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

Kirkland Memory Care LLC
Jefferson House Memory Care Community
12217 NE 128th Street
Kirkland, WA 98034

RE: Jefferson House Memory Care Community License # 2548

Dear Administrator:

This letter addresses Compliance Determination(s) 24878 (Completion Date 06/13/2023) and 22780 (Completion Date 04/28/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/13/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2481-1-a

The Department staff who did the on-site verification:
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 #: 2548	Compliance Determination # 22780
Plan of Correction	Jefferson House Memory Care Community	Completion Date
Page 1 of 3	Licensee: Kirkland Memory Care LLC	04/28/2023

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

The department completed data collection for an unannounced on-site follow-up on 04/18/2023, 04/18/2023, and 04/18/2023 of:
Jefferson House Memory Care Community
12217 NE 128th Street
Kirkland, WA 98034

This document references the following SOD dated: 04/28/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, 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.

Residential Care Services

05-09-2023
Date

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

Administrator (or Representative) — Date: 05/17/2023

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

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to read the Tuberculosis (TB) test results for 2 of 2 sampled staff (Staff C and Staff I) within 48 to 72 hours after initial administration. This failure placed all the residents at risk of contracting Tuberculosis, a communicable respiratory disease, from staff within unknown Tuberculosis status.

Findings included...

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/07/2023 for Staff B and Staff C. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 03/13/2023.

Review of the facility's TB policy dated 08/24/2011 showed a "nurse will give first test during new employee orientation." The TB policy outlined the protocol for employee TB tests. The policy did not show that the TB test results needed to be read within 48-72 hours after administration.

Review of an email dated 04/24/2023 received at 2:22 PM, showed Staff V acknowledged that the facility policy did not show TB test results would be read within 48 to 72 hours after administration. Staff V's email showed the facility policy "does not state the test will be read within the time frame required by the WAC".

Staff C
Review of the facility "employee contact list", dated 10/03/2022, showed the facility hired Staff C on 08/17/2022 as an Activities Assistant.

Review of Staff C's personnel records showed on 11/01/2022, staff received a TB skin test injection and the results were not read within 48 to 72 hours after administration. The TB skin test record showed the results were not read until 11/07/2022, over 84 hours after administration. Further review of Staff C's records showed a second one-step TB test was administered on 11/16/2022 and the results were not read until 11/21/2022, 120 hours after administration. During an on-site follow-up visit on 04/18/2023, review of Staff C's records showed the TB tests were not repeated to meet the regulation requirements.

Staff I

Review of the facility "employee contact list", dated 10/03/2022, showed the facility hired Staff I on 09/20/2022 as a Cook/Activities Assistant.

Review of Staff I's personnel records showed on 11/01/2022, staff received a TB skin test injection and the results were not read within 48 to 72 hours after administration. The TB skin test record showed the results were not read until 11/07/2022, over 84 hours after administration. Further review of Staff I's records showed a second one-step TB test was administered on 11/16/2022 and results were not read until 11/20/2022, which was 96 hours after administration. During an on-site follow-up visit on 04/18/2023, review of Staff I's records showed the TB tests were not repeated to meet the regulation requirements.

During an interview on 04/18/2023 at 2:00 PM, Staff V, Business Office Manager, stated that the facility did not repeat the TB tests for Staff C and Staff I. Staff V stated that moving forward, the facility planned to ensure all new staff fully completed the TB test with the results read within 48 to 72 hours after administration.

This is an uncorrected deficiency previously cited on 03/07/2023 for subsection (1)(a).

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, Jefferson House Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 5/1/2023 .

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

Administrator (or Representative) — Date: 5/17/2023

Residential Care Services
Investigation Summary Report

Provider/Facility: Jefferson House Memory Care Community
License/Cert.#: 2548
Compliance Determination #: 20054
Investigator: Thomas Forkgen
Provider Type: Assisted Living Facility
Intake ID: 70747
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 02/03/2023 through 03/07/2023
Complainant Contact Date(s):

Allegation(s):

1. Change in Administrator not reported in time as required
2. Tuberculosis (TB) testing for newly hired staff not completed properly

Investigation Methods:

Sample:	Total residents: 26 Resident sample size: 0 Closed records sample size: 0
Observations:	Resident environment, Resident to resident interactions, new Administrator on site.
Interviews:	Administrator and Business office manager.
Record Reviews:	Employee files, TB records. Department of Social and Health Services STARS program for change in administrator.

