



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

Aegis Senior Communities LLC
Aegis Living Kirkland Waterfront
1002 Lake Street S
Kirkland, WA 98033

RE: Aegis Living Kirkland Waterfront License # 2586

Dear Administrator:

This letter addresses Compliance Determination(s) 45707 (Completion Date 08/15/2024) and 42332 (Completion Date 06/20/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/15/2024 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-2100-2-b-i, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-2, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-e, WAC 388-78A-2420-2, WAC 388-78A-2420-4, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210

The Department staff who did the on-site verification:

Kathy Young, Licensors
Michelle Yip, ALF Licensors

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

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D

Aegis Living Kirkland Waterfront # 2586

08/15/2024

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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 #: 2586	Compliance Determination # 42332
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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 06/06/2024, 06/06/2024, 06/11/2024 and 06/11/2024 of:

Aegis Living Kirkland Waterfront
1002 Lake Street S
Kirkland, WA 98033

The following sample was selected for review during the unannounced on-site visit: 9 of 96 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licenser
Kathy Young, Licenser

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

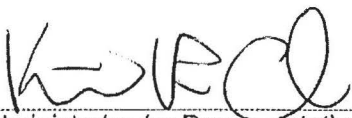
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laurie Anderson
Residential Care Services

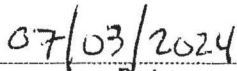
07/03/2024
Date

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.

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 Administrator (or Representative)



 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete the required medical device assessment for 1 of 9 sampled residents (Resident 4) with a change of condition. This failure placed Resident 4 at risk of unmet care needs and a decreased quality of life.

Findings included...

RESIDENT 4

Observations of Resident 4's apartment on 06/10/2024 at 8:35 AM and on 06/11/2024 at 9:05 AM, showed two half-length side rails without a mesh covering. The side rails were attached to the the head of the bed, one side rail on each side of the bed. Observation showed the side rails were securely fastened to the bed frame. Observation of the side rails showed an 1-inch gap between the mattress and each rail.

Review of the facility's policy titled, "Side Rail / Enabler Device Policy", dated 03/15/2023, showed that the facility permitted the use of bed side rails. The policy showed the facility required a licensed nurse to determine the need for the device, assess the resident's ability to use the device safely, and document the side rails in the resident's assessment. The policy showed the licensed nurse was required to obtain a physician's order for the device and a written consent from the resident or their representative.

Review of Resident 4's records showed that the facility admitted Resident 4 in [REDACTED] 2024. The records showed no documentation that Resident 4 used side rails. The records showed that on 05/28/2024, Staff H, Health Services Director, completed Resident 4's assessment. There was no documentation of a physician's order for Resident 4 to use the side rails. There was no documentation that the facility assessed Resident 4 for their ability to safety use the side rails.

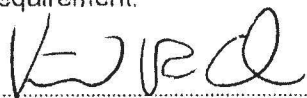
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During an interview on 06/13/2024 at 1:00 PM, Staff H stated that they were aware Resident 4 used side rails. Staff H stated that Resident 4 was recently admitted to hospice care. Staff H stated that on 06/01/2024, Resident 4 received a hospital bed with side rails from the hospice care service. Staff H stated that when Resident 4 started using the side rails, they did not obtain the physician order. Staff H stated that they did not assess Resident 4's capabilities, care needs, and safety when the resident used the side rail.

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, Aegis Living Kirkland Waterfront is or will be in compliance with this law and / or regulation on (Date) 08/04/2024.

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


 Administrator (or Representative)

07/03/2024
 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;
 - (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.
- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:
 - (a) Exclusively for the individual resident; or
 - (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal

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law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to update the Individualized Service Plan (ISP) for 4 of 9 sampled residents (Resident 1, Resident 2, Resident 3, and Resident 5). This failure placed Resident 1, Resident 2, Resident 3, and Resident 5 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

RESIDENT 1

Observation in Resident 1's apartment on 06/11/2024 at 10:45 AM showed Resident 1 used a foley catheter (a rubber tube that is inserted into the bladder to drain urine), which was connected to a urinary bag (a bag that collects urine). Observation showed the urinary bag hung on the left side of the foot of the bed.

