/06/2025 of:

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

This document references the following SOD dated: 03/11/2025

The following sample was selected for review during the unannounced on-site visit: 5 of 12 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensors
Keiko Kitano, Licensors

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

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

Statement of Deficiencies	License #: 2519	Compliance Determination # 55954
Plan of Correction	Kin On Assisted Living	Completion Date
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As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

03/21/2025

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Mingchen Li

Administrator (or Representative)

3/25/2025

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and
- (e) Continuing education.

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 B, F, G, and H) had valid Cardiopulmonary resuscitation (CPR) and/or first aid cards as mandated by Washington Administrative Code (WAC) 388-112A. This placed 12 residents at risk for not receiving proper care and services from inadequately trained staff members, and for potentially compromising the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-112A-0710 What is CPR/first-aid training - CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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

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

03/21/2025

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Date

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- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
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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 B, F, G, and H) had valid Cardiopulmonary resuscitation (CPR) and/or first aid cards as mandated by Washington Administrative Code (WAC) 388-112A. This placed 12 residents at risk for not receiving proper care and services from inadequately trained staff members, and for potentially compromising the residents' health conditions.

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NOTE: Washington Administrative Code (WAC) 388-112A-0710 What is CPR/first-aid training - CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 12 residents.

Staff records review showed that the ALF hired Staff B (Certified Nursing Assistant ((CNA)) on 08/23/2024. Review of Staff B's record showed Staff B had taken CPR and first aid training through an internet-based program that did not include hands on skills development through the use of mannequins or training partners. Staff B's record showed no valid CPR or first aid card.

Staff records review showed that the ALF hired Staff F (CNA) on 12/06/2024. Staff F's record showed no valid first aid card. On 03/06/2025 at 12:05 PM, Staff M (Office Assistant) provided the Department's Representatives with Staff F's first aid card. Review of Staff F's first aid card showed that Staff F had taken the first aid training on 03/06/2025, three months after Staff F was hired.

Staff records review showed that the ALF hired Staff G (Personal Care Assistant/Caregiver) on 11/16/2018. Staff G's record showed no valid first aid card.

Staff records review showed that the ALF hired Staff H (CNA) on 07/01/2024. Staff H's record showed no valid first aid card.

In an interview, on 03/06/2025 at 1:20 PM, Staff J (Administrator) confirmed that these four caregivers had not completed the CPR and/or first aid training mandated by the requirements.

This is an uncorrected deficiency previously cited under subsections (2)(d) on 01/06/2025.

Statement of Deficiencies

License #: 2519

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Plan of Correction

Kin On Assisted Living

Completion Date

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Licensee: KIN ON HEALTH CARE CENTER

03/11/2025

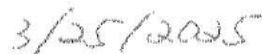
Plan/Attestation Statement

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) 4/14/2025.

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



Administrator (or Representative)



Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

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

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow the required criteria for nurse delegation (ND) for 2 of 2 sampled residents (Residents 3 and 4). This resulted in non-licensed staff members administering insulin (a medication used to lower blood sugar) injections and testing blood sugar (BS) without receiving required ND training and without the supervision of a Registered Nurse Delegator (RND), and placed Residents 3 and 4 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation Program, under Washington Administrative Code (WAC) 246-840-930, allows nursing assistants working in certain settings to perform certain tasks--such as injecting insulin or BS testing --normally performed only by licensed nurses. A registered nurse 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.

Plan/Attestation Statement

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Administrator (or Representative)

Date

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NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks, and may be more frequent. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). (18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

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

Review of the ALF's policy titled Nurse Delegation, revised 10/01/2021, under Procedure 7, showed, "The RN (Registered Nurse) would review how the task was being provided every 90 days by checking with the staff and with the resident/resident's representative."

In an interview, on 03/06/2025 at 9:55 AM, Staff L (MT) stated that MTs had been administering insulin injections and testing BS for Residents 3 and 4.

RESIDENT 3

Record review showed the ALF admitted Resident 3 on [REDACTED]/2020 with multiple medical diagnoses including [REDACTED].

Review of a Negotiated Service Agreement (NSA), dated 11/12/2024, showed Resident 3 required ND services for insulin injections and BS checks, and Licensed Nurses (LN) or MTs would administer injections and check Resident 3's BS.

