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

Terry Care Group, LLC
Murano Senior Living
620 Terry Ave
Seattle, WA 98104

RE: Murano Senior Living License # 2521

Dear Administrator:

This letter addresses Compliance Determination(s) 43317 (Completion Date 06/28/2024) and 39963 (Completion Date 04/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/28/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3100-1, WAC 388-78A-2305-1, WAC 388-78A-2450-2-h, WAC 388-78A-2450-2-h-i, WAC 388-78A-2450-2-h-ii, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-vi, WAC 388-78A-2450-2-h-vii, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2474-2-e, WAC 388-78A-2481, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481-2, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2620-2-b, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 04/15/2024 and 04/17/2024 of:

Murano Senior Living
620 Terry Ave
Seattle, WA 98104

The following sample was selected for review during the unannounced on-site visit: 9 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

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

Jamie Singer — Residential Care Services

4/25/2024 — Date

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

Administrator (or Representative)

4/30/24
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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure chemicals were secured to prevent vulnerable residents from gaining access This failure placed 33 of 33 residents at risk for increased health issues and poisoning.

Findings included...

Review of the Resident Characteristic Roster (RCR), updated on 04/15/2024, showed 68 residents lived at the ALF and were receiving services. The RCR indicated, of the 68 residents, 33 residents were diagnosed with [redacted], or [redacted].

An observation, on 04/15/2024 at 2:38 PM, showed a housekeeping cart parked outside of apartment 301 on the third floor. The housekeeping cart was unattended and one of the locked storage cabinets was partially open. In the cabinet there were 10 bottles of cleanser including bleach, stainless steel cleaner, bathroom cleanser, carpet cleanser, furniture polish, and dry carpet cleaner. All bottles had warnings on them to not ingest or get into eyes. No employee was present until 2:44 PM.

In an interview, on 04/15/2024 at 2:44 PM, Staff A (Registered Nurse) stated that the housekeeping cart should be locked and would call the housekeeper who was on a different floor of the ALF.

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, Murano Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/7/24

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

Administrator (or Representative) Date 4/30/24

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure a system was in place to safely store food products in 1 of 1 kitchen dry storage room. This failure placed 68 of 68 residents at risk for ingesting contaminated food and increased health issues.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-215-03351 - Preventing contamination from the premises—Food storage (Food and Drug Administration Food Code 3-305.11). (1) Except as specified in subsections (2) and (3) of this section, FOOD must be protected from contamination by storing the FOOD: (b) Where it is not exposed to splash, dust, or other contamination; and (c) At least six inches (15 cm) above the floor.

An observation, on 04/17/2024 at 9:40 AM, showed the dry storage room to the main kitchen. On the floor were the following items: a 50-pound bag of onions, two boxes containing cans of tuna, a bin of souffle cups, 4 four boxes containing canola frying oil, a bin containing bags of peanuts, a box containing bottles of sparkling cider, and 4 four boxes containing cans of carbonated beverages.

In an interview, on 04/07/2024 at 9:48 AM, Staff F (Pastry Chef) stated that some of the items were delivered earlier that morning, but everything should be off of the floor.

Plan/Attestation Statement

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Administrator (or Representative) Date 4/30/24

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

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

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74 34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) completed facility orientation. This placed 63 of residents in contact with a staff member whose facility orientation was not documented.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 63 residents. Twenty residents resided on a locked Memory Care Unit.

Record review of an undated Employee Roster showed the ALF hired Staff B (Maintenance Director) on 02/13/2024. A review of employee files for Staff B did not show a completed Facility Orientation Checklist.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

Plan/Attestation Statement

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Administrator (or Representative) 4/30/24 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 5 sampled staff (Staff D and Staff E) renewed their name and date of birth background inquiry (BGI) every two years. This placed 63 residents at risk for contact with persons whose current background history was unknown.

Findings included..

Record review of an undated Characteristic Roster showed the ALF provided care and services for 63 residents. Twenty residents resided on a locked Memory Care Unit.

Record review showed the ALF hired Staff D (Dining Room Server) on 09/17/2020. Staff D's employee file contained a BGI with an expiration date of 09/25/2022. Staff D worked for one year, six months and 22 days without a current BGI.

Record review showed the ALF hired Staff E (Guest Services) on 04/17/2008. Staff E's employee file contained a BGI with an expiration date of 06/22/2022. Staff E worked for one year, nine months and 25 days without a current BGI.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

This is a repeated deficiency previously cited on 10/11/2022.

