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

MG at Kirkland, LLC
Merrill Gardens at Kirkland
14 Main St S
Kirkland, WA 98033

RE: Merrill Gardens at Kirkland License # 2587

Dear Administrator:

This letter addresses Compliance Determination(s) 42862 (Completion Date 06/18/2024) and 39189 (Completion Date 04/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2024 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-2305-2, WAC 246-215-02120-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2466-2, WAC 388-78A-2466, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-112A-0200-1, WAC 388-112A-0710, WAC 388-112A-0720-2-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2610-2-e, WAC 388-78A-2950-6, WAC 388-78A-3000-1-a

The Department staff who did the on-site verification:
Kathy Young, Licensor

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

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services

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AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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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 04/09/2024 and 04/12/2024 of:
Merrill Gardens at Kirkland
14 Main St S
Kirkland, WA 98033

The following sample was selected for review during the unannounced on-site visit: 7 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

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

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

Laurie Anderson — 04/30/2024

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.

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Administrator (or Representative)

5/3/2024
Date

WAC 246-215-02120 Food worker cards.

(1) The PERMIT HOLDER and PERSON IN CHARGE of the FOOD ESTABLISHMENT shall ensure that all FOOD EMPLOYEES are in compliance with the provisions of chapter 69.06 RCW and chapter 246-217 WAC for obtaining and renewing valid FOOD WORKER 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 observation, interview, and record review, the facility failed to ensure that 3 of 7 staff (Staff F, Staff H, and Staff I), responsible for food service to the residents, maintained a valid food handlers' cards. This failure placed all residents at risk for contracting foodborne illnesses.

Findings included...

Review of the facility's employee roster showed the facility hired Staff F, Senior Caregiver on 02/24/2009; Staff H, Cook, on 12/26/2016; and Staff I, Cook, on 12/23/2023.

Review of Staff F's employee file showed Staff F's food handler card expired on 12/17/2022. During the full inspection on 04/09/2024, Staff F renewed their food handler's card.

Review of the employee records showed Staff H's food handler card expired on 01/24/2023. During the full inspection on 04/09/2024, Staff H renewed their food handler's card.

Review of the employee records showed no documentation that Staff I completed the food handler's training.

Observation on 04/10/2024 at 10:31 AM, showed Staff H and Staff I prepared food for the residents.

During an interview on 04/10/2024 at 10:31 AM, Staff J, Dining Services Director, stated that caregivers assisted with tray service to resident apartments, as needed.

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During an interview on 04/12/2024 at 9:51 AM, Staff A, Executive Director, stated that the facility some staff records were missing. Staff A stated that they were unable to confirm if the staff met all the training requirements.

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, Merrill Gardens at Kirkland is or will be in compliance with this law and / or regulation on (Date) ~~6/14/2024~~ 6/15/2024

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

B-6 [signature]

Administrator (or Representative)

5/3/2024

Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 staff (Staff F) there was a valid Washington State name and date of birth background check (BGI) completed every two years and a national fingerprint background check. These failures placed residents at risk of abuse, neglect, and exploitation from staff with unknown backgrounds.

Findings included...

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Review of the facility's Caregiver job description showed care staff performed direct care and services for the residents. The job description showed Caregivers had direct access to the residents' medications.

Review of facility's employee roster showed the facility hired Staff F as a caregiver on 07/08/2019.

Review of Staff F's employee file showed Staff F had a Washington State name and date of birth background check that expired on 06/08/2022. During the full inspection on 04/09/2024, the facility renewed Staff F's Washington State background check. Review of the file showed no documentation Staff F completed the national fingerprint background check.

Review of the facility's care schedule from February 2024 through April 2024, showed Staff F worked five shifts per week other than when on vacation.

Observation on 04/12/2024 at 8:38 AM, showed Staff F administered medications to residents in their apartments.

During an interview on 04/12/2024 at 9:51 AM, Staff A, Executive Director, stated that the facility staff records were missing. Staff A stated that they were unable to confirm if Staff F's BGI and fingerprint check requirements were met.

Plan/Attestation Statement

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Administrator (or Representative) 5/3/2024 Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

This document was prepared by Residential Care Services for the Locator website.

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:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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.

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;

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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 3 of 5 direct care staff (Staff C, Staff D, and Staff F) met all their training requirements needed to provide resident care. This failure placed all residents at risk of receiving inadequate care from untrained staff.

Findings included...

Review of the facility's Resident Characteristic Roster showed the facility provided care and services to 25 assisted living residents.

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Review of the facility's Caregiver job description, dated 12/2023, showed long-term care staff performed care activities for the residents. The job description showed staff were required to obtain all state mandated training within the specified timeframe. Staff were required to acquire first aid and cardiopulmonary resuscitation (CPR) certification within 30 days of hire.