Review of the February and March 2025 electronic Medication Administration Records (eMARs) showed Resident 3 was prescribed to take insulin glargine (a long-acting insulin) injections every morning. The eMARs showed that Resident 3 had a physician's order to test BS levels before breakfast daily. Review of the eMARs showed that MTs had been documenting they had administered insulin glargine injections and tested BS levels for Resident 3.

Review of the ND document binder showed a Nurse Visit document, dated 10/31/2024,

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that indicated Staff K (Registered Nurse Delegator) had delegated to MTs the nursing tasks of BS checks and administration of insulin injections for Resident 3. But there was no other document indicating that Staff K had reevaluated at least every 90 days.

RESIDENT 4

Record review showed the ALF admitted Resident 4 on [REDACTED]/2021 with multiple diagnoses including [REDACTED]. Review of an NSA, dated 11/19/2024, showed Resident 4 required ND services for insulin injections and BS checks. The NSA showed insulin was to be administered by LNs or delegated MTs, and Resident 4 required finger BS checks as needed.

Review of the February and March 2025 eMARs showed Resident 4 was prescribed Lantus (a long-acting insulin) injections every morning and Lispro (a fast-acting insulin) three times a day, with the dosage dependent on the BS level (sliding scale). Review of the eMARs showed that MTs had been documenting they administered Lantus injections and Lispro.

Review of the ND binder showed that on 10/31/2024, Staff K delegated to MTs the nursing tasks of BS checks and administration of insulin injections for Resident 4, but there was no document indicating Staff K had reevaluated MTs or Resident 4 at least every 90 days.

In an interview, on 03/06/2025 at 1:20 PM, Staff J (Administrator) confirmed there were no additional ND reevaluation documents for Residents 3 or 4. Staff J acknowledged the ALF had not followed the required ND trainings for MTs.

This is an uncorrected deficiency previously cited on 01/06/2025 and a recurring deficiency previously cited on 09/08/2022 and 06/02/2023

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) 4/14/2025.

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

Michen Li

Administrator (or Representative)

3/25/2025

Date

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RESIDENT 4

Record review showed the ALF admitted Resident 4 on [REDACTED]/2021 with multiple diagnoses including [REDACTED]. Review of an NSA, dated 11/19/2024, showed Resident 4 required ND services for insulin injections and BS checks. The NSA showed insulin was to be administered by LNs or delegated MTs, and Resident 4 required finger BS checks as needed.

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Review of the ND binder showed that on 10/31/2024, Staff K delegated to MTs the nursing tasks of BS checks and administration of insulin injections for Resident 4, but there was no document indicating Staff K had reevaluated MTs or Resident 4 at least every 90 days.

In an interview, on 03/06/2025 at 1:20 PM, Staff J (Administrator) confirmed there were no additional ND reevaluation documents for Residents 3 or 4. Staff J acknowledged the ALF had not followed the required ND trainings for MTs.

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Administrator (or Representative)

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 # 52131
Plan of Correction	Kin On Assisted Living	Completion Date
Page 1 of 15	Licensee: KIN ON HEALTH CARE CENTER	01/06/2025

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

The department completed data collection for the unannounced on-site full inspection on 12/18/2024 and 12/20/2024 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 13 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensors
Keiko Kitano, Licensors

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.

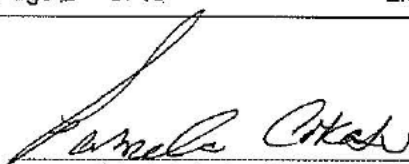
Jamie Singer
Residential Care Services

01/16/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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

Statement of Deficiencies	License #: 2519	Compliance Determination # 52131
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 Administrator (or Representative)

1-20-2025
 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain a physician's prescribed medication in a timely manner for 1 of 4 sampled residents (Resident 4) who required staff assistance with medications. This resulted in Resident 4 not receiving an anti-acid medication for 18 days and placed Resident 4 at risk for a compromised health condition.

Findings included...

Review of the ALF's undated policy titled Medication Refills, showed that medication refills would be obtained in a timely manner to ensure residents had all physician's ordered medications available. The Medication Refills policy, under Procedure #1, showed that an ALF designated staff person would contact a dispensing pharmacy to obtain a refill at least seven days prior to running out of a medication. Procedure #3 showed that medications were never allowed to run out unless directed by the physician.

