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

09/06/2024

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) 46741 (Completion Date 09/05/2024) and 44574 (Completion Date 07/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/05/2024 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 388-112A-0720-2-a, WAC 388-78A-2474-2-d

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor

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

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

Statement of Deficiencies	License #: 2563	Compliance Determination # 44574
Plan of Correction	Woodway Senior Living	Completion Date
Page 1 of 3	Licensee: Sapphire at Woodway, LLC	07/23/2024

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 07/23/2024 and 07/23/2024 of:
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following SOD dated: 07/23/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 78 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

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

08/05/2024
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) [signature] Date 8-15-24

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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff D and E) completed Cardiopulmonary Resuscitation (CPR) and First Aid training within 30 days of their date of hire. This failure resulted in all 68 residents receiving care from staff not trained and certified to provide CPR and basic First Aid skills.

Findings included...

Review of the Department of Social and Health Services' (DSHS) Secure Tracking and Reporting System (STARS) showed that on 03/29/2024 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have a system in place and the deficiency corrected by 04/20/2024.

Review of the ALF's employee files showed the following:

Staff D, Medication Technician, was hired on 05/30/2024. No documentation of CPR and First Aid certification was found in Staff D's file.

Staff E, Medication Technician, was hired on 05/13/2024. No documentation of CPR and First Aid certification was found in Staff E's file.

On 07/23/2024 at 10:41 AM, Staff A, Executive Director, stated that Staff D and E were supposed to be in a CPR and First Aid class that was held at the ALF but Staff D and E did not attend.

On 07/23/2024 at 11:02 AM, Staff B, Business Office Manager, stated that Staff D and E were going to obtain CPR and First Aid training on their own but they did not get it done.

This is a recurring and uncorrected deficiency previously cited on 03/29/2024, 12/15/2023, and 09/01/2023.

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) August 22, 2024

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

Administrator (or Representative) — Date: August 15, 2024

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

Statement of Deficiencies	License #: 2563	Compliance Determination # 38945
Plan of Correction	Woodway Senior Living	Completion Date
Page 1 of 3	Licensee: Sapphire at Woodway, LLC	03/29/2024

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 an unannounced on-site follow-up on 03/27/2024, 03/27/2024, and 03/27/2024 of:
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following SOD dated: 03/29/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Christine Banta, ALF Licensor

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

04/04/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 03/27/2024, 03/27/2024, and 03/27/2024 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following SOD dated: 03/29/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Christine Banta, ALF Licensor

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.

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.

Administrator (or Representative) 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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 staff (Staff F) completed Cardiopulmonary Resuscitation Certification (CPR). This failure placed residents at risk for harm due to Staff F not having been certified to provide CPR.

Findings included...

Review of record showed Staff F, Caregiver, was hired on 01/16/2024. There was no current CPR card on file.

On 03/27/2024 at 11:55 AM, Staff H, Regional Operations Support Specialist, stated that they did not have the CPR card on file and that they would contact Staff F for a copy.

On 03/27/2024 at 4:54 PM, Staff H sent an email with the Staff F's CPR certificate attached. Review of the CPR certificate showed that the online portion of the CPR course was completed on 03/27/2024 and they were now eligible for the skills session of the course, which was not completed.

Review of the care staff schedule for February and March 2024 showed Staff F was scheduled for 26 shifts.

This is a recurring and uncorrected deficiency previously cited on 09/01/2023

and 12/15/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 11/30/2023 and 11/30/2023 of:
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following SOD dated: 12/15/2023

The following sample was selected for review during the unannounced on-site visit: 3 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Judith Mellon, RN, Licensor
Allison Nunn, Long Term Care Surveyor

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 — 12/22/2023

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.

Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

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

This requirement was not met as evidenced by:

Based on observations, interviews and record review the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment. This failure resulted in residents living in an unsafe and unsanitary environment and placed all 64 residents at risk for injury and a decreased quality of life.

Findings included…

During a follow-up tour of the ALF on 11/30/2023 the following was observed:

At 2:07 PM, a second-floor screen on a window at the end of the hallway was observed to be torn and pushed out on the bottom right corner of the screen frame.

On 11/30/2023 at 2:07 PM, Staff A, Executive Director, stated that she was unsure why the screen was still broken and not replaced. Staff A stated that a resident who used a scooter and did not like fans would push on the fan to unplug the fan and thought that was why the screen was torn.

Review of the ALF's Plan of Correction project start date of 08/11/2023 showed the ALF would implement replacing broken/damaged screens on 08/25/2023 and the screens would be monitored monthly.

At 2:14 PM, greater than 22 cigarette butts were observed outside on the ground near the dining room exit doors by the corner of the ALF in the landscaping.

On 11/30/2023 at 2:14 PM, Staff A stated that the cigarettes were from residents sitting in chairs near the ALF's dining room exit doors. The ALF placed two smoking outposts (cigarette receptacles) on the gazebo entrance frame and one was stolen.

