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

Sunrise Senior Living Management Inc
Sunrise of Issaquah
23599 SE Issaquah Fall City Rd
Issaquah, WA 98029

RE: Sunrise of Issaquah License # 2543

Dear Administrator:

This letter addresses Compliance Determination(s) 49442 (Completion Date 10/28/2024) and 45830 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/28/2024 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-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2485-1, WAC 388-78A-2485-2, WAC 388-78A-2485-3, WAC 388-78A-2485, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-a, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2290-3-c, WAC 388-78A-2305-1, WAC 246-215-02120-1, WAC 246-215-03515-1-a, WAC 246-215-03515-1-b, WAC 246-215-03515-1, WAC 246-215-03515-2-a, WAC 246-215-03515-2-b, WAC 246-215-03515-2, WAC 246-215-04545-1-b, WAC 388-78A-2474-2-c, WAC 388-112A-0400-4-c, WAC 388-78A-3090-1-c, WAC 388-78A-3090-1-d, WAC 388-78A-3090-2-c-iv

The Department staff who did the on-site verification:
Kathy Young, Licensor
Thomas Forkgen, ALF Licensor

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

Sincerely,
Laurie Anderson

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

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

Statement of Deficiencies	License #: 2543	Compliance Determination # 45830
Plan of Correction	Sunrise of Issaquah	Completion Date
Page 1 of 13	Licensee: Sunrise Senior Living Management Inc	08/29/2024

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

The department completed data collection for the unannounced on-site full inspection on 08/19/2024, 08/19/2024, 08/22/2024 and 08/22/2024 of:
Sunrise of Issaquah
23599 SE Issaquah Fall City Rd
Issaquah, WA 98029

The following sample was selected for review during the unannounced on-site visit: 9 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Young, Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

Laurie Anderson — Residential Care Services

08/30/2024 — 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)

9/10/24
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 record review and interview, the facility failed to complete a Washington State name and date of birth background inquiry (BGI) every two years for 1 of 2 sampled staff (Staff F). This failure placed all 79 residents at risk of abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included...

Review of the facility's "Employment Verifications and Background Checks" policy, dated 11/05/2015, showed that the facility followed the Washington State Department of Social and Health Services' background check requirements. The policy showed that the facility was responsible to complete a background check every two years for existing team members.

Review of the facility's Employee Roster showed that the facility hired Staff F, Care Partner, on 05/11/2020. Review of Staff F's employee records showed their Washington state name and date of birth BGI expired on 04/26/2024. The records showed that the facility submitted and completed a BGI on 04/30/2024, four days after the previous BGI expired.

During an interview on 08/20/2024 at 10:35 AM, Staff J, Business Office Coordinator, stated that they were responsible for completion of the staff background checks for all employees. Staff J confirmed that they were late to complete Staff F's the Washington state name and date of birth BGI in April 2024.

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, Sunrise of Issaquah is or will be in compliance with this law and / or regulation on (Date) 10/20/24 13 17.

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

Administrator (or Representative) — Date: 9/10/24

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;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 1 of 1 sampled staff (Staff E), with a positive tuberculosis blood test, completed a chest X-ray within seven days, was screened for tuberculosis, and followed up with a health care provider. This failure placed all 79 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Employee Roster showed that the facility hired Staff E, Care Partner, on 09/27/2023. Review of Staff E's personnel records showed that on 09/21/2023, Staff E completed the Quantiferon Tuberculosis (TB) Gold Plus Blood Test (a blood test to detect tuberculosis infection), which showed a positive TB result. The records showed that Staff E completed a chest X-ray, which showed no evidence of tuberculosis, on 01/08/2024, 109 days after a positive result to the TB blood test. There was no documentation that showed Staff E was evaluated for signs and symptoms of TB. There was no documentation that showed Staff E followed up with the health care provider.

During an interview on 08/20/2024 10:35 AM, Staff J, Business Office Coordinator, stated that they were responsible for maintaining the TB documentation in the personnel files for all employees. Staff J stated that they were unfamiliar with the TB testing WAC requirements. Staff J stated that when Staff E showed a positive TB result in September 2023, Staff E did not complete a chest X-ray, screen for TB signs and symptoms, and

follow up with a health care provider.

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, Sunrise of Issaquah is or will be in compliance with this law and / or regulation on (Date) 10/20/24 13 WD.