Record review showed that the ALF admitted Resident 4 on [REDACTED]/2021 with multiple disabling conditions, including [REDACTED].

Review of Resident 4's Negotiated Service Agreement (NSA), dated 11/12/2024, showed that Resident 4 required staff assistance with medication services.

Review of the November and December 2024 electronic Medication Administration Records (eMARs) showed that Resident 4 had been prescribed to take an aluminum-magnesium suspension (anti-acid, used to relieve heartburn, acid indigestion, and upset stomach), twice a day before meals, at 7:30 AM and 4:30 PM. Review of the eMARs showed Medication Technicians (MTs) had been putting notation code "9" in a column for the aluminum-magnesium suspension, from 11/25/2024 until 12/12/2024, and the MTs documented in progress notes, "waiting for supply", "N/A" (not available), and "called the physician's office to get refill order".

Administrator (or Representative)

Date

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Findings included...

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Record review showed that the ALF admitted Resident 4 on [REDACTED]/2021 with multiple disabling conditions, including [REDACTED]
[REDACTED]

Review of Resident 4's Negotiated Service Agreement (NSA), dated 11/12/2024, showed that Resident 4 required staff assistance with medication services.

Review of the November and December 2024 electronic Medication Administration Records (eMARs) showed that Resident 4 had been prescribed to take an aluminum-magnesium suspension (anti-acid, used to relieve heartburn, acid indigestion, and upset stomach), twice a day before meals, at 7:30 AM and 4:30 PM. Review of the eMARs showed Medication Technicians (MTs) had been putting notation code "9" in a column for the aluminum-magnesium suspension, from 11/25/2024 until 12/12/2024, and the MTs documented in progress notes, "waiting for supply", "N/A" (not available), and "called the physician's office to get refill order".

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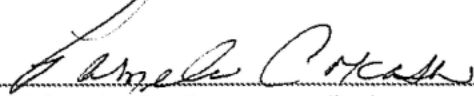
In an interview, on 12/20/2024 at 1:20 PM, Staff G (Administrator) stated that even though the physician's refill order was delayed, staff should have contacted Resident 4's family to obtain the medication. Staff G confirmed that Resident 4 had not received the prescribed anti-acid medication for 18 days.

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) ~~2-21-2025~~ . 2/20/2025

SB confirmed amended POC date with provider on 1/21/2025.

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



Administrator (or Representative)

1-20-2025

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and
- (e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 4 sampled staff members (Staff A, B, and D) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112. This placed 13 residents in the ALF at risk for not receiving proper care and services from inadequately trained staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-112A-0400 What is specialty training and who is required to take it? (4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection

In an interview, on 12/20/2024 at 1:20 PM, Staff G (Administrator) stated that even though the physician's refill order was delayed, staff should have contacted Resident 4's family to obtain the medication. Staff G confirmed that Resident 4 had not received the prescribed anti-acid medication for 18 days.

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Findings included....

NOTE: Washington Administrative Code (WAC) 388-112A-0400 What is specialty training and who is required to take it? (4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection

(3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440; and

(c) Mental health specialty training as described in WAC 388-112A-0450.

(5) Specialty training may be used to meet the requirements for the basic training population specific component if completed within 120 days of the date of hire.

NOTE: WAC 388-112A-0611

Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (iii) A certified nursing assistant;

NOTE: WAC 388-112A-0720 What are the CPR (cardiopulmonary resuscitation) and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of the undated Residents' Characteristics Roster (RCR) showed that the ALF had been providing care and services for 13 residents. The undated RCR showed that nine residents were identified as having dementia (a group of symptoms that affects memory, thinking and interferes with daily life.), and one resident was identified as having a mental health issue.

Staff records review showed that Staff A had transferred to the ALF on 08/24/2024 as a caregiver (CG). Review of Staff A's record showed no valid First Aid card.

Staff records review showed that the ALF hired Staff B on 08/23/2024 as a CG. Review of Staff B's record showed no valid CPR or First Aid card.

Staff records review showed that the ALF hired Staff D on 11/18/2019 as a CG. Review of Staff D's record showed no certificate showing that Staff D had completed the required Dementia or Mental Health Specialty trainings. Staff D also had not completed the required 12-hour CEU (continuing education training) between her birth dates, 10/22/2023 and 10/22/2024.

In an interview, on 12/20/2024 at 2:00 PM, Staff G (Administrator) confirmed that these three caregivers had not completed the long-term worker's training requirements.