At 2:15 PM. The gazebo had one smoking outpost attached to the frame of the gazebo and two metal cans inside the gazebo for disposal of cigarette butts.

Review of the ALF's Plan of Correction showed Staff F, Maintenance Director, was to monitor and check the community grounds daily.

On 11/30/2023 at 2:20 PM Staff F stated that he was unsure who put all the cigarette butts on the ground.

This is a recurring citation for WAC 388-78A-3090(1)(a) previously cited on 02/23/2023 and an uncorrected deficiency for WAC 388-78A-3090(1)(a) and (c) previously cited on 09/01/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) 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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff A, and D) completed Cardiopulmonary Resuscitation Certification (CPR) and First Aid. This failure resulted in staff not having valid CPR/First Aid and placed all 64 residents at risk for harm due to the staff not being certified in lifesaving techniques.

Findings included…

Review of staff files on 11/30/2023 at 1:18 PM showed no evidence of CPR/First Aid certification for Staff A, Executive Director, and Staff D, Receptionist.

On 11/30/2023 at 4:33 PM, Staff A stated that Staff D had worked as the Resident Care Coordinator until 10/15/2023 then on 10/16/2023 she began working as a receptionist.

Review of the ALF's plan of correction showed the ALF would implement a monthly audit of required staff training on 08/15/2023.

On 11/30/2023 at 1:19 PM, Staff A stated that they had a current CPR/First Aid certification but did not have a copy of the card.

On 11/30/2023 at 3:40 PM, Staff A stated that they requested a copy of their CPR/First Aid card from a former employer. No copies of a CPR/First Aid card were available for review.

On 11/30/2023 at 3:40 PM, Staff A stated that the ALF will schedule a CPR/First Aid class.

This is an uncorrected deficiency previously cited on 09/01/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) 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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:

(b) Dementia specialty training as described in WAC 388-112A-0440 ;

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

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 staff (Staff E) completed specialty training for dementia and mental health. This failure resulted in Staff E not being trained to provide care to residents with dementia and mental health and placed 17 residents with [redacted] and or a [redacted] diagnosis at risk of being cared for by staff who did not have the required training.

Findings included…

Review of the ALF's resident characteristic roster dated 11/30/2023, showed 17 residents had a [redacted] diagnosis.

Review of the ALF's employee files showed the following:

Staff E, Resident Care Coordinator, was hired on 02/19/2019. No documentation of specialty training for Dementia and Mental Health was found in Staff E's file.

Review of the ALF's plan of correction implementation date of 08/15/2023 showed the ALF would have a monthly class for staff who needed to complete training with a date of completion of 09/30/2023.

On 11/30/2023 at 3:37 PM, Staff A, Executive Director stated that specialty training for Dementia and Mental Health are completed through Relias. (An online learning website). Staff A stated that Staff E had no record of completing Dementia and Mental Health specialty training through Relias.

This is an uncorrected deficiency previously cited on 09/01/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Woodway Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2563
Compliance Determination #: 26534
Intake ID: 88603
Investigator: Judith Mellon
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 07/12/2023 through 09/01/2023
Complainant Contact Date(s): 07/11/2023

Allegation(s):

A Named Resident (NR) stated that they had not heard from a Named former employee who had borrowed money from the NR.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 9 Closed records sample size:
Observations:	Named Resident and Named Resident's living quarters, staff interactions with residents
Interviews:	Outside Agencies, Executive Director, Named Resident
Record Reviews:	Employee records, facility records

Investigation Summary:

The NR loaned the former Named Staff money. The NR was provided current information related to allegations of financial exploitation still under review by the Department of Licensing. The Assisted Living Facility failed to complete a character, competence and suitability for a Washington State Final Fingerprint background check when a review was required for the prior Named Staff. The ALF failed to complete and document an investigation and investigative actions for allegations of financial exploitation. Citations were written for noncompliance of WAC 388-78A-24701(1) Background Checks-Employment-Nondisqualifying information and WAC 388-78A-2371(1) Investigations.

Conclusion / Action:

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

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

09/01/2023

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

RE: Woodway Senior Living License # 2563

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 09/01/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 (360)651-6846.

Sincerely,

Kim Ripley

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

Enclosure

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

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 and complaint investigation on 07/12/2023, 07/13/2023, 07/14/2023 and 07/17/2023 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint numbers: 88603.

The following sample was selected for review during the unannounced on-site visit: 9 of 65 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licensor
Judith Mellon, RN, Licensor

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

09/01/2023
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

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

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

This requirement was not met as evidenced by:

Based on observations and interviews the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for residents living at the ALF. This failure resulted in residents living in an unsafe and unsanitary environment and placed all residents at risk for injury and a decreased quality of life.

Findings included...

On 07/12/2023, the following was observed:

3rd Floor

At 10:00 AM, the activities room closet had broken down cardboard boxes leaning against the back wall, light brown stains on the floor and splattered onto the baseboard and wall six inches up from the floor.