Review of Resident 1's records showed the facility admitted Resident 1 in [REDACTED] 2023 with a medical diagnosis of [REDACTED] ([REDACTED]). The records showed a medical history of frequent displacement of the urinary catheter. The records showed that on 03/11/2024, the home health nurse ordered the monthly catheter change protocol, which required the foley catheter be changed monthly.

Review of Resident 1's assessments, dated 01/09/2023 and 06/06/2024, showed that the facility staff managed all aspects of catheter care, which included coordination with external service provider.

Review of Resident 1's ISP, dated 06/07/2024, showed no documentation that Resident 1's urinary catheter required a change every month. There was no documentation that showed who was responsible to change the foley catheter every month. There was no documentation that showed who was responsible to reinsert the foley catheter in case it came out. There was no documentation that showed Resident 1 received home health service for routine catheter management. There was no documentation that showed an alternate plan when the home health provider was unavailable.

RESIDENT 2

During an interview on 06/12/2024 at 9:07 AM, Collateral Contact 1 (CC1, Resident 2's Representative) stated that Resident 2 received palliative care. CC1 stated that the palliative care provider provided bathing assistance to Resident 2.

Review of Resident 2's records showed that the facility admitted Resident 2 in [REDACTED] 2023. Review of Resident 2's assessment, dated 06/06/2024, showed no documentation that

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Resident 2 received palliative care, which included bathing assistance. The assessment showed Resident 2 received Eliquis (a blood thinner medication), five milligrams (mg) tablet, two times per day, by mouth. The assessment showed Resident 2 received medication assistance from the facility staff.

Review of Resident 2's ISP, dated 06/07/2024, showed Resident 2 was independent in bathing. There was no documentation that showed Resident 2 received palliative care with bathing assistance. There was no documentation that Resident 2 received Eliquis. There was no documentation that explained the possible side effects of Eliquis usage, such as increased risk for bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 2 exhibited any side effects.

RESIDENT 3

Review of Resident 3's records showed that the facility admitted Resident 3 in [REDACTED] 2023 with a medical diagnosis of [REDACTED]. The records showed Resident 3's received Lispro insulin (a medication used to regulate blood sugar levels), six units, twice a day, injected subcutaneously (under the skin) and Lantus insulin, 23 units, injected subcutaneously at bedtime.

Review of Resident 3's assessment, dated 06/06/2024, showed Resident 3 required nurse delegation for blood sugar checks and insulin administration. There was no documentation that identified the possible signs and symptoms related to diabetes mellitus, such as hyperglycemia (high blood sugar levels), increased thirst, or excess urination. There was no documentation that explained the possible side effects of insulin usage, such as sweating, shakiness, and rapid heart rate related to hypoglycemia (low blood sugar levels). There were no instructions to inform caregivers what to do when Resident 3 exhibited signs of hyperglycemia or hypoglycemia. The assessment showed Resident 3 required a modified texture diet with soft and bite-sized foods.

Review of Resident 3's ISP, dated 06/07/2024, showed that Resident 3 had diabetes mellitus and received insulin administration. There was no documentation that identified the possible signs and symptoms related to diabetes mellitus. There was no documentation that explained the possible side effects of insulin usage. There were no instructions for staff about what actions were needed if Resident 3 exhibited any side effects. The ISP showed Resident 3 received a modified diet with pureed food.

Observation on 06/11/2024 at 9:35 AM showed Resident 3 independently ate breakfast in the dining room. Observation showed Resident 3's breakfast included sausage and fruit in chunks, not soft or pureed foods.

RESIDENT 5

Review of Resident 5's records showed that the facility admitted Resident 5 in [REDACTED] 2023. The records showed Resident 5's medication orders included Aspirin (a blood thinner medication), 81 mg tablet, one time daily, by mouth. Review of Resident 5's assessment, dated 03/25/2024, showed Resident 5 required medication assistance from

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the facility staff.

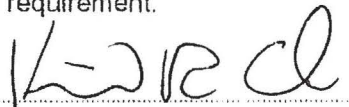
Review of Resident 5's ISP, dated 06/07/2024, showed no documentation that Resident 5 received daily aspirin. There was no documentation that provided care staff with guidance about the possible side effects from aspirin usage, such as increased bleeding or bruising. There were no instructions for staff about what actions were needed when Resident 5 exhibited any side effects.

