



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

MG at University, LLC
Merrill Gardens at The University
5300 24th Ave NE
Seattle, WA 98105

RE: Merrill Gardens at The University License # 2588

Dear Administrator:

This letter addresses Compliance Determination(s) 37176 (Completion Date 02/20/2024) and 34379 (Completion Date 12/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2024 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-2450-2-e, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the off-site verification:

Sunny Kent, Licensors
Scottie Sindora, ALF Licensors

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

RECEIVED

JAN 08 2024



DSHS/ALISA/RCS

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies

License #: 2588

Compliance Determination # 34379

Plan of Correction

Merrill Gardens at The University

Completion Date

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Licensee: MG at University, LLC

12/27/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 12/20/2023 and 12/22/2023 of:

Merrill Gardens at The University
5300 24th Ave NE
Seattle, WA 98105

The following sample was selected for review during the unannounced on-site visit: 7 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licenser
Scottie Sindora, ALF Licenser

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

12/28/2023
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.

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Administrator (or Representative)

01-05-2024
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the continuing education (CE) credits for 1 of 5 sampled staff (Staff E) included 12 hours of approved CE training for the years 2022 and 2023. This left 35 of 35 residents in the care of staff person without up-to-date CE hours.

Findings included...

NOTE: In a "Dear Provider/Administrator" letter, dated October 13, 2023, the Department noted a deadline of August 31, 2023 for completing outstanding CE that was due while COVID-19 training waivers were in place.

NOTE: Washington Administrative Code (WAC) 388-112A regulates training and continuing education for long-term care workers. WAC 388-112A-0611 (1)(a)(iii) shows a Nursing Assistant, Certified (NA-C) must complete 12 hours of continuing education by their birthday each year. WAC 388-112A-0620 (1)(c)(d) shows documentation for CE courses must include the number of CE hours earned, and a Department approval code for each course.

Record review of a Staff Anniversary Listing, dated 12/20/2023, showed the ALF hired Staff E on 04/02/2020 as a Caregiver. Staff E's birth date was [REDACTED]. Staff E held a current Nursing Assistant, Certified (NA-C) credential.

Review of a CE transcript for Staff E, dated 10/19/2023, showed they did not complete 12 hours of Department-approved CE for the 2022 and 2023 renewal cycles. The transcript showed one hour of approved CE for 2022, and no hours of approved CE for 2023.

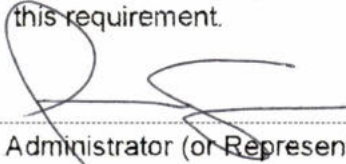
In an interview, on 12/22/2023 at 10:45 AM, Staff G (General Manager in-Training) stated that Staff E did not complete Department-approved CE, but instead completed in-house CE provided by the ALF.

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Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Merrill Gardens at The University is or will be in compliance with this law and / or regulation on
(Date) 02-10-2024.

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


Administrator (or Representative)

01-05-2024
Date

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 Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff A and Staff B) completed two-step tuberculosis (TB) skin testing (a type of skin test to determine if a person is infected with *Mycobacterium tuberculosis*) within the time frame allotted by the regulation. This placed the ALF's 35 residents at risk for contracting TB, a communicable disease.

Findings included...

Record review of a Resident Characteristic Roster, dated 12/14/2023, showed the ALF provided care and services for 35 residents.

Record review of a Staff Anniversary Listing, dated 12/20/2023, showed the ALF hired Staff A (Caregiver) on 07/22/2023. A review of TB skin testing records showed Staff A received the first skin test on 07/13/2022, nine days before the date of hire. The test was read on 07/15/2022 with a 00 mm (millimeters) negative result. A second test was placed on 09/16/2022, nearly two months after the date of hire, and was read on 09/19/2022 with a 00 mm result. A third test was placed on 11/01/2022, over three months after the date of hire, and was read on 11/03/2022 with a 00 mm result. Too much time elapsed between each TB skin test.

The ALF hired Staff B (Dining Room Server) on 06/22/2023. A review of TB skin testing records showed Staff B received the first skin test on 07/24/2023, a month after the date of hire. The test was read on 07/26/2023 with a 00 mm result. The second test was placed

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on 09/12/2023, nearly two months after the date of hire, and was read on 09/14/2023 with a 00 mm result. The testing sequence was started too late, and the second test was placed too many days after the first test.

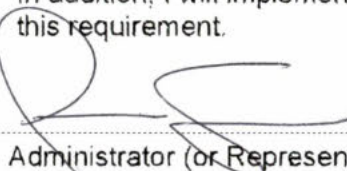
During an interview, on 12/21/2023 at 2:40 PM with Staff F (General Manager) and Staff G (General Manager in-Training), Staff F stated that they had provided all available TB testing records. Staff F also stated there had been some difficulty getting staff to keep appointments with the ALF to have the TB tests placed and read in a timely way.

Plan/Attestation Statement

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(Date) 02-10-2024.

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


Administrator (or Representative)

01-05-2024

Date