At 10:03 AM, the boiler room had no lighting due to a burnt-out light bulb.

At 10:09 AM, resident rooms [redacted] and [redacted] had deep gouges in the wood and black marking on the lower 2 feet of the door.

At 10:11 AM, overhead florescent lighting was out at the top of the north stairs.

At 10:14 AM, empty bleach and Pine sol containers were left in the third-floor utility room drain. There were dirty rages, dirt, dust, and bits of paper were behind a caution wet floor sign.

At 10:16 AM, the overhead florescent lighting was out at the top of the south stairs.

At 10:17 AM, the hallway screen was pushed out and broken in the right corner next to resident room [redacted].

2nd Floor

At 10:16 AM, the hallway window screen was broken next to resident room [redacted].

At 10:29 AM, a former residents desk was left in the hallway. The desk had hand sanitizer, plastic knives, and gloves in the drawers.

At 10:30 AM Staff K, Maintenance Director, stated that the desk had been in the hallway for two days since the resident moved out.

1st Floor

At 10:34 AM, There were 3 missing window blinds on the west side and 4 missing window blinds on the east side of the dining room.

At 10:36AM, the double door out to the gazebo had worn wood and missing wood pieces on the inner side of the door from being hit by wheelchairs when going out the door.

At 10:39AM, the bottom right cabinet of the coffee service station had dark brown stains, crumbs of food and chips in the food and paint.

At 10:40AM, the lighting in the kitchen storage area was out. The plastic florescent lighting cover was missing by the exit door from the kitchen.

At 10:47AM, the First Aid kit in the kitchen not fully stocked.

At 10:52AM, the boiler room ceiling vents were coated in dust.

At 11:00AM, the employee lounge refrigerator had spill stains and food particles on each shelve and the two lower drawers.

Outside Tour

At 11:13AM, the south side exit door, left of the front entrance rusted around the door handle and lower right corner. The kitchen outside exit door was rusted at the upper left side of the door.

At 11:15AM, there were seven used cigarette butts on the ground to the left of the entrance door from the gazebo.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 246-215-06525 Methods Drying mops (FDA Food Code 6-501.16). After use, mops must be placed in a position that allows them to air dry without soiling walls, equipment, or supplies.

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 hang three of three mopheads to dry. This failure placed the kitchen at risk for contaminating surfaces and unsanitary conditions.

Findings included...

On 07/12/2023 at 10:40 AM, a kitchen utility closet was observed open and to have a floor type wash sink that had three wet, dirty mopheads laying on the floor of the wash sink.

On 07/12/2023 at 10:40 AM, Staff A, Executive Director, stated that the mopheads should be hanging up to dry and should not be lying on the floor. Staff A stated that she would review with Staff D, Culinary Services Director that the mopheads should be hanging up to

dry.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete the required national fingerprint background check for 4 of 6 sampled staff (Staff L, M, N, and O). This failure placed the safety of residents at risk by allowing staff with a possible disqualifying event access.

Findings included…

Review of staff files showed the files for Staff L, M, N, and Staff O, All Caregivers, had no evidence of a national fingerprint background check.

On 07/13/2023 at 9:20 AM, Staff C, stated that they did not have completed fingerprint background checks for Staff L, M, N, and O.

On 07/13/2023 at 10:05 AM, Staff Q, Regional Director of Operations, stated that the documentation for a fingerprint appointment had been previously sent to Staff L and Staff M, but there had been no follow up with the staff to confirm the fingerprints had been completed.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff A, F, L, M, N, and O) were screened for tuberculosis (TB) within three days of hire. This failure placed all residents at risk for possible exposure to a communicable disease.

Findings included…

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 04/24/2023. No documentation of a completed TB test was found.

Staff F, Med Tech, was hired on 02/19/2019. A TB test was completed on 09/01/2022.

Staff L, Caregiver, was hired on 03/04/2023. No documentation of a completed TB test.

Staff M, Caregiver, was hired on 04/21/2023. No documentation of a completed TB test.

Staff N, Caregiver, was hired on 05/27/2023. No documentation of a completed TB test.

Staff O, Residential Care Coordinator, was hired on 01/18/2023. A TB test was completed on 02/23/2023.

On 07/13/2023 at 8:50AM, Staff A stated that TB had not been completed and was just not on their radar as something needing to be done.

On 07/13/2023 at 10:03AM, Staff Q, Regional Director of Operations, stated that Staff B, Regional Registered Nurse, was responsible for the TB process until a nurse could be hired for the facility.

On 07/13/2023 at 1:05PM, Staff B, Regional Registered Nurse, stated that they were unaware TB was not updated and was not sure what the practice has been for TB testing at the facility.

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)_____ .

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

_____ _____

Administrator (or Representative) 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:

(a) Orientation and safety;

WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed?