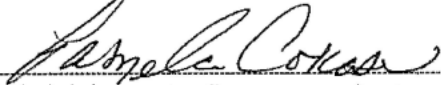
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Plan/Attestation Statement

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) 2-21-2025 . 2/20/2025

SB confirmed ammended POC date with provider on 1/21/2025.

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



Administrator (or Representative)

1-20-2025

Date

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

(2) A documented negative result from one skin or blood test in the previous twelve months.

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 3 staff members (Staff E) completed the required one tuberculin (TB) screening test within three days of the hire date. This placed 13 current residents at risk of exposure to a communicable disease.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 13 residents.

Review of staff records showed that the ALF hired Staff E on 08/23/2024 as a caregiver. Staff E's records showed that she had a documented history of a negative blood test result on 02/12/2024. Staff E's records showed no other documentation as to whether Staff E had taken a TB screening test within three days of being hired.

In an interview, on 12/20/2024 at 2:00 PM, Staff G (Administrator) confirmed that Staff E had not had any TB test after she was hired.

Plan/Attestation Statement

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

Plan/Attestation Statement

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Administrator (or Representative)

Date

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(2) A documented negative result from one skin or blood test in the previous twelve months.

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 3 staff members (Staff E) completed the required one tuberculin (TB) screening test within three days of the hire date. This placed 13 current residents at risk of exposure to a communicable disease.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 13 residents.

Review of staff records showed that the ALF hired Staff E on 08/23/2024 as a caregiver. Staff E's records showed that she had a documented history of a negative blood test result on 02/12/2024. Staff E's records showed no other documentation as to whether Staff E had taken a TB screening test within three days of being hired.

In an interview, on 12/20/2024 at 2:00 PM, Staff G (Administrator) confirmed that Staff E had not had any TB test after she was hired.

Plan/Attestation Statement

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SB confirmed ammended POC date with provider on 1/21/2025.

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Administrator (or Representative)

Date

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that hot water temperatures were kept below 120 degrees Fahrenheit (°F) in water faucets used by residents. This failure placed 13 of 13 residents at risk for scalding burn injury and harm.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 13 current residents.

Observation during the environmental tour, on 12/18/2024 between 1:10 PM and 2:20 PM, showed the following water temperatures exceeding 120 °F:

The hot water temperature of the residents' laundry room sink on the third floor measured 135.9°F. The hot water temperature of the sink in a public bathroom on the first floor close to the elevator was measured at 134.3 °F.

The hot water temperature of the sink in a public bathroom on the first floor close to the commercial laundry room was measured at 126.7 °F.

In an interview, on 12/18/2024 at 1:13 PM, Staff J (Safety Officer/Maintenance) stated the ALF maintenance staff had been checking the hot water temperatures in each resident room once a month. Staff J stated that the ALF had two hot water tanks behind the public bathroom on the first floor, and the temperature was set at 120 °F.

Observation and interview, on 12/18/2024 at 1:16 PM, showed two hot water tanks in the boiler room behind the public bathroom on the first floor close to the elevator.

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

Administrator (or Representative)

Date

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that hot water temperatures were kept below 120 degrees Fahrenheit (°F) in water faucets used by residents. This failure placed 13 of 13 residents at risk for scalding burn injury and harm.

Findings included...

Review of the undated Residents' Characteristics Roster showed that the ALF had been providing care and services for 13 current residents.

Observation during the environmental tour, on 12/18/2024 between 1:10 PM and 2:20 PM, showed the following water temperatures exceeding 120 °F:

The hot water temperature of the residents' laundry room sink on the third floor measured 135.9°F.

The hot water temperature of the sink in a public bathroom on the first floor close to the elevator was measured at 134.3 °F.

The hot water temperature of the sink in a public bathroom on the first floor close to the commercial laundry room was measured at 126.7 °F.

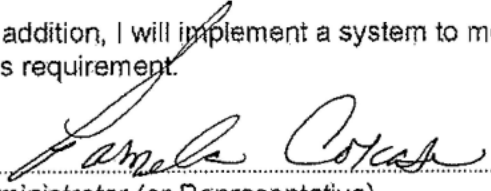
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Observation and interview, on 12/18/2024 at 1:16 PM, showed two hot water tanks in the boiler room behind the public bathroom on the first floor close to the elevator.