Investigation Summary:

Failed practice was established. The facility failed to conduct TB testing for new employees according to the WACs 388-78A-2481, 2484,2485.
The facility failed to notify the Department when there was a change in Administrators within 10 days. See Statement of deficiencies.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

Statement of Deficiencies	License #: 2548	Compliance Determination # 20054
Plan of Correction	Jefferson House Memory Care Community	Completion Date
Page 1 of 6	Licensee: Kirkland Memory Care LLC	03/07/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 02/03/2023, 02/03/2023 and 02/03/2023 of:

Jefferson House Memory Care Community
12217 NE 128th Street
Kirkland, WA 98034

This document references the following complaint number(s): 70747

The following sample was selected for review during the unannounced on-site visit: 0 of 26 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Thomas Forkgen, 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.

Residential Care Services

03-09-2023
Date

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

Administrator (or Representative) — Date: 3/13/2023

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to notify the Department of a change in the assisted living facility administrator within 10 days of hire for 2 of 2 sampled staff (Staff A and Staff E) as required. This failure placed all the residents at risk of receiving care from unqualified staff members.

Findings included...

During an interview on 02/03/2023 at 9:00 AM, Staff A introduced himself as the Executive Director of the facility. Staff A stated that he started in the administrator role on 09/19/2022. Staff A stated that the previous administrator, Staff D, separated from the facility on 05/17/2022. Staff A stated that Staff E, Regional Director, was appointed the interim Executive Director from 05/18/2022 to 09/19/2022. Staff A stated that the "corporate office" informed him that the notification for a change of administrator was submitted to the Department of Social and Health Services for his appointment to the position.

On 02/03/2023, review of the Department's Secure Tracking and Reporting System (STARS) showed Staff D was listed as the administrator with effective dates of 01/10/2022 to 05/17/2022. Further review of STARS showed Staff E as the administrator with effective date of 05/18/2022. There was no documentation in STARS that showed Staff A was the current administrator.

Review of the facility's copy of the "Assisted Living Facility Information Changes" form, dated 02/13/2023, showed that Staff D separated from the facility on 05/17/2022. The form then showed Staff E started as the administrator on 05/18/2022. Further review of the form showed that Staff E separated from the facility on 09/18/2022. Review of a second facility copy of the information changes, dated 02/13/2023 showed the incoming Administrator, Staff A, started on 09/19/2022. The second form was submitted to the Department's Business Operations and Analysis (BOA) Unit on 02/13/2023, 137 days past the required 10-day notification.

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, Jefferson House Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/13/2023.

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

Administrator (or Representative) — Date: 3/13/2023

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

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to do an initial Tuberculosis (TB) Skin test within three days of hire for 3 of 5 sampled staff (Staff B, Staff C, and Staff G). This failure placed all the residents at risk of contracting Tuberculosis (TB), a communicable disease.

Findings included...

Review of a Department of Social and Health Services (DSHS) "Dear Administrator/Provider" letter, dated 05/17/2022, showed that Washington state experienced a significant increase in the number of TB cases. The letter stated that to reduce the risk of illness to the vulnerable people served, TB testing was reinstated. The previous suspension of the tuberculosis testing requirements expired on 07/01/2022. The letter further showed that on July 1, 2022, Tuberculosis Testing (TB) Requirements were reinstated. In addition, the letter stated that Residential Care Services encouraged facilities and providers to immediately begin staff TB testing. This would allow facilities time to meet the TB testing requirements on 07/01/2022.

STAFF B
Review of the facility's "employee contact list", dated 10/03/2022, showed the facility hired Staff B, Registered Nurse, on 12/05/2022 as the Director of Resident Services.

Review of Staff B's personnel records showed Staff B completed a one-step TB skin test on 01/22/2023. TB test was completed 48 days from the date of employment.