During an interview on 06/11/2024 at 10:45 AM, Staff H, Health Services Director, stated that Resident 1 required a catheter change monthly. Staff H stated that the care staff changed the urine bag and emptied the urine bag every day. Staff H stated that they were unaware that there was no documentation in the ISP that identified care tasks and the responsibilities of the facility nurse and the home health nurse. Staff H stated that they were unaware Resident 1's ISP was not updated. Staff H stated that they did not update any service plans for Resident 2, Resident 3, or Resident 5.

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, Aegis Living Kirkland Waterfront is or will be in compliance with this law and / or regulation on (Date) 08/04/2024.

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


Administrator (or Representative)

07/03/2024
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

- (a) Nursing services supervision;
- (b) Nurse delegation, if provided;
- (e) Implementation of the nursing component of each resident's negotiated service agreement; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to properly implement the Nurse Delegation (ND) services for 1 of 1 sampled resident (Resident 4). These failures placed Resident 4 at risk for treatment errors and potential decline in their health.

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Findings included...

Review of the facility's policy titled, "Nurse Delegation Policy (Washington Only)", dated 11/14/2018, showed that the facility provided nurse delegation services in accordance with the Washington Administrative Code (WAC).

Review of Resident 4's records showed that the facility admitted Resident 4 in [REDACTED] 2024 with a medical diagnosis of [REDACTED] ([REDACTED]). The records showed a physician order of continuous oxygen at three liters (L) per minute, via nasal cannula, for heart failure.

Review of Resident 4's Individualized Service Plan (ISP), dated 06/07/2024, showed that Resident 4 received oxygen administration assistance by Medication Care Managers (trained unlicensed staff who performs delegated nursing tasks) and Nurses. The ISP showed that the Nurses or Care Directors were to be notified of any changes.

Review of the facility's ND documents showed that on 05/10/2024, Staff J, Wellness Nurse/Registered Nurse Delegator (RND), delegated Medication Care Managers administered continuous oxygen for Resident 4. The documents showed the RND instructed delegated staff to apply continuous oxygen at three liters per minute, at rest or with exertion, via nasal cannula (device that delivers oxygen via a tube through the nose). The documents showed that on 05/10/2024, Staff J delegated Staff I, Medication Care Manager, for Resident 4's oxygen administration.

Review of Resident 4's May 2024 and June 2024 Medication Administration Records (MARs) showed a medical order to wear continuously, at 3L, nasal cannula supplementary oxygen.

Observation inside Resident 4's apartment on 06/11/2024 at 9:24 AM showed Resident 4 laid in a hospital bed. Observation showed Resident 4 used a nasal cannula to receive supplementary oxygen. Observation showed the nasal cannula was connected to an oxygen concentrator (a device that generates oxygen), which sat on the floor, in the bathroom. Observation showed the oxygen concentrator was set to deliver oxygen at three liters per minute. Observation showed Staff I, Medication Care Manager, and Staff M, Care Manager, transferred Resident 4 from the bed to a manual wheelchair. Observation showed that while Resident 4 was seated in the manual wheelchair, Staff I disconnected the nasal cannula from the oxygen concentrator and connected the nasal cannula to a portable oxygen tank. Observation showed Staff I set the oxygen tank to deliver oxygen at two liters per minute. Observation showed Staff N, Wellness Nurse, walked into the apartment and examined the oxygen flow of the oxygen tank. Observation showed that while Staff N examined the oxygen flow, Staff I stated that the RND instructed them to adjust the oxygen to two liters per minute when Resident 4 was in a seated position. Observation showed Staff N left the room. Observation showed Staff I maintained the oxygen at two liters per minute and propelled Resident 4, in the wheelchair, out of the apartment.

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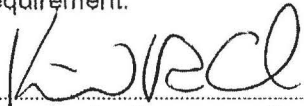
During an interview on 06/11/2024 at 10:17 AM, Staff H, Health Services Director, stated that Staff I was delegated to administer oxygen for Resident 4. Staff H stated that they were unsure why Staff I adjusted Resident 4's oxygen without verifying the physician order.

During an interview on 06/12/2024 at 8:23 AM, Staff J stated that they delegated Staff I to administer oxygen for Resident 4. Staff J confirmed that they instructed the delegated staff administer oxygen per the physician order. Staff J stated that they were unsure why Staff I did not follow the medical order to administer oxygen.

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, Aegis Living Kirkland Waterfront is or will be in compliance with this law and / or regulation on (Date) 08/04/2024.