(1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements of WAC 388-112A-0230 and include basic safety precautions, emergency procedures, and infection control.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 5 of 6 staff (Staff A, L, M, N, and O) completed Orientation and Safety prior to working with residents. This failure placed residents at risk for compromised care and quality of life.

Findings included…

Review of staff files showed:

Staff A, Executive Director, was hired on 04/24/2023 and completed Orientation and Safety on 07/12/2023.

Staff L, Caregiver, was hired on 03/04/2023 and completed Orientation and Safety on 05/04/2023.

Staff M, Caregiver, was hired 04/21/2023 and completed Orientation and Safety on 05/15/2023.

Staff N, Caregiver, was hired on 05/27/2023 and had evidence of an Orientation and Safety completed.

Staff O, Residential Care Coordinator, was hired on 01/18/2023 and had no evidence of Orientation and Safety completed.

On 07/13/2023 at 11:17 AM, Staff A, Executive Director, stated that the orientation and safety training was not completed for Staff N and Staff O. Staff A stated that they were going to set up for Staff N and Staff O to take the class.

On 07/13/2023 at 11:31 AM, Staff C, Business Office Manager, stated that they were unable to locate any additional documentation for the missing Orientation and Safety for Staff N and Staff O.

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)_____ .

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

_____ _____

Administrator (or Representative) 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:

(b) Basic;

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within two hundred days of the date of hire;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff N and O) completed the 70-hour basic training. This failure placed residents at risk for compromised care and quality of life.

Findings included...

Review of staff files showed the following:

Staff N, Caregiver, was hired on 05/27/2023 with no documentation for 70-hour basic training.

Staff O, Residential Care Coordinator, was hired on 01/18/2023 with no documentation for 70-hour basic training.

On 7/13/2023 at 11:17 AM, Staff A, Executive Director, stated that the 70-hour basic training is not in Staff N and Staff O's files. It was not completed so we are working to correct that.

On 07/13/2023 at 11:31 AM, Staff C, Business Office Manager, stated that they were unable to locate any additional documentation for the 70-hours basic training for Staff N and Staff O.

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)_____ .

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

_____ _____

Administrator (or Representative) 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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 6 sampled staff (Staff A, L, M, N, and O) completed Cardiopulmonary Resuscitation Certification (CPR). This failure placed residents at risk for harm due to ALF staff not having been certified to provide CPR.

Findings included…

Review of staff files showed no evidence of CPR certifications for Staff A, Executive Director, Staff L, Caregiver, Staff M, Caregiver, Staff N, Caregiver, and Staff O, Residential Care Coordinator.

On 07/13/2023 at 11:31 AM, Staff C, Business Office Manager, stated that they were unable to locate any additional CPR certifications that were missing during our initial staff file review.

On 07/13/2023 at 11:45 AM, Staff A stated that they were getting a CPR and First Aid class set up for Staff to take to make sure everyone is certified.

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)_____ .

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

_____ _____

Administrator (or Representative) 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.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff F and N) completed the required number of continuing education (CE) training. This failure placed residents at risk for compromised care and quality of life.

Findings included...

Review of staff files showed the following:

Staff F, Residential Care Coordinator, was hired on 02/19/2019 and had no documented CE certificates.

Staff N, Caregiver, was hired on 05/27/2023 and had no documented CE certificates.

On 07/13/2023 at 11:31 AM, Staff C, Business Office Manager, stated that they were unable to locate any additional documentation for CE certificates for Staff F.

On 07/13/2023 at 11:45 AM, Staff A, Executive Director stated that the CEs were not completed by Staff F and Staff N, and that Staff F and Staff N were being set up to complete the required continuing education credits.

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)_____ .

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

_____ _____

Administrator (or Representative) 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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:

(b) Dementia specialty training as described in WAC 388-112A-0440 ;

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

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff F, L and O) had completed specialty training for dementia, mental illness, and/or developmental disabilities required to provide care. This failure placed residents at risk of not having their care needs met and being cared for by untrained staff.

Findings included...

Review of staff files showed:

Staff F, Med Tech, was hired on 02/19/2019 and had no documentation of Specialty Training.

Staff L, Caregiver, was hired on 03/04/2023 and had no documentation of Specialty Training.

Staff O, Residential Care Coordinator, was hired on 01/18/2023 and had no documentation of Specialty Training.

Record review of the ALF's Resident Characteristic Roster on 07/12/2023 showed there were 8 residents living at the ALF with Dementia, 17 with mental health issues and 1 with [redacted].

On 07/13/2023 at 11:31 AM, Staff C, Business Office Manager, stated that they were unable to locate any additional documentation for Dementia and Mental Health training that were missing during our initial staff file review.

On 07/13/2023 at 11:47 AM, Staff A, Executive Director, stated, "No. We do not have the Specialty Training for anyone. It's going to be a 'no' for everyone. I don't have the Specialty training either and we will work on getting that set up for everyone."

