STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

03/29/2024

Sapphire at Woodway, LLC
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

RE: Woodway Senior Living License # 2563

Dear Administrator:

This letter addresses Compliance Determination(s) 38943 (Completion Date 03/29/2024) and 29882 (Completion Date 12/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/29/2024 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-2650-3, WAC 388-78A-2650

The Department staff who did the on-site verification:
Christine Banta, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Woodway Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2563
Compliance Determination #: 29882
Intake ID: 99169
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 09/25/2023 through 12/01/2023
Complainant Contact Date(s):

Allegation(s):

1) The Assisted Living Facility (ALF) was serving inadequate and inedible food.
2) The kitchen staff were not wearing hairnet or gloves during food preparation.
3) The uncooked noodles in the kitchen were moldy.
4) They were not serving food as stated on the menu.
5) There was a COVID-19 outbreak in the facility.
6) The food in the steam trays did not look to be at proper temperature.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 5 Closed records sample size: 0
Observations:	Kitchen staff Food preparation Food service Food steamer
Interviews:	Sampled residents, Dining Director, Executive Director, server.
Record Reviews:	Sampled residents' records. Menu. Dining services policy and procedure.

Investigation Summary:

1) The unannounced facility visit showed there was an adequate amount of food with a good selection and an alternative. The facility uses Grove Menu (A dietary menu program). Four sampled residents in the dinning room stated that the food tasted good. One resident said the food was too salty, but also had empty salt packets next to their food. The staff stated that they recognized that most of the complaints about food quality was when residents were being served meals in a Styrofoam box during COVID-19 outbreak. The staff made sure that the food got to residents' apartment as soon as it placed in the delivery cart. Serving portions had increased to accommodate residents' requests. The complainant made another observation one week after the initial complaint and found no food related concerns. The complainant reported 12 residents were interviewed and expressed no concerns about the food. No facility

failed practice was identified.
2) The Dinning Manager stated that they were strictly enforcing staff to follow the ALF policy and procedure in the dining department. Staff were observed wearing hairnets, gloves in the kitchen area and when serving food in the dining room, and washing hands before putting gloves on. No failed facility practice was identified.
3) The staff stated that the uncooked moldy egg noodles were tossed out as soon as they became aware that they were moldy. Food items in the refrigerator were not expired or moldy. No facility failed practice was identified.
4) The menu of the day was written on the board outside the dining room for residents. No full week menu was posted anywhere. The staff stated that the residents were provided with a copy of the weekly menu in advance. When there were changes, they wrote them on the board. During the unannounced visit the lunch matched the menu. Sampled residents did not complain about menu modifications. No failed facility practice identified.
5) The staff stated that they had 3 residents and 3 staff test positive for COVID-19. Review of the CRU records showed no report from the facility was made on COVID-19 outbreak. A citation was issued for noncompliance with WAC 388-78A-2650 Reporting fires and incidents.
6) A review of the food steam tray temperature log showed the temperature was between 168 to 176 degrees. The staff stated that the steam tray was checked as soon as they come in the morning and throughout the food serving process. No facility failed practice was identified.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Woodway Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2563
Compliance Determination #: 29882
Intake ID: 98232
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 09/25/2023 through 12/01/2023
Complainant Contact Date(s):

Allegation(s):

1. COVID -19 outbreak in the facility.
2. The Named Resident (NR) was missing sunglasses and reading glasses.
3. The NR may have been financially exploited.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 5 Closed records sample size: 0
Observations:	Named Resident (NR) was not observed. Other residents. Environment. Apartment's general cleanliness.
Interviews:	Residents, Executive Director, Med Tech
Record Reviews:	NR records. Infection Control Policy and procedure. Missing items policy and procedure.

Investigation Summary:

1) The facility made a report to the Local Health Jurisdiction and was following guidelines when 3 residents and 3 staff tested positive for COVID-19. The staff stated they thought they reported the COVID-19 outbreak to the Department's Crisis Response Unit (CRU). Review of the CRU records showed no report from the facility was made on COVID-19 outbreak. A citation was issued for noncompliance with WAC 388-78A-2650 Reporting fires and incidents.
2) The facility did an investigation when the NR reported that their glasses were missing. The staff was unable to locate the glasses. The staff stated that the NR was managing their own glasses and may have left the glasses outside the facility. The staff stated that the NR would leave for three days at a time to stay with friends and family. The NR had since moved out from the facility and was unable to be reached. No facility failed practice was identified.
3) The facility did an investigation as soon as they became aware that the NR may have been financially exploited. The staff stated that they ruled out financial exploitation.