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Observation showed that the temperature for the two hot water tanks was set at 140 °F. Staff J stated that he was unable to explain who had set the hot water temperature at 140 °F and for how long it had been at that temperature. Staff J stated that a vendor had fixed the boilers about one month ago and might have set the hot water temperature at 140 °F.

In an interview, on 12/18/2024 at 2:20 PM, Staff J confirmed that the hot water temperature readings were not within the required range.

Plan/Attestation Statement	
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SB confirmed ammended POC date with provider on 1/21/2025.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>1-20-2025</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:
 - (iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document a plan in the Negotiated Service Agreement (NSA) for 1 of 1 sampled resident (Resident 2) who received a blood thinning medication. This placed the Resident 2 at risk for compromised health.

Findings included...

Note: According to the Davis Drug Guide for Nurses, January 2023, Eliquis (also known as apixaban, prescribed to lower the risk of stroke or a blood clot in people with a heart rhythm disorder and reduces the risk of forming a blood clot in the legs and lungs who

Observation showed that the temperature for the two hot water tanks was set at 140 °F. Staff J stated that he was unable to explain who had set the hot water temperature at 140 °F and for how long it had been at that temperature. Staff J stated that a vendor had fixed the boilers about one month ago and might have set the hot water temperature at 140 °F.

In an interview, on 12/18/2024 at 2:20 PM, Staff J confirmed that the hot water temperature readings were not within the required range.

Plan/Attestation Statement

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Administrator (or Representative)

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:
 - (iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document a plan in the Negotiated Service Agreement (NSA) for 1 of 1 sampled resident (Resident 2) who received a blood thinning medication. This placed the Resident 2 at risk for compromised health.

Findings included...

Note: According to the Davis Drug Guide for Nurses, January 2023, Eliquis (also known as apixaban, prescribed to lower the risk of stroke or a blood clot in people with a heart rhythm disorder and reduces the risk of forming a blood clot in the legs and lungs who

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have just had hip or knee replacement surgery. Adverse reactions include bleeding (unusual bruising, pink or brown urine, red or black, tarry stools, coughing up blood, vomiting blood, pain or swelling in a joint, headache, dizziness, weakness, recurring nose bleeds, unusual bleeding from gums, heavier than normal menstrual bleeding, dyspepsia, abdominal pain, epigastric pain). Bleeding can occur following an injury occurs, especially head injury.

Record review showed the ALF admitted Resident 2 on [REDACTED]/2019 with disabling diagnoses including a [REDACTED] and [REDACTED]. Record review showed Resident 2 took prescription medications including Eliquis (blood thinner) to reduce risk of blood clots. Record review of a Negotiated Service Agreement (NSA), dated 11/26/2024, showed Resident 2 required assistance with medication services.

Record review of the electronic Medication Administration Records for October, November, and December 2024 showed Resident 2 took Eliquis 2.5 milligrams (mg) twice daily at 8:00 AM and 5:00 PM.

Review of Resident 2's NSA showed the ALF did not develop a safety plan to alert staff of the side effects or other issues related to the use of blood thinner, including signs of unusual bruising, bleeding, or symptoms of internal bleeding. The NSA did not include interventions on how to monitor the resident and address risks associated with taking a blood thinning medication.

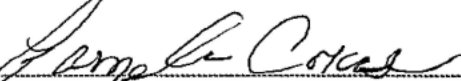
During an interview, on 12/04/2024 at 9:55 AM, Staff H (Registered Nurse) acknowledged that blood thinner safety instructions should be part of the service plan.

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) ~~2-21-2025~~ 2/20/2025

SB confirmed ammended POC date with provider on 1/21/2025.

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


 Administrator (or Representative)

1-20-2025
 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

have just had hip or knee replacement surgery. Adverse reactions include bleeding (unusual bruising, pink or brown urine, red or black, tarry stools, coughing up blood, vomiting blood, pain or swelling in a joint, headache, dizziness, weakness, recurring nose bleeds, unusual bleeding from gums, heavier than normal menstrual bleeding, dyspepsia, abdominal pain, epigastric pain). Bleeding can occur following an injury occurs, especially head injury.

Record review showed the ALF admitted Resident 2 on [REDACTED]/2019 with disabling diagnoses including a [REDACTED] and [REDACTED]. Record review showed Resident 2 took prescription medications including Eliquis (blood thinner) to reduce risk of blood clots. Record review of a Negotiated Service Agreement (NSA), dated 11/26/2024, showed Resident 2 required assistance with medication services.