Plan/Attestation Statement

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Administrator (or Representative) 4/30/24 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:

(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 1 of 1 staff (Staff C) whose position required continuing education hours (CE) completed the required 12 Department-approved hours for 2023. This placed the ALF's 43 Assisted Living residents in the care of a staff person whose CE hours were not up to date.

Findings included...

Record review of an undated employee list showed the ALF hired Staff C as an Assisted Living Coordinator on 02/14/2023. Staff C held an unexpired Nursing Assistant, Certified (NA-C) credential. The credential required Staff C to complete 12 hours of CE annually, before their birth date of February [redacted]. Review of employee files for Staff C found no Department-approved CE for 2023.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

Plan/Attestation Statement

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Administrator (or Representative) 4/30/24 Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 sampled staff (Staff A) received tuberculosis (TB) screening in the form of blood or skin testing or provided proof of a previous positive blood or skin test. This placed 63 residents at risk for receiving care from a staff person whose TB history was incomplete.

Findings included:

NOTE: Washington Administrative Code (WAC) 388-78A-2482 - Tuberculosis—No testing. The assisted living facility is not required to have a staff person tested for tuberculosis if the staff person has: (1) A documented history of a previous positive skin test, with ten or more millimeters induration; (2) A documented history of a previous positive blood test; or (3) Documented evidence of: (a) Adequate therapy for active disease; or (b) Completion of treatment for latent tuberculosis infection preventive therapy.

Record review of an undated Characteristic Roster showed the ALF provided care and services for 63 residents. Twenty residents resided on a locked Memory Care Unit.

Record review of an undated employee list showed the ALF hired Staff A as a Resident Care Director on 02/13/2024. Review of employee files showed Staff A received a chest x-ray (CXR) on 02/05/2024. Staff A did not have a documented positive skin or blood test that would qualify for no TB testing (see WAC 388-78A-2482 above). The employee file showed no evidence that Staff C received positive results from a blood or skin test that would require a chest x-ray (CXR) to rule out active TB.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

Plan/Attestation Statement

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

Administrator (or Representative) — Date 4/30/24

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) received the second-step tuberculosis (TB) screening test one to three weeks after the first step. This placed 63 residents at risk for contact with a staff person whose TB history was incomplete.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 63 residents. Twenty residents resided on a locked Memory Care Unit.

Record review of an undated employee list showed the ALF hired Staff B on 02/13/2024 as a Maintenance Director. Review of employee files showed Staff B received one TB skin test. The first test was placed 02/14/2024 and read 02/16/2024, with a 00 mm (millimeter) result. There was no documentation to show a second step test was placed one to three weeks after the first test.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

Plan/Attestation Statement

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Administrator (or Representative) 4/30/24 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 pets (Pet 2 and Pet 3) obtained certification from a veterinarian to ensure they did not carry diseases that could infect the residents. This placed 43 Assisted Living residents at risk for exposure to pets whose health status was unknown.

Finding included...

A review of the ALF's pet records binder showed Pet 2 and Pet 3's paperwork was missing documentation signed by a licensed veterinarian, to certify the animals as free of any communicable illness that could affect residents.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

Plan/Attestation Statement

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Administrator (or Representative) 4/30/24 Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed implement their written Respiratory Protection Program (RPP) when 1 of 5 sampled staff (Staff B) did not complete a medical clearance and N95 (respirator) mask fit-testing. This placed the staff and 63 residents at risk for contacting respiratory illnesses.

Findings included...

Note: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by the Washington State Department of Health (DOH) as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALFs were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF was required to provide fit-tested respirators, such as an N95, to all HCWs and support staff who provide services to residents with known or suspected COVID-19.

Record review of the ALF's undated Respiratory Protection Program policy, page 2, showed the categories of staff to be medically cleared and fit tested for an N95 mask included caregivers, LPN/RN, and maintenance staff.

Record review of employee files for Staff B (Maintenance Director) showed no documentation of a medical evaluation or respiratory mask fit-testing.

During an interview, on 04/24/2024 at 10:30 AM, Staff A (Resident Care Director) and Staff G (General Manager) acknowledged and expressed understanding of the findings.

Plan/Attestation Statement

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

Administrator (or Representative) 4/30/24 Date