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

Fairwood Operations LLC
Village Concepts of Fairwood
17010 140th Ave SE
Renton, WA 98058

RE: Village Concepts of Fairwood License # 2554

Dear Administrator:

This letter addresses Compliance Determination(s) 40037 (Completion Date 04/19/2024) and 37189 (Completion Date 02/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/19/2024 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-2600-1-c

The Department staff who did the on-site verification:
Kathy Young, 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 #: 2554	Compliance Determination # 37189
Plan of Correction	Village Concepts of Fairwood	Completion Date
Page 1 of 3	Licensee: Fairwood Operations LLC	02/26/2024

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 an unannounced on-site follow-up on 02/23/2024 and 02/26/2024 of:
Village Concepts of Fairwood
17010 140th Ave SE
Renton, WA 98058

This document references the following SOD dated: 02/26/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 77 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Young, 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

03/07/2024
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.

Lynda White Eagle 3/15/24

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(c) Safely operate the assisted living facility; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure staff followed the facility policy related to safe food practices. This failure placed all residents at risk of foodborne illness.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 12/28/2023. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 02/10/2024.

Record review of the facility's policy titled, "Miscellaneous Policies", revised 12/20/2023, showed that daily temperature logs must be kept and adhered to for all equipment and dishwashers.

Observation of the memory care unit kitchen on 02/23/2024 at 10:30 AM showed there was no posted commercial dishwasher temperature log. During interviews at that time, staff in the memory care unit kitchen, Staff C, Caregiver and Staff D, Caregiver, stated that they were unaware of any dishwasher temperature log.

During an interview on 02/23/2024 at 10:38 AM, Staff B, Dining Supervisor, stated that the cooks double-checked the dishwasher log when they brought the food into the memory care unit kitchen. Staff G confirmed that there was no longer a dishwasher log in the memory care unit kitchen. Staff G located the January 2024 dishwasher log in their office. Review of the log showed the last dishwasher wash cycle and rinse temperatures were checked and logged on 01/28/2024.

This is an uncorrected deficiency previously cited on 12/28/2023.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2554	Compliance Determination # 37189
Plan of Correction	Village Concepts of Fairwood	Completion Date
Page 3 of 3	Licensee: Fairwood Operations LLC	02/26/2024

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, Village Concepts of Fairwood is or will be in compliance with this law and / or regulation on (Date) 4/8/24.

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

L White Eagle — Administrator (or Representative)

3/15/24 — 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

Statement of Deficiencies	License #: 2554	Compliance Determination # 34324
Plan of Correction	Village Concepts of Fairwood	Completion Date
Page 1 of 6	Licensee: Fairwood Operations LLC	12/28/2023

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 the unannounced on-site full inspection on 12/18/2023 and 12/21/2023 of:
Village Concepts of Fairwood
17010 140th Ave SE
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 9 of 72 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, 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

12/29/2023 — 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.

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 #: 2554	Compliance Determination # 34324
Plan of Correction	Village Concepts of Fairwood	Completion Date
Page 1 of 6	Licensee: Fairwood Operations LLC	12/28/2023

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17010 140th Ave SE
Renton, WA 98058

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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

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.

L. White Eagle
Administrator (or Representative)

1/5/24
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement infection control policies and requirements to protect 49 of 49 residents in the assisted living from an infectious illness during medication passes. This failure placed the residents at risk for cross contamination and spread of infection.

Findings included...

The Centers for Disease Control and Prevention (CDC) developed guidelines for infection prevention and control practices for healthcare settings. Review of CDC's "Health Care Providers: Hand Hygiene", dated May 2023, showed that hand washing is a key component of infection control.

Review of the facility's policy titled, "Hand Washing-Infection Control", dated 06/15/2015, showed a soap and water procedure that included ten step instructions to hand washing. Review of the policy showed a separate section for the Wellness Department to wash their hands immediately before and after medication pass.

Observation on 12/20/2023 at 11:02 AM, showed Staff O, Medication Technician and Caregiver, wore gloves when they arrived at the medication room. With gloved hands, Staff O input information in the electronic Medication Administration Record (eMAR). Staff O then pulled a medication bottle of eye drops out of the medication cart. Observation showed Staff O carried the medication to the resident's room at the end of the hallway. Staff O offered and gave the resident a facial tissue to clean their eyes. Observation showed Staff O administered the eye drops, removed the resident's used tissue, and disposed of the tissue in the trash. Staff O left the resident's room. Observation showed Staff O did not remove their gloves and did not wash their hands before and after they assisted the resident with medication administration.