The staff stated that the only report they received from the NR was about their missing glasses. The NR had accused their roommate of stealing their glasses but was unable to prove it. The NR had since moved out from the facility and was unable to be reached. No failed practice was identified.

Conclusion / Action:

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

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License # 2563	Compliance Determination # 29882
Plan of Correction	Woodway Senior Living	Completion Date
Page 1 of 4	Licensee: Sapphire at Woodway, LLC	12/01/2023

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 09/25/2023 and 09/25/2023 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint number(s): 96259, 97030, 98232, 98730, 99169

The following sample was selected for review during the unannounced on-site visit: 5 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

12/11/2023
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) 1/2/24 Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to report to the Department's Crisis Response Unit (CRU) when 3 of 3 residents (Resident 1, 2 and 3) and 3 staff (A, C and D) tested positive for a communicable disease. This failure resulted in the delay of the Infection Control and Prevention assessment and placed residents at risk for contracting the infection.

Findings included...

Review of the Assisted
Living Facility Guidebook; Partners in Protection, dated 2018, page 26, Appendix D, Other Reporting Guidelines for Assisted Living Facilities showed Communicable Disease Outbreak was to be reported to the DSHS Hotline.

Review of the
ALF's policy "Infection Control Policy and procedure" dated 09/2022 showed:
Certain conditions
are reported to the appropriate city, county and/or state health department officials.
1. Reportable
diseases are infections, illnesses or conditions with public health significance that must be reported to the local and/or state health department.
2. The
list of reportable diseases varies slightly from state to state and over time.
3. The
infection preventionist has access to the following information: The current contact information for the local/regional health department. The current list of reportable diseases for the state; and the current system and process for reporting cases.
4. When
a resident(s) presents with a suspected or confirmed infection, illness or condition that is reportable, the administrator (or designee) notifies the local health department within the required timeframe. The local health department will report to the state and/or provide further instructions for the facility.
5. Healthcare-associated

infections are reported to the CDC through the National Healthcare Safety Network.

Resident 1
Resident 1 was admitted to the ALF on [redacted] 2023 with multiple diagnoses including [redacted].

Resident 2
Resident 2 was admitted to the ALF on [redacted] 2022 with multiple diagnoses including [redacted] and [redacted].

Resident 3
Resident was admitted to the ALF on [redacted] 2023 with multiple diagnoses including [redacted] and [redacted].

In an interview on 09/25/2023 at 11:30, Staff G, Regional Nurse, stated that Resident 1, 2 and 3 and Staff A (Executive Director), C (Med Tech) and D (Dinning Staff) tested positive for COVID-19. Staff G stated they were currently testing.

In an interview on 11/30/2023 at 9:18 AM, Collateral Contact (CC), Local Health Jurisdiction, stated that on 09/12/2023 they sent an email to the facility regarding guidelines which included reporting the outbreak to the Department's CRU.

In an interview on 09/25/2023 at 11:45 PM, Staff A, Executive Director, stated that they had 3 residents and 3 staff tested positive for COVID-19 and they were coordinating with the Local Health Jurisdiction. Staff A stated that they were unsure if the facility made a report to the Crisis Response Unit (CRU).

In an interview on 12/04/2023 at 8:02 AM, Staff C, Med Tech, stated that they tested positive for COVID-19 during the ALF's outbreak in September. Staff C stated that they had fever, running nose and body aches.

Review of the Department records showed no report was made from the ALF during the COVID-19 outbreak at the facility.

Statement of Deficiencies	License #: 2563	Compliance Determination # 29882
Plan of Correction	Woodway Senior Living	Completion Date
Page 4 of 4	Licensee: Sapphire at Woodway, LLC	12/01/2023

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Woodway Senior Living is or will be in compliance with this law and / or regulation on (Date) 1/15/2024 .

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

Administrator (or Representative) 12/12/23 Date