Record review of the electronic Medication Administration Records for October, November, and December 2024 showed Resident 2 took Eliquis 2.5 milligrams (mg) twice daily at 8:00 AM and 5:00 PM.

Review of Resident 2's NSA showed the ALF did not develop a safety plan to alert staff of the side effects or other issues related to the use of blood thinner, including signs of unusual bruising, bleeding, or symptoms of internal bleeding. The NSA did not include interventions on how to monitor the resident and address risks associated with taking a blood thinning medication.

During an interview, on 12/04/2024 at 9:55 AM, Staff H (Registered Nurse) acknowledged that blood thinner safety instructions should be part of the service plan.

Plan/Attestation Statement

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Administrator (or Representative)

Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician and evaluate for any negative outcomes when 1 of 2 sampled residents (Resident 3) refused their prescribed treatment for a chronic skin condition. This placed Resident 3 at risk for exacerbation of a skin condition.

Findings included...

Review of the ALF's Medication Refusal and/or Misses Doses Policy, revised on 11/20/2019, showed, missed /refused medications were documented in the resident's medication record and the prescribing physician notified immediately or according to physician's parameters, retained in writing and kept in file. The designated ALF staff person re-appraised the resident and contacts the physician and responsible party if the resident is continually refusing a medication/s. Physician's instructions were to be followed.

Record review showed the ALF admitted Resident 3 on [REDACTED]/2019 with multiple diagnoses. Review of the Negotiated Service Agreement (NSA), dated 11/22/2024, showed Resident 3 required staff assistance with medications and treatments.

Record review of a dermatologist's (is a type of doctor that diagnoses and treats conditions that affect your hair, skin, and nails) order, dated 10/02/2024, showed a prescription for Resident 3, to receive Cerave cream twice daily, to apply all over skin every day and evening for protection due to eczema (a chronic inflammatory skin condition).

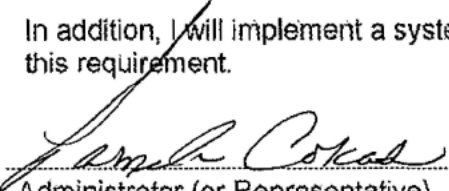
Review of the October, November, and December 2024 electronic Medication Administration Records (eMARs) showed a pattern of refusals for Cerave cream. The eMAR showed Resident 3 refused Cerave cream four times in the morning and four times in the evening in October; 10 times in the morning and 23 times in the evening in November, and three times in the morning and 13 times in the evening in December 2024.

Record review showed no documentation that the ALF evaluated Resident 3's refusals

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for of Cerave cream or whether there was an improvement or exacerbation of Resident 3's chronic skin condition. The ALF failed to notify the prescribing physician of Resident 3's pattern of refusal.

In interview, on 12/20/2024 at 9:55 AM, Staff H (Registered Nurse) acknowledged the lack of evaluating Resident 3's pattern of refusals, and failure to notify the physician for directions.

Plan/Attestation Statement	
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 Administrator (or Representative)	<u>1-20-2025</u> Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

- (a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

- (a) Nursing services supervision;
- (b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was in place for 3 of 3 sampled residents (Residents 6, 7, and 8) who required skilled tasks such as blood sugar (BS) checks, injections and medication crushing. This resulted in non-licensed staff members performing skilled nursing tasks without training, and placed Residents 6, 7, and 8 at risk for compromised health conditions.

Findings included...

for of Cerave cream or whether there was an improvement or exacerbation of Resident 3's chronic skin condition. The ALF failed to notify the prescribing physician of Resident 3's pattern of refusal.

In interview, on 12/20/2024 at 9:55 AM, Staff H (Registered Nurse) acknowledged the lack of evaluating Resident 3's pattern of refusals, and failure to notify the physician for directions.

Plan/Attestation Statement

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Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

- (a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

- (a) Nursing services supervision;
- (b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was in place for 3 of 3 sampled residents (Residents 6, 7, and 8) who required skilled tasks such as blood sugar (BS) checks, injections and medication crushing. This resulted in non-licensed staff members performing skilled nursing tasks without 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: (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. (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.