STAFF C
Review of the facility's "employee contact list", dated 10/03/2022, showed the facility hired Staff C on 08/17/2022 as an Activities Assistant.

Review of Staff C's personnel records showed Staff C completed a one-step TB skin test on 11/01/2022. TB test was completed 77 days from the date of employment.

STAFF G
Review of the facility's "employee contact list", dated 10/03/2022, showed the facility hired Staff G on 02/23/2022 as the Activities Director.

Review of Staff G's personnel records showed Staff G completed a one-step TB skin test on 09/05/2022. TB test was completed 66 days after the Tuberculosis Testing requirement was reinstated on 07/01/2022.

During an interview on 02/03/2023 at 9:00 AM Staff A, Executive Director, stated that they recognized that the facility did not complete Staff B, Staff C and Staff G's TB testing within the required time frames. Staff A stated that they were unable to provide an explanation for why TB results were not completed and documented accurately.

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, Jefferson House Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/13/2023.

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

Administrator (or Representative) — Date: 3/17/2023

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

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to read the Tuberculosis (TB) Skin test results within 48 to 72 hours after administration for 1 of 5 sampled staff (Staff C) This failure placed all the residents at risk of contracting Tuberculosis (TB), a communicable disease, from staff within unknown test results.

Findings included...

STAFF B
Review of the facility's "employee contact list", dated 10/03/2022, showed the facility hired Staff B, Registered Nurse, on 12/05/2022 as the Director of Resident Services.

Review of Staff B's personnel records showed test on 01/22/2023, Staff B completed a one-step TB skin. Review of the TB test record showed on 01/24/2023, Staff B's TB skin test results were read. There was no documentation to show if the test results were positive or negative. There was no documentation to show that the second step was completed.

STAFF C
Review of the facility's "employee contact list", dated 10/03/2022, showed the facility hired Staff C on 08/17/2022 as an Activities Assistant.

Review of Staff C's personnel records showed on 11/01/2022, Staff C completed a one-step TB skin test.

Review of Staff C's TB skin test record showed that Staff C's TB test results were not read within 48 to 72 hours after administration. The TB skin test record showed the results were not read until 11/07/2022, 84 hours after administration.

During an interview on 02/03/2023 at 9:00 AM, Staff A, Executive Director, had no explanation for why Staff B's first step TB results were not documented and was not aware the TB test results were incomplete. Staff A stated that they understood the results should have been read 48 to 72 hours after the TB test was administered. Staff A stated that they hired a new business office manager to run audits of staff records to determine what was missing.

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, Jefferson House Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/13/2023

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

Administrator (or Representative) — Date: 3/13/2023

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to determine if 1 of 4 sampled staff (Staff M) was screened for Tuberculosis (TB) or had documentation of a chest X-ray to rule out TB when Staff M's one-step Tuberculosis Skin test showed a positive result. This failure placed all the residents and staff at risk for contracting a communicable disease.

Findings included...

Review of the facility's "employee contact list," dated 10/03/2022, showed the facility hired Staff M on 12/21/2022 as a Resident Assistant.

Review of Staff M's personnel records showed Staff M completed a one-step TB skin test on 03/21/2022. The one-step TB skin test showed a positive result. There was no documentation in the record to show if Staff M completed a chest X-ray or blood test to rule out active Tuberculosis. Further record review showed no documentation that Staff M was evaluated for signs and symptoms of Tuberculosis.

Review of an email dated 03/01/2023, Staff H, Business Office Manager, acknowledged that Staff M had no documentation to show TB was ruled out.

During a telephonic interview on 03/07/2023 at 4:53 PM, Staff H stated that when the facility hired Staff M, Staff M provided their previous employment TB test results to the facility. Staff H stated that Staff M's results showed that Staff M completed a one-step TB test. Staff H stated that Staff M's informed the facility that the previous employer sent them for a chest X-Ray to rule out TB. Staff H stated that Staff M did not follow through with the X-ray. Staff H stated that no one at the current facility reviewed Staff M's test results, conducted any screening for active TB, or followed-up with further tests to rule out active TB.

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, Jefferson House Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/13/2023

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

Administrator (or Representative) — Date: 3/13/2023