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(6) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks;

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 observations and interviews the Assisted Living Facility (ALF) failed to ensure 1 of 2 Dietary Aides completed handwashing and glove change techniques after gloves and hands were contaminated and while serving food. This failure placed all 65 residents at risk for food-borne illness by cross contamination of food.

Findings included...

On 07/14/2023 at 7:31 AM, Staff I, Dietary Aide, was observed in the ALF's kitchen plating oatmeal into a bowl five different times for five residents with gloves on, then serving the residents in the dining room. When Staff I returned to the kitchen Staff I was observed touching her arms, multiple kitchen surfaces, disposing of used plates and utensils from the dining room into the sink, and then plated eggs and oatmeal to serve to a resident without changing gloves or handwashing. Staff I then served three plates of food while balancing the plates of food on Staff I's arms against her clothes.

On 07/14/2023 at 7:45 AM, Staff I stated that they always wear gloves when serving food.

On 07/14/2023 at 7:50 AM, Staff H, Cook, stated that staff are to wash their hands between tasks and wear gloves to serve food.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation and interviews the Assisted Living Facility (ALF) failed to maintain the premises free of a hazard when water leaked from a stand-alone freezer in the ALF's Kitchen. This hazard placed three of three Dietary Staff (Staff H, I, and J) at risk for injury.

Findings included...

On 07/14/2023 at 7:49 AM, the Kitchen's stand-alone mini floor freezer was observed to have water in a large puddle under and next to the freezer. On Top of the puddle of water was a plastic delivery crate with an electrical power bar strip with the light in the "on" position, with the freezer plugged into it. Staff H, Cook, Staff I, and Staff J, both Dietary Aides, were observed walking throughout the ALF's Kitchen preparing and serving breakfast.

On 07/14/2023 at 7:51 AM, Staff H stated that they knew the water was leaking under the freezer. Staff H stated that they told Staff D, Culinary Services Director, the freezer was leaking. Staff H, stated that it was leaking for about three days.

On 07/14/2023 at 7:55 AM, Staff D stated that he didn't realize the freezer was leaking and was unsure why the freezer had leaked.

On 07/14/2023 at 8:00 AM, Staff A, Executive Director, stated that she was unaware the freezer had water leaking with the electrical power bar on top of the delivery crate and immediately corrected the hazard.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews the Assisted Living Facility (ALF) failed to ensure 2 of 2 Residents (Residents 6 & 9) received medications as prescribed by the physician and have a system in place for the accountability of medications to be dispensed in a controlled environment. These failures resulted in Residents 6 having a delay in beginning a new medication, Resident receiving medications late and having access to over the counter medications.

Findings included...

Resident 6

Resident 6 was admitted into the ALF on [redacted]/2019 with multiple medical diagnoses including history of [redacted], and [redacted] ([redacted]).

Record review of an assessment dated 11/18/2022 showed Resident 6 required medication assistance and needed assistance with ordering routine and as needed medications.

Record review of a progress note written by Staff O, Residential Care Coordinator, dated 07/10/2023 at 9:15 PM, showed; Late Entry Alert Note, Resident 6 had an appointment at 3:00 PM and was diagnosed with a [redacted]. The progress note showed medication changes/additions for Cipro 250mg (milligrams - unit of measurement) daily and a STAT (immediate) request to pharmacy on 07/11/2023.

On 07/14/2023 at 11:15 AM, Staff O stated that, med orders come in every night and they confirm the orders and the start dates. Antibiotics are sent right over. I have noticed the Medication Technicians are not comparing and initializing the meds when they come in to make sure we have the meds.

Record review of an EMAR for the Month of July 2023 showed Resident 6 was to receive Ciprofloxacin 250 mg twice daily for seven days with a start date of 07/10/2023. The EMAR showed no doses of Ciprofloxacin were provided by ALF nursing to Resident 6 on 07/10/2023 and 07/11/2023.

On 07/31/2023 at 2:35 PM, Staff B, Regional Registered Nurse, stated that Resident 6 missed the first two days of her antibiotic.

Resident 9
Resident 9 was admitted into the ALF on [redacted]/2021 with multiple medical diagnoses including [redacted].

Record review of the ALF's policy and procedure "Self-Administration of Medications" showed an assessment of the resident's capabilities to self-administer is performed by the licensed nurse, utilizing the Sapphire CBC self-medication assessment and if the resident is storing medications in their room, the resident will be educated on safe medication storage and have a secure location to store them in.

Resident 9's most recent annual assessment dated 11/17/2022, showed Resident 9 required medication assistance and ALF Staff were to order, store and administer all medications for Resident 9. The annual assessment showed Resident 9 would not be able to obtain over-the-count (OTC) medications, and that the ALF would obtain the OTC medications. The annual assessment identified Resident 9 with diagnoses of [redacted] along with having a long-standing history of [redacted].

Record review of an EMAR for the Month of July 2023 showed Resident 9 was prescribed Polyethylene Glycol 17 GM (gram - unit of measurement) packet to be dissolved in eight ounces of water daily for bowel care.