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


 Administrator (or Representative)

07/03/2024
 Date

WAC 388-78A-2420 Record retention.

(2) The assisted living facility may remove outdated information from the resident's active records that is no longer significant or relevant to the resident's current assessed service and care needs, and maintain it in an inactive record that must remain on the assisted living facility premises as long as the resident remains in the assisted living facility.

(4) All active, inactive, and closed resident records must be available for review by department staff and other authorized persons.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to retain the Nurse Delegation documents for 8 of 11 sampled residents (Resident 2, Resident 3, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, and Resident 15). This placed Resident 2, Resident 3, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, and Resident 15 at risk for not receiving continuity of care and services.

Findings included...

Review of the facility's policy titled, "Nurse Delegation (ND) Policy (Washington Only)", dated 11/14/2018, showed that the facility provided nurse delegation services in accordance with the Washington Administrative Code (WAC). The WAC showed that the registered nurse delegator's reevaluation and documentation occurred at least every 90 days.

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Review of the facility's Characteristic Roster showed that the facility admitted Resident 2 in [REDACTED] 2023, Resident 3 in [REDACTED] 2023, Resident 10 in [REDACTED] 2021, Resident 11 in [REDACTED] 2021, Resident 12 in [REDACTED] 2022, Resident 13 in [REDACTED] 2021, Resident 14 in [REDACTED] 2021, and Resident 15 in [REDACTED] 2023.

Review of the facility's ND binder showed that the binder contained the Department of Social and Health Services (DSHS) ND: Consent for Delegation Process and Nursing Visit form. The binder showed there was one set of ND forms for Resident 2, Resident 3, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, and Resident 15. Review of the forms showed that the facility obtained the resident and resident representative's ND consent for Resident 2 on 05/11/2023, Resident 3 on 02/26/2020, Resident 10 on 07/27/2021, Resident 11 on 11/12/2021, Resident 12 on 06/15/2022, Resident 13 on 08/13/2021, Resident 14 on 06/16/2023, and Resident 15 on 03/01/2023. The binder showed Resident 2, Resident 3, Resident 10, Resident 11, Resident 12, Resident 13, and Resident 14's most recent nurse delegation visits were dated 04/04/2024. The binder showed Resident 15's most recent nurse delegation visit was dated 03/16/2024 for. There was no documentation of the previous nurse delegation visits and evaluations for Resident 2, Resident 3, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, and Resident 15.

During an interview on 06/12/2024 at 3:01 PM, Staff J, Wellness Nurse/Registered Nurse Delegator (RND), stated that they started as the RND in October 2023. Staff J stated that they were aware they were required to make nurse delegation visits and evaluations every 90 days. Staff J stated that they kept the paper records of only the most recent nurse delegation visits. Staff J stated that they discarded the previous nurse delegation visit documents from the residents' records. Staff J stated that since they used a new electronic documentation system to maintain the ND documents, there was no way for them to access the previous ND visit records.

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, Aegis Living Kirkland Waterfront is or will be in compliance with this law and / or regulation on (Date) 08/04/2024.

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

K-J RCL
Administrator (or Representative)

07/03/2024
Date

WAC 388-78A-2210 Medication services.

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

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(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 observation, interview, and record review, the facility failed to ensure 1 of 1 sampled resident (Resident 2) received medications in a safe manner. The facility failed to obtain a written order from the primary physician before the administration of a medication. These failures placed Resident 2 at risk for a decreased quality of life and compromised health from administration of a medication not approved by primary physician.

Findings included...

NOTE: Per WAC 388-78A-2220, (1) before the assisted living facility may provide medication assistance or medication administration to a resident for prescribed medications, the assisted living facility must have one of the following: (b) a written order from the prescriber and must include (2)(a-d) the name of the resident, the name of the medication, the dosage and frequency of the medication, and the name of the prescriber.

Review of the facility's policy titled, "Assisting Resident with Medications Protocol (Washington Only)", dated 12/04/2017, showed that the facility provided medication assistance and medication administration by Medication Care Managers (trained and unlicensed staff who assists and administer medications) to residents. The protocol showed that the facility required the staff complete their approved medication certification training prior to assisting and administering medications. The protocol showed that the facility's staff were required to perform the medication assistance and medication administration in accordance with the facility's policy and State regulation.