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

Administrator (or Representative) 9/16/24 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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

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

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update the Negotiated Service Agreement (NSA) for 3 of 9 sampled residents (Resident 2, Resident 6, and Resident 7). This failure placed Resident 2, Resident 6, and Resident 7 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

RESIDENT 2
Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2020 with medical diagnoses of [redacted] ([redacted]) and presence of cardiac pacemaker (a device that is surgically implanted in the chest to control irregular heartbeats). The records showed that on 07/28/2024, the facility completed Resident 2's assessment. The assessment showed no documentation Resident 2 used a pacemaker. The assessment showed Resident 2 used a urinary catheter (a flexible tube that is inserted into the bladder to drain urine and collect the urine in a drainage bag). The assessment showed Resident 2 required catheter care that included emptying the drainage bag, changing the catheter bag, and changing the catheter.

Review of Resident 2's Service Plan, dated 07/31/2024, showed no documentation that identified Resident 2 used a pacemaker. There was no documentation that instructed staff of the possible signs and symptoms when the pacemaker malfunctioned. There were no instructions for staff about what actions were needed when the pacemaker malfunctioned. The Service plan showed that the facility staff were responsible for emptying the catheter bag and changing catheter bag, daily. There was no documentation that showed who was responsible to routinely change the catheter. There was no instruction for staff about what actions were needed if the catheter was obstructed or was removed for any reason.

RESIDENT 6
Review of Resident 6's records showed that the facility admitted Resident 6 in [redacted] 2022 with a medical diagnosis of [redacted] ([redacted]). The records showed that on 05/22/2024, the facility completed Resident 6's assessment. The assessment showed Resident 6 used a Continuous Positive Airway Pressure machine (CPAP) (a machine that keeps the airways open during sleep). The assessment showed that Resident 6 required assistance with the CPAP.

Observation of Resident 6's apartment on 08/20/2024 at 1:30 PM showed a CPAP machine on the bedside table. Observation showed a facial mask with a tube was connected to the CPAP machine. Observation showed Staff K, Care Manager, positioned Resident 6 in bed and placed the facial mask on Resident 6. Observation showed Staff K turned on the CPAP machine. During an interview at this time, Staff K stated that they put on the facial mask and turned on the CPAP machine for Resident 6 when the resident took a nap and when the resident slept at night. Staff K stated that they took

off the mask when Resident 6 awoke. Staff K stated that they filled the CPAP humidifier with distilled water and cleaned the facial mask for Resident 6.

Review of Resident 6's Service Plan, dated 05/31/2024, showed Resident 6 used a CPAP. There was no documentation that showed Resident 6 used the CPAP during a nap. There was no documentation that showed the care plan of the CPAP use. There was no documentation that showed the side effects of CPAP use and what actions were needed if Resident 6 experienced any side effects. There were no instructions for staff about how to operate and maintain the CPAP machine and facial mask.

RESIDENT 7
Review of Resident 7's records showed that the facility admitted Resident 7 in [redacted] 2022. Review of Resident 7's June 2024, July 2024, and August 2024 Medication Administration Records (MARs) showed that Resident 7 received 81 mg of Aspirin (a medication with blood thinning property), one time a day, by mouth. The records showed that on 08/07/2024, the facility completed Resident 7's assessment. The assessment showed Resident 7 required medication assistance.

Review of Resident 7's Service Plan, dated 01/31/2024, showed no documentation that Resident 7 received Aspirin. There was no documentation that provided care staff with guidance about the possible side effects from daily Aspirin usage. There were no instructions for staff about what actions were needed if Resident 7 experienced any side effects.

During an interview on 08/21/2024 at 11:15 AM, Staff B, Resident Care Director, confirmed that they did not update the service plans for Resident 2, Resident 6, and Resident 7.

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, Sunrise of Issaquah is or will be in compliance with this law and / or regulation on (Date) 10/30/24 13 MD.

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

Administrator (or Representative) _____ Date 9/10/24

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family

member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure there was an alternate medication plan for 1 of 2 residents (Resident 3) who managed own medications with family assistance to order medications. This failure placed Resident 3 at risk of medication interruption and compromised health in the event the family member was unable to perform their responsibility.

Findings included...

Review of the facility's Disclosure of Services showed that any family who provided medication services must complete and sign a back-up plan in the event the primary family member was not available to fulfill that responsibility.