On 07/14/2023 at 9:55 AM, Resident 9 was observed in Resident 9's apartment sitting in a wheelchair. A clear tall plastic cup was observed sitting on Resident 9's dresser with a powder type substance in it along with two empty paper medication cups sitting nearby.

On 07/14/2023 at 9:55 AM, Resident 9 stated that the cup was MiraLAX. Resident 9 stated, the med person just drops it off and they mix it with water and I take it. The paper cups are from the meds I took before. They just drop off the meds and I take them.

On 07/14/2023 at 10:02 AM, Staff F, Medication Technician was observed entering Resident 9's living quarters with medication cups in Staff F's hands. Staff F left the pill cup with eleven pills inside the cup on the stand next to Resident 9. Staff F apologized and stated that she was running late with Resident 9's pills. Staff F asked Resident 9 if they knew if Resident 9's roommate was in their room. Staff F stated, "I'm late with those pills too".

Record review of Resident 9's EMAR for the Month of July 2023 showed Resident 9 was to

receive the following medications at 7:30 AM; Carbidopa/Levodopa (muscle spasms), Docusate (bowel care), Levothyroxine (treats thyroid), Loratadine (allergy symptoms), Omeprazole (acid reflux), Pregabalin (treats nerve pain), Ropinirole (for restless leg syndrome), Senna (laxative), Venlafaxine ER (for anxiety), Vitamin B-12 (supplement) Baclofen (chronic pain). The medications were left in Resident 9's living quarters two and a half hours past their scheduled dose time.

On 07/14/2023 at 10:45 AM Resident 9 was observed opening a dresser drawer containing over the counter (OTC) medications. The dresser drawer contained various OTC medications. The following OTC medications were identified; Albuterol Inhaler (used to treat lung type diseases), Advil (to treat fever/pain), gas relief (used to relieve pressure/discomfort in stomach/gut), Kerasil ointment (treats skin), Neosporin ointment (antibiotic ointment), Calm Forte (sleep aide), Nasal Spray (decongestant), two dry mouth containers (stimulates saliva), allergy relief (treats congestion, runny nose), mupirocin (used to treat skin infected skin lesions due to bacteria), a yellow Tylenol bottle dated 02/1999 (pain reliever), nasal decongestant (relieves nasal congestion), Alteril natural sleep aide, hot and cold ointment (treats muscle aches/pains) and Zyrtec (treats allergy symptoms), two containers with marijuana substance (psychoactive drug).

On 07/14/2023 at 1:15 PM, Staff F stated that they do Resident 9's meds, she's not supposed to have all these meds in here, we've talked to her in the past about this.

On 07/14/2023 at 1:45 PM, Staff B, Regional Registered Nurse stated that Resident 9 was not supposed to have meds in her room. The Staff are not supposed to leave meds in Resident rooms. Staff B stated that Resident 9 was not a self-med, they are assisting her, we should have her meds on the med cart. If Resident 9 was a self-med we would have a self-medication assessment and she would have to have a lock on her drawer, but Resident 9 doesn't do the meds we do.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow required infection control measures to prevent infectious respiratory diseases by ensuring all staff were current on their fit testing for N-95 masks. This failure placed all residents, staff, and visitors at risk of contracting a respiratory infection.

Findings included…

Review of Washington Administrative Code 296-842-15005 (2)(a)(b) showed the ALF will provide fit testing (a fit test tests the seal between the respirator facepiece and the wearer's face) before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Review of the facilities Respiratory Protection Plan on 07/17//2023 showed fit testing was to be completed by the facility upon hire and annually thereafter.

On 07/14/2023 at 11:20AM, Staff R, Caregiver stated that they have been working at the facility for two months and have not been fit tested.

On 07/14/2023 at 2:15PM, Staff A, Executive Director stated that there has been no fit testing with any staff of the facility.

On 07/17/2023 at 2:55PM, Staff B, Regional Registered Nurse state that she is aware fit testing has not been done but has taken steps to set up the fit testing program.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2710 Disclosure of services.

(2) The assisted living facility must provide the services disclosed.

This requirement was not met as evidenced by:

Based on Record Reviews and Interviews the Assisted Living Facility (ALF) failed to provide updated information related to nursing services as required on the ALF's Disclosure of Services for 2 of 2 sampled Residents (Resident 10 and 11). This failure placed both Residents and their family members at risk of not being aware of current levels of care provided by the ALF.

Findings included...

Record review of the ALF's Disclosure of Services showed in section three, titled "Intermittent Nursing Services," part C was checked off "yes" and showed the ALF had a Registered Nurse in the ALF for five days per week totaling forty hours per week.

On 07/12/2023 at 9:15 AM, Staff A, Executive Director, stated that the ALF was between nurses right now and didn't have a nurse in the ALF full-time. Staff A stated that Staff B, Regional Registered Nurse, arrives to the ALF Monday through Thursdays and was usually there every other week. Staff A stated that Staff B would be in on 07/13/2023.