Observation in Resident 2's apartment on 06/11/2024 at 9:40 AM showed Staff D, Care Manager 2, and Staff L, Care Manager 1, provided incontinence care to Resident 2. Observation showed a bottle labeled "antifungal powder with two percent Miconazole Nitrate" (a medication that treats fungal infection of the skin) sat on the bedside table. Observation showed that Staff D and Staff L assisted Resident 2 to stand up with the sit-to-stand lift. Observation showed that while Resident 2 was in a standing position, Staff D removed the soiled diaper. Observation showed Staff L cleaned the perineal area (area of the body between the anus and external genitals). Observation showed Staff L unfolded an unused brief. Observation showed Staff L sprayed an unknown amount of medicated powder from the antifungal powder bottle on the unused brief. Observation showed neither Staff D nor Staff L asked whether Resident 2 wanted the antifungal powder. Observation showed neither Staff D nor Staff L informed Resident 2 about the application of topical medication. Observation showed Staff L put the brief with the medicated powder on Resident 2.

Review of Resident 2's records showed that the facility admitted Resident 2 in [REDACTED] 2023. Review of Resident 2's March 2024, April 2024, May 2024, and June 2024 Medication

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Administration Records showed no physician order for the antifungal powder medication.

Review of Resident 2's Individualized Service Plan (ISP), dated 06/07/2024, showed the facility assisted Resident 2 with medication administration assistance. The ISP showed no documentation that Resident 2 used the antifungal powder topical medication.

Review of the facility's personnel file showed the facility hired Staff L as Care Manager 1 on 01/29/2024. The file showed no documentation that Staff L completed the facility's required medication certification training.

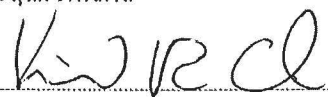
During an interview on 06/11/2024 at 9:50 AM, Staff L stated that they worked as a Care Manager. Staff L stated that they were in training. Staff L stated that they did not complete the facility's required medication certification training. Staff L stated that they were unfamiliar with the procedures for medication assistance and medication administration. Staff L stated that they did not know the medicated powder was a topical medication. Staff L stated that they had previously observed other senior care managers spray the medicated powder on an unused brief and put the brief on Resident 2. Staff L stated that they followed the same process that they observed other Care Managers perform.

During an interview on 06/11/2024 at 10:17 AM, Staff H, Health Services Director, stated that the facility provided Resident 2 with medication administration assistance. Staff H stated that they were aware the bottle of antifungal powder in the resident's room. Staff H stated that Resident 2 did not have an order for the application of the antifungal powder. Staff H stated that the facility required all Medication Care Managers completed the facility's medication certification training prior to providing residents with any medication assistance or administration. Staff H stated that they were unaware Staff L administered medications to the residents.

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)

07/03/2024
 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

AMENDED
07/03/2024

Aegis Senior Communities LLC
Aegis Living Kirkland Waterfront
1002 Lake Street S
Kirkland, WA 98033

RE: Aegis Living Kirkland Waterfront # 2586

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/20/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

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

Aegis Living Kirkland Waterfront # 2586

06/20/2024

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Kent, WA 98032

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

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(iii) Reviewed and updated as necessary or at least every five years.

The facility failed to keep a current dietary manual available for their dietary staff. During the full inspection, the facility obtained a current dietary manual.

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

(2) The licensee must:

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

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

The facility failed to maintain the last full inspection report in a conspicuous location. During the full inspection, the facility moved the location and added signage to make the report fully accessible.

WAC 388-78A-3040 Laundry.

(5) The assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility, including areas or rooms where soiled laundry is held for processing by off site commercial laundry services.

The facility failed to maintain a working vent in the third-floor resident laundry room that was used for air exchange. During the full inspection, the facility staff repaired the vent.

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WAC 388-78A-2680 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:

(a) Entrances, exits, and elevators as long as the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather.

(d) Outdoor areas not commonly used by residents, such as, but not limited to, delivery areas, emergency exits, or exits from a secured outdoor space for memory care;

The facility's video camera at the entrance of the building pointed at an area that included several chairs where residents were able to sit and congregate. During the full inspection, the facility staff moved the chairs to an area where residents were able to congregate off camera.

You Are Not:

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

You May:

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

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

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

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

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Laurie Anderson, Field Manager

Region 2, Unit D

Residential Care Services

Enclosure