Review of the ALF's undated Disclosure of Services, showed the ALF used Nursing Assistants (as Medication Technicians) under the delegation of a Registered Nurse (RN) to provide some authorized nursing services including administration of oral, topical medications, eye/ear/nose drops, and administration of insulin (a medication used to lower blood sugar) injections.

In interview, on 12/18/2024 at 9:30 AM, Staff F (Administrator/ Supportive Housing Manager) stated the ALF provided ND services to residents. Staff F stated that Staff I (Director of Nursing/ Registered Nurse) had been the Registered Nurse Delegator (RND). Staff F stated that only designated Medication Technicians (MTs) passed medications and were supposed to receive ND for skilled tasks such as insulin injections and BS checks, and Caregivers (CGs) provided care and services only.

In interview, on 12/18/2024 at 10:44 AM, Staff I (RND) stated she delegated blood sugar (BS) checks, insulin injections, eye drops, pain patch, and simple wound care. Staff I verified that they made sure there were no medications or tasks that required delegation after 6:00 PM.

RESIDENT 6

Record review showed the ALF admitted Resident 6 on [REDACTED]/2020 with multiple medical diagnoses including [REDACTED] and was prescribed insulin injections. Review of a Negotiated Service Agreement (NSA), dated 11/12/2024, showed Resident 6 required assistance with medications and insulin injections and associated BS checks are managed by licensed nurses (LNs) or delegated MTs.

Record review showed a Physician's order, dated 02/28/2024, for BS checks to be taken

before breakfast at 7:30 AM. A Physician's order, dated 09/24/2024, showed Resident 6 was to receive insulin glargine solution (a long-acting insulin used to lower BS) daily at 8:00 AM.

Review of the electronic Medication Administration Record (eMAR) for October 2024, showed Staff B's (CG) initials on 10/10/2024 and 10/14/2024, and Staff E's (CG) initials on 10/13/2024 and 10/20/2024, to indicate they performed BS checks and administered insulin to Resident 6.

Review of ND documents showed Staff B and Staff E had never received ND to perform BS checks or administer insulin for Resident 6.

RESIDENT 7

Record review showed the ALF admitted Resident 7 on [REDACTED]/2021 with multiple diagnoses including [REDACTED]. Review of an NSA, dated 11/19/2024, showed insulin was to be administered by licensed nurses (LNs) and delegated MTs. The NSA also showed Resident 7 had a BS sensor for continuous BS monitoring and to be replaced every 14 days by LNs.

Review of the October 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 (fast-acting insulin) three times a day dependent on BS level (sliding scale).

Review of the October 2024 eMARs showed that Staff B administered Lantus in the morning and administered Lispro insulin to Resident 7 on 10/10/2024 and 10/14/2024 at 8:00 AM, 12:00 PM and 5:00 PM. The eMAR also showed that Staff E administered Lantus in the morning and administered Lispro insulin to Resident 7 on 10/13/2024 and 10/20/2024 at 8:00 AM, 12:00 PM and 5:00 PM.

Review of ND documents showed Staff B and Staff E had never received ND to administer insulin for Resident 7.

In interview, on 12/20/2024 at 12:10 PM, Staff H (RN) stated she replaced Resident 7's BS sensor on her scheduled days.

Review of the October and November 2024 eMARs, showed Staff M (MT) replaced Resident 7's BS sensor on 10/02/2024, and Staff K (MT) replaced the BS sensor on 11/13/2024, 11/27/2024, and 12/11/2024.

Record review of ND documents showed Staff M and Staff K had never received ND to

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replace Resident 7's BS sensor.

In interview, on 01/02/2025 at 12:45 PM, Staff I confirmed she had not delegated Staff B and Staff E for BS checks or insulin administration, she had not delegated the BS sensor replacement to any MTs. Staff I stated the BS sensor replacement supposed to be done by LN's only.

RESIDENT 8

Record review showed the ALF admitted Resident 8 on [REDACTED] /2022 with multiple diagnoses including [REDACTED]. Review of a Negotiated Service Agreement (NSA), dated 10/11/2024, showed Resident 8 required staff assistance with medication services.

During observation of a medication pass, on 12/19/2024 at 8:15 AM, showed Staff L (MT) crushed Resident 8's medications in preparation for administration. Staff L mixed the crushed and liquid medication into a bowl of oatmeal and served it to Resident 8.