On 07/13/2023 at 1:05 PM, Staff B stated that she had been working at the ALF about seven weeks and worked Monday through Thursdays. Staff B stated that she drives to the ALF on Mondays and drives home on Thursdays. Staff B stated that she worked 32 hours a week and travelled on Mondays and Thursdays.

Two sampled Residents, Resident 10 and 11 Disclosure of Services were reviewed. Resident 10 admitted into the ALF on [redacted]/2023 and Resident 11 admitted into the ALF on [redacted]/2023. Both Resident 10 and 11's Disclosure of Services were signed by Resident 10 and 11. Both Disclosures of Services showed a Registered Nurse was to be in the building for five days a week totaling forty hours a week.

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)_____ .

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

Administrator (or Representative) Date

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 Interview and Record Review the Assisted Living Facility (ALF) failed to notify the Department within ten calendar days when the ALF Executive Director changed. This failure resulted in the Department not being informed of changes at the ALF.

Findings included...

Record review of the Department's Facility Management System (FMS) showed the ALF's most recent Executive Director history. Staff L, Executive Director was listed under the ALF's current license number with a start date of 03/15/2023 until the current date 07/17/2023.

Record review of Staff A, Executive Director's employee file, showed a date of hire as 04/24/2023.

On 07/13/2023 at 2:18 PM, Staff A stated that she was unaware that she was not listed as the Executive Director in the Department's FMS and would make sure to correct the information and submit the changes.

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)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to complete an investigation and document investigative actions for 1 of 1 sampled residents (Resident 1) following allegations of financial exploitation. This failure placed Resident 1 and all residents at risk of financial exploitation.

Findings included...

Resident 1 was admitted to the ALF on [redacted]/2019 with multiple medical diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

On 07/14/2023 at 2:17 PM, Resident 1 stated I loaned money to Collateral Contact 2 (CC2), former Staff and CC2 never paid me back. Resident 1 stated he wanted to find out any information related to the previous investigation.

A request was made for the ALF's incident and investigation reports related to allegations of financial exploitation for Resident 1, when Resident 1 requested additional clarification of information on a prior investigation around allegations of financial exploitation.

On 07/17/2023 at 9:20 AM, Staff A, Executive Director stated that there were no ALF investigation or incident report that were completed by the ALF's previous Executive Director related to an allegation of financial exploitation that was related to Resident 1.

No incident or investigation report was available or provided by the ALF for review by the Department.

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)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure a former Staff person (Collateral Contact 2) had a character, competence and suitability (CCS) determination completed after completion of a Final Fingerprint Background Check. This placed 1 of 1 Resident (Resident 1) at risk of being cared for by someone with a negative background check.

Findings included...

Collateral Contact 2 (CC2), Former Med Technician was hired by the ALF on 02/01/2021. Record review showed CC2 had a final fingerprint check completed on 11/08/2022. The final fingerprint background check result showed a review was required.

On 07/17/2023 at 9:20 AM, Staff A, Executive Director stated, the former Executive Director did not complete a character, competence, and suitability (CCS) for CC2. CC2 worked from 02/01/2021 to 02/08/2023 with unsupervised access to vulnerable adults. No CCS was available for review.

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

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

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to update a food worker card for 1 of 4 Dietary Employees (Staff H). This failure placed residents at risk for food-borne illness.

Findings included...

Review of the Washington State Department of Health website; Washington State requires that all food workers have food safety training before handling food served to the public. Food workers who take a food safety training class and pass the State of Washington exam on food safety basics are issued a Food Worker Card (also called a Food Handler Permit). You are a food worker if you work with unpackaged food, food equipment or utensils, or with any surface where people put unwrapped food.

The ALF's kitchen was observed on 07/14/2023 at 7:35 AM, and Staff H, Cook, was observed preparing and plating breakfast foods for residents.

On 07/14/2023 at 7:40 AM, Staff H, stated that they prepare the food.

Record review of Staff food card records for the Dietary Department showed, Staff H had an expired food worker card. The food worker card was valid from 06/12/2021 to 06/12/2023.

On 07/14/2023 at 3:00 PM, Staff A, Executive Director, stated that Staff H is the only worker whose food worker card is expired.

Plan/Attestation Statement

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_____ _____
Administrator (or Representative) Date

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(1) General characteristics:

(b) Residents may not enter their rooms through another resident unit or resident bedroom;

(7) Room arrangement:

(b) A resident sleeping room may not be used as a passageway, hall, intervening room, or corridor.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews the Assisted Living Facility (ALF) failed to maintain 4 of 18 observed resident units (units [redacted], [redacted], 108, [redacted]) as required. This failure resulted in Residents' privacy not being maintained and a diminished quality of life.

Findings included...