Review of Resident 3's Move-In Record showed the facility admitted Resident 3 during the end of 2021. The records showed Resident 3 admitted with diagnoses of [redacted].

Review of Resident 3's Negotiated Service Agreement (NSA), dated 08/05/2024, showed that Resident 3 self-administered and ordered their own medications.

Review of Resident 3's records showed no documentation of a Family Assistance Medication Plan or an alternate plan should Resident 3 become unable to administer and order their own medications.

Observation on 08/22/2024 at 2:00 PM, showed Resident 3 communicated with yes or no answers through head movements and hand gestures.

During an interview on 08/22/2024 at 1:40 PM, Staff B, Resident Care Director – Registered Nurse (RN) stated that Resident 3's family representative ordered the medications. Staff B stated that they were unaware of which pharmacy supplied Resident 3's medication. Staff B stated that Resident 3's file did not provide the pharmacy information. Staff B stated that there was no Family Assistance Medication Plan in the file that provided an alternative assistance plan for times when Resident 3's family was unable to continue with medication assistance.

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, Sunrise of Issaquah is or will be in compliance with this law and / or regulation on (Date) 10/28/24 11/1/24.

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

Administrator (or Representative) — Date 9/10/24

WAC 246-215-02120 Food worker cards.

(1) The permit holder and person in charge of the foodestablishment shall ensure that all foodemployees are in compliance with the provisions of chapter 69.06 RCW and chapter 246-217 WAC for obtaining and renewing valid foodworker cards.

WAC 246-215-03515 Temperature and time control Cooling (FDA Food Code 3-501.14).

(1) Cooked time/temperature control for safety food must be cooled, uncovered, protected from contamination, in equipment that maintains an ambient air temperature of 41 F (5 C) or less and:

(a) In a shallow, uncovered, layer of two inches or less; or

(b) Up to four inches thick in one dimension and not touching other pieces of food for intact meat.

(2) As an alternative to the cooling provisions of subsection (1) of this section, cooling methods identified in WAC 246-215-03520 that meet the following time and temperature criteria are allowed:

(a) Within two hours from 135 F (57 C) to 70 F (21 C); and

(b) Within a total of six hours from 135 F (57 C) to 41 F (5 C) or less.

WAC 246-215-04545 Equipment Mechanical warewashing equipment, wash solution temperature (FDA Food Code 4-501.110).

(1) The temperature of the wash solution in spray-type warewashers that use hot water to sanitize may not be less than:

(b) For a stationary rack, dual temperature machine, 150 F (66 C);

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, interview, and record review, the facility failed to ensure all safe food practices were followed in 1 of 1 kitchen (main commercial) that provided meal

preparation and service to all residents. This placed all 79 residents at risk of potential foodborne illnesses.

Findings included...

Review of the facility's undated policy, "Food Storage, Preparation, and Service" showed food services staff followed safe food handling practices during the storage, preparation, and service of food.

FOOD HANDLER'S CARD
Review of the facility's policy titled, "Food Safety Training and Certification", dated 12/14/2012, showed the Dining Services staff maintained current Food Handler certifications as required by state regulation.

Review of the facility's job description for the Cook showed the facility required the Cook maintain a current food sanitation certificate.

Review of the facility's staff roster showed the facility hired Staff I, Cook, in June 2021. Review of the facility's staff schedule from 07/19/2024 through 08/15/2024, showed Staff I worked 40 hours per week.

Review of Staff I's records showed their Washington State Food Worker Card expired on 07/19/2023, over a year ago.

Observation on 08/20/2024 between 11:00 AM and noon showed Staff I prepared food and attended to other food service tasks within the main commercial kitchen.

SAFE FOOD COOLING
Review of the facility's undated policy titled, "Food Storage, Preparation, and Service", showed staff transferred cooked food to containers, no greater than two inches deep for storage. The policy showed staff recorded cooling temperatures on the "Cooling Monitoring Form" hourly to ensure the food cooled to 70 degrees Fahrenheit (F) within the first two hours and to 40 degrees F within the next four hours. The policy showed when the food reached 40 degrees F, the staff covered the pan tightly.