In interview, on 12/19/2024 at 8:30 AM, Staff L stated MT's crushed Resident 8's medications and mixed with food according to family's request.

Review of ND documentation showed Resident 8 had not been ND.

In interview, on 12/19/2024 at 10:45 AM, Staff I stated she was uninformed that MTs were crushing Resident 8's medications. Staff I stated crushing medications required ND and she had not delegated Resident 8.

In interview, on 01/02/2025 at 12:45 PM, Staff I confirmed ALF staff were performing skilled tasks for Residents 6, 7 and 8 without the proper delegation.

This is a recurring deficiency previously cited on 09/08/2022 and 06/02/2023.

Plan/Attestation Statement

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SB confirmed ammended POC date with provider on 1/21/2025.

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

replace Resident 7's BS sensor.

In interview, on 01/02/2025 at 12:45 PM, Staff I confirmed she had not delegated Staff B and Staff E for BS checks or insulin administration, she had not delegated the BS sensor replacement to any MTs. Staff I stated the BS sensor replacement supposed to be done by LN's only.

RESIDENT 8

Record review showed the ALF admitted Resident 8 on [REDACTED]/2022 with multiple diagnoses including [REDACTED].

Review of a Negotiated Service Agreement (NSA), dated 10/11/2024, showed Resident 8 required staff assistance with medication services.

During observation of a medication pass, on 12/19/2024 at 8:15 AM, showed Staff L (MT) crushed Resident 8's medications in preparation for administration. Staff L mixed the crushed and liquid medication into a bowl of oatmeal and served it to Resident 8.

In interview, on 12/19/2024 at 8:30 AM, Staff L stated MT's crushed Resident 8's medications and mixed with food according to family's request.

Review of ND documentation showed Resident 8 had not been ND.

In interview, on 12/19/2024 at 10:45 AM, Staff I stated she was uninformed that MTs were crushing Resident 8's medications. Staff I stated crushing medications required ND and she had not delegated Resident 8.

In interview, on 01/02/2025 at 12:45 PM, Staff I confirmed ALF staff were performing skilled tasks for Residents 6, 7 and 8 without the proper delegation.

This is a recurring deficiency previously cited on 09/08/2022 and 06/02/2023.

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)_____.

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

Statement of Deficiencies

License #: 2519

Compliance Determination # 52131

Plan of Correction

Kin On Assisted Living

Completion Date

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Licensee: KIN ON HEALTH CARE CENTER

01/06/2025


 Administrator (or Representative)

Date

12-20-2025

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

(1) The assisted living facility must:

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Emergency and Disaster Preparedness Manual included their plan for provisions to include residents' food and water supplies in the event of an emergency or disaster. This failure placed 13 residents at risk of compromised health due to lack of life sustaining provisions in the event of an emergency or disaster.

Findings included...

Review of the ALF's undated Resident Characteristic Roster, showed the facility provided care and services to 13 vulnerable residents.

In interview, on 12/20/2024 at 10:52 AM, Staff F (ALF Administrator / Supportive Housing Manager) stated their emergency food and water supply was in another location (Adult Family Home), adjacent to the ALF.

Review of the ALF's "Emergency Operations Program and Plan Manual (EOPPM)," updated 11/15/2024 did not include a written emergency plan for provisions of essential needs that included emergency food and water supply and where to locate them.

In interview, on 12/20/2024 at 1:20 PM, Staff G (Administrator) stated they had enough food and water supplies in the event of an emergency but acknowledged the ALF's EOPPM had to be updated to include emergency food and water supplies.

Plan/Attestation Statement

_____ Administrator (or Representative)	_____ Date
--	---------------

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Plan/Attestation Statement

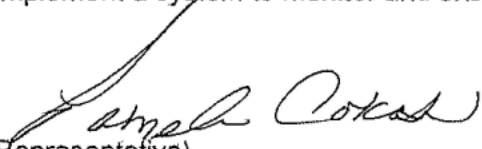
This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2519	Compliance Determination # 52131
Plan of Correction	Kin On Assisted Living	Completion Date
Page 15 of 15	Licensee: KIN ON HEALTH CARE CENTER	01/06/2025

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) ~~2-21-2025~~ 2/20/2025

SB confirmed ammended POC date with provider on 1/21/2025.

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


Administrator (or Representative)

Date 1-20-2025

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)_____.

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

Administrator (or Representative)

Date