Record review of the ALF's Resident Characteristic Roster (RCR) on 07/12/2023 at 1:15 PM with Staff F, Medication Technician, showed, two residents shared room [redacted]; one lived in room [redacted]; room [redacted] showed one resident lived in [redacted]. Rooms [redacted] and [redacted] were not listed on the RCR.

Record review of the Department's Facility Management System (FMS) showed the ALF's Room List features on 12/10/2018 as;
Room [redacted] was listed as a single room on the first floor.
Room [redacted] and Room [redacted] were listed as an apartment for resident use.
Room [redacted] was listed as a Double Room for resident use on the first floor.
Room [redacted] and [redacted] were listed as an apartment.
Room [redacted] on the ALF's first floor was observed on 07/28/2023 at 10:45 AM. Two residents were observed living in Room [redacted]. When entering Room [redacted], the entrance area was an open floor plan with a resident's bed and sleeping area in view of the entrance to

the apartment and the bed was also visible from the kitchenette area. A female resident exited a closed bedroom door and through the other resident's living quarters to exit the apartment.

On 07/28/2023 at 10:45 AM, Staff A, Executive Director, stated that she was not sure why the area was not separate. Staff A stated that she could have a curtain put up to provide privacy.

On 07/28/2023 at 9:37 AM, room [redacted] and [redacted] was observed being used as storage for mattresses and other furniture items. A resident was observed living in room [redacted]. To gain access of the stored furniture items ALF staff needed to enter through room [redacted] living quarters and kitchenette.

On 07/28/2023 at 9:37 AM, Staff A was observed in room [redacted] while the resident watched television. Staff A apologized to the Resident and stated she would have to notify Staff K, Maintenance Director, to get the key to access the storage room. Staff K entered the apartment and unlocked the door to room [redacted].

On 07/17/2023 at 10:45 AM, room 108 was observed to be used as a staff lounge. There were two bedrooms, two bathrooms and a common living space with a kitchenette area.

During an interview on 07/12/2023 at 10:45 AM, Staff A stated that room 108 was staying as a staff lounge/office space.

On 07/12/2023 at 10:11 AM, room [redacted] and [redacted] was observed. Side A of the apartment was being used as living quarters for a resident and side B was being used as storage. Side B had the door open. Large boxes stacked on top of each other from the floor to the ceiling thought the bedroom with a walk space was visible.

During an interview on 07/12/2023 at 10:11 AM, Staff A stated that they were using side B as storage. Staff A stated that all the boxes were Covid supplies, and that was where they were storing all the personal protective equipment (PPE). Staff A stated that the staff would walk through the kitchenette/bathroom area to reach side B if they needed to get PPE supplies.

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_____ _____
Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on Interviews and Record Reviews the Assisted Living Facility (ALF) failed to ensure 1 of 1 Resident's (Resident 1) medications were provided as agreed upon in Resident 1's negotiated service agreement. This failure placed Resident 1 at risk for receiving incorrect or missed doses of medication.

Findings included…

Resident 1
Resident 1 was admitted into the ALF on [redacted]/2019 with multiple medical diagnoses including [redacted] ([redacted]), and [redacted] ([redacted]).

Record review of Resident 1's assessment dated 07/11/2023, showed Resident 1 required medication assistance, Staff were to assist with medication management, and ensure Resident 1 took all medication as prescribed. The annual assessment showed Resident 1 needed assistance ordering routine and as needed (PRN) medications, was not able to obtain over-the-counter medications, and that the ALF was to obtain over-the-counter medications for Resident 1.

Record review of Resident 1's most recent negotiated service agreement (NSA) dated 07/11/2023 showed Resident 1's medications would be ordered and stored by the ALF and Staff will ensure that Resident 1 would take all medications as prescribed.

On 07/14/2023 at 2:10 PM, Staff L, Caregiver, stated that Resident 1 had depressive behaviors and was on alert charting. Staff L stated that they don't really provide care for

Resident 1. Resident 1 is independent with activities of daily living (ADL's) and self meds.

On 07/14/2023 at 2:17 PM, Resident 1 stated I do my own meds and most things for myself.

Resident 1's electronic medication administration record (EMAR) showed Resident 1 was to receive the following medications ranging from one time a day to three times a day; Acetaminophen (pain management), Atorvastatin (used to treat high cholesterol), Cyclobenzaprine (muscle relaxant), duloxetine (antidepressant to treat major depressive disorder and nerve pain), Gabapentin (used to treat nerve pain), Lisinopril (high blood pressure), Nortriptyline (antidepressant medication and to treat nerve pain), Pantoprazole (acid reflux), and Tamsulosin (used to treat prostate with urinary tract symptoms).

Record review of Resident 1's EMARs from May 2023 through July 2023 showed all Resident 1's medications were signed with "U-SA." A code on the EMAR showed "U=Unknown."

On 07/17/2023 at 11:20 AM, Staff B, Regional Registered Nurse, while reviewing Resident 1's EMAR stated that she was not sure but thinks "SA" means Self Administration.

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