Observation on 12/20/2023 at 11:13 AM, showed Staff O put on a new glove without washing their hands. Observation showed Staff O then assisted another resident with their oral (by mouth) medications. During an interview at this time, Staff O stated that they were aware of the requirements to wash hands before putting on gloves and to change their gloves after contact with each resident.

Administrator (or Representative) Date

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Statement of Deficiencies	License #: 2564	Compliance Determination # 34324
Plan of Correction	Village Concepts of Fairwood	Completion Date
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Observation on 12/21/2023 at 8:01 AM, showed Staff N, Medication Technician and Caregiver, retrieved a resident's oral medications and an insulin (medication for diabetes that helps control blood sugar levels) pen. Observation showed Staff N went to the resident's room and put on gloves. Observation showed the resident was in bed. With gloved hands, Staff N offered and assisted the resident with their medications. Observation showed that after medication pass, Staff N removed their gloves in the resident's kitchenette. Observation showed Staff N washed their hands for less than 20 seconds, turned off the faucet, and dried their hands with the resident's kitchen towel. During an interview at this time, Staff N stated that they were aware of the hand washing requirement to wash their hands for 25 seconds before and after medication pass. Staff N stated that they were aware of the requirement to use a paper towel to dry their hands and turn off water faucets.

During an interview on 12/21/2023 at 8:46 AM, Staff I, RN, Resident Care Director, stated that the facility provided infection control training for new staff and as needed. Staff I stated that the training included proper hand hygiene, proper technique, timing before and after care, and medication assistance hygiene practice. Staff I stated that they expect Medication Technicians to follow proper hygiene practices as required.

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, Village Concepts of Fairwood is or will be in compliance with this law and / or regulation on (Date) 2/10/24 .

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

L. White Eagle — Administrator (or Representative)

1/5/24 — Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(c) Safely operate the assisted living facility; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure staff followed the facility policies related to safe storage of chemical cleaning supplies and safe food practices. The facility failed to ensure it had developed its policy for staff securing issued master keys during their shifts. These failures placed all residents at risk of harm, theft, and illness.

Observation on 12/21/2023 at 8:01 AM, showed Staff N, Medication Technician and Caregiver, retrieved a resident's oral medications and an insulin (medication for diabetes that helps control blood sugar levels) pen. Observation showed Staff N went to the resident's room and put on gloves. Observation showed the resident was in bed. With gloved hands, Staff N offered and assisted the resident with their medications. Observation showed that after medication pass, Staff N removed their gloves in the resident's kitchenette. Observation showed Staff N washed their hands for less than 20 seconds, turned off the faucet, and dried their hands with the resident's kitchen towel. During an interview at this time, Staff N stated that they were aware of the hand washing requirement to wash their hands for 25 seconds before and after medication pass. Staff N stated that they were aware of the requirement to use a paper towel to dry their hands and turn off water faucets.

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Plan/Attestation Statement

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

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Administrator (or Representative) Date

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Findings included...

CHEMICAL STORAGE AND RESIDENT APARTMENT SECURITY
Record review of the facility's policy titled, "Housekeeping Cart Usage – Chemical Storage", dated 03/11/2019, showed chemical cleaning supplies should not be left unattended and unlocked on the housekeeping carts. The policy showed the housekeepers were to keep the cleaning compartment key in their possession.

Review of the Housekeeper Standard Operating Procedure training, dated 11/16/2023, showed Staff M and three other housekeepers signed in for the training. The training documentation showed that housekeeping cart safety and chemical storage was covered.

Observation on 12/18/2023 at 10:45 AM, showed a housekeeping cart on the third floor across from Apartment 309. Observation showed an unlocked compartment on the housekeeping cart with chemical cleaning supplies inside. Additional supplies were stored on the bottom shelf of the cart. There was no way to secure the cleaning supplies on the bottom shelf. Observation showed that the products had chemical warning labels. On 12/18/2023 at 10:50 AM, observation showed Staff M, Housekeeper, emerged from the stairwell at the end of the hall.