Review of the facility's employee roster showed the facility hired Staff C, Caregiver on 07/19/2023; Staff D, Caregiver, on 10/30/2023; and Staff F, Caregiver, on 07/08/2019.

During an interview on 04/12/2024 at 9:51 AM, Staff A, Executive Director, stated that the facility was missing staff records and could not confirm staff met all training requirements.

Observation on 04/12/2024 at 8:38 AM, showed Staff F administering medications to residents.

FACILITY ORIENTATION
Review of Staff D's employee file showed no documentation Staff D completed the facility orientation.

SPECIALTY TRAINING
Review of Staff C's employee file showed no documentation that Staff C completed the dementia and the mental health specialty training as required.

SEVENTY-HOUR-LONG-TERM CARE BASIC TRAINING
Review of Staff C's employee file showed no documentation that Staff C completed the 70-hour long term care worker basic training. Staff C's Nursing Assistant Registered (NAR) Certificate was inactive since 04/07/2018 and was reactivated on 04/11/2024. Review of the facility's care schedule from February 2024 through April 2024, showed Staff C worked five shifts per week.

FIRST AID/CPR
Review of Staff D's employee file showed no documentation Staff D completed the first aid certification.

Review of Staff F's employee file showed Staff F's CPR certification expired on 07/16/2019. Staff F's file showed no documentation Staff F completed the first aid certification.

Review of a First Aid/CPR certificate, dated 04/10/2024, showed Staff F completed the CPR and first aid certification during the full inspection from an online organization. Review of the organization's website confirmed there was no required skills demonstration completed for the training.

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Plan/Attestation Statement

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

Administrator (or Representative) — Date: 5/3/2024

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 3 of 3 newly hired caregiver staff (Staff B, Staff C, and Staff D) completed their Tuberculosis (TB) tests. This failure placed the residents at risk of contracting a contagious illness.

Findings included...

Review of the facility's policy, "Infection Control, Standard Precautions, and Contagious Diseases", revised 06/26/2023, showed the facility took appropriate measures to protect residents from infectious diseases through cross infection with someone else. The facility showed all staff received a health screening and TB test as required by law.

Review of the facility's Caregiver job description showed long-term care staff performed direct care and services for the residents.

STAFF B
Review of the facility's employee roster showed the facility hired Staff B as a Caregiver on 07/15/2022 to provide care and services to residents.

Review of the facility's care schedule from February 2024 through April 2024, showed Staff B worked five shifts per week.

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STAFF C
Review of the facility's employee roster showed the facility hired Staff C as a Caregiver on 07/19/2023 to provide care and services to residents.

Review of the facility's care schedule from February 2024 through April 2024, showed Staff C worked five shifts per week.

Staff D
Review of the facility's employee roster showed the facility hired Staff D as a Caregiver on 10/30/2023 to provide care and services to residents. Review of the facility's care schedule from February 2024 through April 2024, showed Staff D worked five shifts per week.

During an interview on 04/12/2024 at 9:51 AM, Staff A, Executive Director, stated that the facility was missing staff records and could not confirm the requirement was met.

Plan/Attestation Statement

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

B-G Matt H — Administrator (or Representative)

5/3/2024 — Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 2 of 2 housekeeping staff (Staff K and Staff L) implemented safe infection control practices while performing housekeeping and laundry tasks. This failure placed all residents at risk of contracting infectious illnesses through cross-contamination from improperly handled laundry service.

Findings included...

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RESIDENT LAUNDRY
Review of the facility's policy, "Infection Control, Standard Precautions, and Contagious Diseases", revised 06/26/2023, showed that soiled bed linens should be considered infectious waste and required special handling by housekeepers.

Review of Centers for Disease Control and Prevention website stated the best practice for linen (and laundry) handling included: use of reusable gloves before handling soiled linen; never carry the soiled linen against the body; carefully roll up the soiled linen to prevent contamination of the air, surfaces, and the cleaning staff; place the soiled linen into a clearly labeled, leak-proof container in the care area. Do not transport soiled linen by hand outside the area where it was removed.

Observation on 04/10/2024 at 10:03 AM, showed Staff K, Housekeeper, carried soiled bedding from a fourth-floor apartment to the resident laundry room. Staff K held the bedding against their clothing during the trip. Staff K placed the bedding into the washing machine.

Observation on 04/11/2024 at 9:12 AM, showed Staff L, Housekeeper, cleaned a fifth-floor apartment. Observation showed Staff L held the resident's comforter against their jeans to keep the comforter off the floor as they stripped the bed linens from the bed.

During an interview on 04/11/2024 at 1:36 PM, Staff K stated that each housekeeper cleaned eight apartments per shift. Staff K stated that about 75% of the residents required housekeeping to launder their bedding and towels. Staff K stated that there was no standard procedure the housekeeping staff used to launder the bedding.

During an interview on 04/12/2024 at 11:55 AM, Staff A, Executive Director, stated that they did not know what training Staff K and Staff L had received regarding appropriate infection control measures while completing their housekeeping tasks.