Review of the Cook job description showed the Cook was responsible for all food preparation, so the food met or exceeded the facility's quality standards. The Cook monitored all food to ensure that at least the minimum guidelines for temperature, taste, and quality were upheld at all times. The Cook was responsible for handling all foods in accordance with sanitary procedures and standards compliant with federal and state regulations. The document showed the Cook maintained food cooling temperature records to ensure standards and regulatory compliance.

Observation of the walk-in refrigerator on 08/20/2024 at 12:30 PM showed a large, uncovered cooking pot, labeled with the date 08/19/2024. The pot contained at least five inches of beer cheese soup, with a ladle inside. The ladle showed soup was caked to the utensil.

During an interview on 08/20/2024 at 12:30 PM, Staff H, Dining Services Coordinator, stated that yesterday's soup needed to be cooled in a shallow two-inch pan. Staff H stated that the facility did not have enough shallow pans. Instead, they used larger Cambros (a brand of plastic food storage containers) for cooling. Staff H stated that the required cooling log for the leftover soup was not completed.

COMMERCIAL DISHWASHER
Review of the Cook job description showed the Cook was responsible for recording and maintaining the equipment temperatures that ensured service standards and regulatory compliance.

Observation on 08/20/2024 at 11:00 AM, showed that during the wash cycle, the wash temperature gauge on the commercial dishwasher did not register. Observation showed there was no dishwasher temperature log.

During an interview on 08/20/2024 at 11:00 AM, Staff H stated that there was no dishwasher temperature log. Staff H stated that the temperature gauge on the dishwasher was not functioning and required a service call for repair.

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, Sunrise of Issaquah is or will be in compliance with this law and / or regulation on (Date) 10/20/24.

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

Administrator (or Representative) — Date: 9/10/24

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:

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

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 newly hired direct care staff (Staff C) completed the mental health training requirement within 120 days of hire to provide resident care. This failure placed all 79 residents at risk of receiving inadequate care from an untrained staff.

Findings included...

Review of the facility's Care Manager job description showed the Care Manager provided resident care, including emotional support. The position required that all required training, including state mandated trainings, were completed within the required timeframe.

Review of the facility's staff roster showed the facility hired Staff C as a Care Manager on 03/08/2024 to provide direct care and services to the residents.

Review of Staff C's employee file showed no documentation that Staff C completed the mental health specialty training, which was required to be completed by 07/06/2024.

Review of the facility's staff schedule from 07/19/2024 through 08/15/2024, showed Staff C worked 30 hours per week.

During an interview on 08/20/2024 at 10:20 AM, Staff J, Business Office Coordinator, stated that Staff C missed the scheduled mental health specialty training.

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, Sunrise of Issaquah is or will be in compliance with this law and / or regulation on (Date) 10/20/24.

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

Administrator (or Representative) — Date 9/10/24

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the air exchange ventilation system in 2 of 8 common bathrooms and janitor closets observed (third floor bathroom and second floor janitor closet) worked to properly vent the air to the outside. This failure placed all 79 residents at risk of breathing poor air quality, respiratory distress, and a diminished quality of living.

Findings included...

Observation on 08/19/2024 at 10:54 AM, showed the third-floor common bathroom vent did not function. Observation on 08/19/2024 at 11:10 AM, showed the vent in the second-floor Janitor's closet with a wet mop sink did not function.

During an interview on 08/19/2024 at 10:54 AM and 11:10 AM, Staff G, Maintenance Coordinator, stated that the vents were did not function to exchange fresh air from the outside of the building.

During an interview on 08/22/2024 at 12:06 PM, Staff G stated that they determined the two vents did not work because the smoke-fire activators were bad.

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)

9/10/24
Date

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

08/30/2024

Sunrise Senior Living Management Inc
Sunrise of Issaquah
23599 SE Issaquah Fall City Rd
Issaquah, WA 98029

RE: Sunrise of Issaquah # 2543

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/29/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

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

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-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;

The facility failed to ensure 1 of 1 resident's pet (Pet 1) was veterinarian-certified to be free of diseases transmittable to humans. During the full inspection, the facility obtained the certification.

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

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

The facility failed to ensure first aid kits were kept unlocked, clearly marked, and readily available. During the full inspection, the facility made first aid kits available per the regulation.

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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The facility failed to post a copy of the last full inspection report in a conspicuous location available to residents and guests. During the inspection, the facility corrected this issue per the regulation.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

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

Enclosure