During an interview on 12/18/2023 at 10:50 AM, Staff M stated that they left the cart unlocked to go to the second floor to get something. Staff M stated that they kept extra supplies on the shelf below to save time rather than risk running out of supplies in the lockable compartment.

During an interview on 12/18/2023 at 10:56 AM, Staff G, Maintenance Director, stated that staff cleaned eight apartments per day. Staff G stated that the cleaning supplies in the lockable storage compartment on the cart were sufficient for the eight apartments cleaned each shift. Staff G stated that the housekeepers would not run out of supplies. Staff M stated that they trained the housekeepers to keep chemicals locked within the cart.

Record review of the facility's policy titled, "Key Control", dated 11/19/2009, showed the facility established procedures for staff signing out master keys and returning the keys at the end of their shift. The policy showed no instruction for staff issued master keys to keep the keys secured during their shift.

Observation on 12/20/2023 from 9:20 AM to 9:30 AM, showed Staff M left the housekeeping cart in the resident hall to enter Apartment 333. The chemical storage compartment on the cart was locked. Observation showed a wrist band of keys hung on the unattended cart next to the locked compartment. Two small keys on the ring unlocked and locked the chemical storage compartment on the cart. There were five other keys on the ring, one square key of the type used for master keys and four other unidentified keys.

Findings included…

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Statement of Deficiencies	License #: 2554	Compliance Determination # 34324
Plan of Correction	Village Concepts of Fairwood	Completion Date
Page 5 of 6	Licensee: Fairwood Operations LLC	12/28/2023

During an interview on 12/20 at 9:35 AM, Staff M and Staff F, Senior Executive Director, stated that staff were trained to always keep all keys in their possession. Staff M and Staff F confirmed that the square key was a master key that opened all the resident apartments. Staff M and F stated that keys left on the housekeeping cart threatened resident safety.

FOOD SAFETY
Record review of the facility's policy titled, "Miscellaneous Policies", revised 12/20/2023, showed that daily temperature logs must be kept and adhered to for all equipment and dishwashers.

COMMERCIAL KITCHEN
Review of the facility's Dishwasher Temperature Check log in the commercial kitchen, dated December 2023, showed entry columns for breakfast, lunch, and dinner. The log from 12/01/2023 to 12/18/2023, showed 13 of 54 possible entries completed.

Observation of the dishwashing process in the commercial kitchen on 12/19/2023 at 8:05 AM, showed Staff K, Dining Dishwasher, used the dishwasher. During an interview at this time, Staff K stated that they did not always log the dishwasher temperatures.

During an interview on 12/19/2023 at 8:05 AM, Staff J, Dining Supervisor, stated that staff were expected to log the dishwasher wash and rinse temperatures at each meal to ensure food safety. Staff J stated that they trained staff on that policy.

Review of the Dining Staff Meeting documentation, dated 11/27/2023 and 11/29/2023, showed that the use of logs was reviewed. The meeting sign-in sheet showed that Staff K attended the meeting.

MEMORY CARE KITCHEN
Review of the memory care's commercial dishwasher temperature check log, dated December 2023, showed entry columns for breakfast, lunch, and dinner. The log from 12/01/2023 to 12/18/2023, showed no entries. Review of the memory care's December 2023 Refrigerator Freezer Temperature Record log showed staff were expected to record AM and PM temperatures daily. The log showed no entries past 12/06/2023.

Observation of the memory care kitchen on 12/18/2023 at 12:32 PM showed Staff L, Caregiver, placed food from bins on the steam table onto plates. Observation showed other staff served the plates to the residents. Observation showed the commercial dishwasher, refrigerator, and freezer were used by staff.

During an interview at 12:34 PM, Staff L stated that they did not log temperatures for the refrigerator, freezer, or the dishwasher. Staff L stated that they did not know who was responsible for to logging the temperatures.

During an interview on 12/20 at 9:35 AM, Staff M and Staff F, Senior Executive Director, stated that staff were trained to always keep all keys in their possession. Staff M and Staff F confirmed that the square key was a master key that opened all the resident apartments. Staff M and F stated that keys left on the housekeeping cart threatened resident safety.

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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, Village Concepts of Fairwood is or will be in compliance with this law and / or regulation on (Date) 2/10/24.

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

L. White Eagle
Administrator (or Representative)

1/5/24
Date

Plan/Attestation Statement

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