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) [signature] Date 5/3/2024

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure hot temperatures were maintained no higher than 120 degrees Fahrenheit in 4 of 4 sampled resident apartments (Apartment 202, Apartment 216, Apartment 220, and Apartment 520) and 12 of 12 facility sinks (First floor: the activity room sink and two common bathroom sinks; second floor: two common bathroom sinks and two resident laundry room sinks; third floor: two resident laundry room sinks; fourth floor: two resident laundry room sinks; and fifth floor resident laundry room sink). This failure placed all 25 of 25 residents (Resident 1 to Resident 25) at risk for burns from scalding water.

Findings included...

Observations on 04/09/2024 between 11:30 AM and 1:21 PM, showed the following hot water temperatures were greater than 120 degrees Fahrenheit (F). In the first floor Activity Room sink, the water measured 125.4 degrees F; in the first-floor women's common bathroom sink, the water temperature measured 125.2 degrees F; in the first-floor men's common bathroom sink, 125.4 degrees F; in the second floor women's bathroom sink, the water temperature measured 124.4 degrees F; in the second floor men's bathroom sink, the water temperature measures 125.8 degrees F; in the second floor resident's laundry room sinks, the water temperature measured 124.7 degrees F and 124.4 degrees F; in the third floor resident's laundry room sinks, the water temperature measured 124.7 degrees F and 124 degrees F; in the fourth floor resident's laundry room sinks, the water temperature measured 124.3 degrees F and 124.8 degrees F; and in fifth floor resident's laundry room sink, the water temperature measured 124.6 degrees F.

During an interview on 04/09/2024 at the time of the water temperature observations, Staff N, Senior Maintenance Director from another facility, stated that they were aware that the regulations required hot water temperature between 105 degrees F and 120 degrees F. Staff N acknowledged the high-water temperature readings were out of this range.

During an interview on 04/09/2024 at 2:46 PM, Staff A, General Manager, stated that the facility did not have a water management plan to monitor the water temperatures. Staff A stated that they were unable to find any records from the facility's previous Maintenance Director of the water temperature monitoring.

Observations on 04/10/2024 between 10:15 AM and 10:54 AM, showed the hot water temperatures in four separate resident apartments were greater than 120 degrees F. In Apartment 203, the water temperature measured 124.3 degrees F. In Apartment 216, the water temperature measured 124.7 degrees F. In Apartment 520, the water temperature measured 122.8 degrees F. In Apartment 220, the water temperature measured 124.5 degrees F. During an interview at the time of water observations, an unidentified private caregiver stated that if the water in Apartment 220's bathroom ran for over five minutes,

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the water became so hot it could cause skin burns.

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

Administrator (or Representative) — Date: 5/3/2024

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 14 of 14 rooms (two common bathrooms on the first floor, two common bathrooms on the second floor, two resident laundry rooms of each floors on the second, third, fourth, and one resident laundry room on fifth floor, and the housekeeping utility closets on the second, third, and fourth floors) provided proper air flow and ventilation to the outside of the facility. This failure placed all residents at risk of diminished quality of life and potential respiratory illnesses from poor air circulation in the building.

Findings included...

NOTE: WAC 388-78A-3030 Toilet rooms and bathrooms stated (2) The assisted living facility must provide each toilet room and bathroom with:(e) Provide mechanical ventilation to the outside. WAC 388-78A-3040 Laundry stated (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. WAC 388-78A-3090 Maintenance and housekeeping stated (2) The assisted living facility must provide housekeeping supply room(s): (c) Equipped with: (iv) Mechanical ventilation to the outside of the assisted living facility.

Observation on 04/09/2024 between 11:45 AM and 1:50 PM, showed non-functioning ventilation systems in the two common bathrooms on the first floor; the two common

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bathrooms on the second floor; the two resident laundry rooms on the second, third, fourth floors, and one resident laundry room on the fifth floor; and the housekeeping utility closets on the second, third and fourth floors. Observation showed the housekeeping utility closets each included a floor mop sink and faucet with drainage. Observation showed the housekeeping closets stored buckets, mops, and cleaning chemicals.

During an interview on 04/09/2024 at the time of observations, Staff N, Senior Maintenance Director from another facility, stated that they were in the building to train Staff M, Maintenance Director. Observation at this time showed Staff N hoisted a pole with a tissue up to the vent grille in each of the identified rooms. The tissue did not move. After multiple tests from different locations, Staff N determined that after the tissue paper test failed, there was no airflow delivered to these rooms. Staff N stated they were unaware the air exchange vent did not work.

Observation on 04/10/2024 at 10:36 AM, showed the resident's laundry room on second floor's washer and dryer were running. Observation showed the laundry room was humid with built-up steam.

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

Administrator (or Representative) — Date: 5/31/2024

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