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) 37057 (Completion Date 02/27/2024) and 35646 (Completion Date 01/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/27/2024 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-2040, WAC 388-78A-2040-1, WAC 388-78A-2040-2

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

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

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 # 35646
Plan of Correction	Merrill Gardens at The University	Completion Date
Page 1 of 3	Licensee: MG at University, LLC	01/24/2024

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 11/01/2023 and 11/01/2023 of:
Merrill Gardens at The University
5300 24th Ave NE
Seattle, WA 98105

This document references the following SOD dated: 01/24/2024

The following sample was selected for review during the unannounced on-site visit: 36 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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

02/01/2024
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.

Statement of Deficiencies	License #: 2588	Compliance Determination # 35646
Plan of Correction	Merrill Gardens at The University	Completion Date
Page 2 of 3	Licensee: MG at University, LLC	01/24/2024

Administrator (or Representative)

02-05-2024
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their fourth follow-up Fire and Life Safety Inspection (LSI). This placed 36 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 01/24/2024, showed the ALF was licensed for 45 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 36 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 03/23/2023. Records showed the ALF failed the OSFM follow-up visits on 04/27/2023, 06/01/2023 and 08/07/2023. On 01/22/2024 the ALF had their fourth OSFM follow-up visit failing to comply with the following International Fire Codes (IFC):

IFC 903.5 Facility unable to provide documentation that the Fire Department Connection has been hydrostatically tested in accordance with NFPA 25. NFPA 25 (2017) – 13.8.5 The piping from the fire department connection to the fire department check valve shall be hydrostatically tested at 150 psi (10 bar) for 2 hours at least once every 5 years.

In an interview, on 01/24/2024 at 1:10PM, Staff A (Assistant Administrator) stated she was present when the Fire Marshall did a follow up visit on 01/22/2024 and the facility could not find any paperwork to show the correction had been made. Staff A stated the facility did not presently have a Maintenance Director. Staff A also stated the correction of the hydro testing is not done and will be scheduled.

In an interview, on 01/24/2024 at 12:35PM, Staff B (Administrator) stated he did not know

anything about the Fire Report corrections that are still not done.

This is an uncorrected deficiency previously cited on 09/08/2023.

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, Merrill Gardens at The University is or will be in compliance with this law and / or regulation on (Date) 2-13-2024.

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

Administrator (or Representative) — Date: 02-08-2024

Residential Care Services
Investigation Summary Report

Provider/Facility: Merrill Gardens at The University
License/Cert.#: 2588
Compliance Determination #: 29138
Investigator: Cathy Prentice
Provider Type: Assisted Living Facility
Intake ID: 95177
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 09/07/2023 through 09/08/2023
Complainant Contact Date(s):

Allegation(s):

Per the Washington State Fire Marshall facility visits: the facility had the following non-compliance:
1. Facility unable to provide documentation for the 4 year fire and smoke damper inspection.
2. Facility unable to provide documentation that the Fire Department Connection has been hydrostatically tested.

Investigation Methods:

Sample:	Total residents: 33 Resident sample size: 33 Closed records sample size: 0
Observations:	Done onsite by State Fire Marshall
Interviews:	Administration, staff and State Fire Marshall
Record Reviews:	Fire Marshall Inspection and Revisit reports

Investigation Summary:

Based on interview and record review, 1.2. Record review of the WSFPB inspection report, dated 08/07/2023, showed that during the ALF their initial Life safety Inspection on 03/23/2023. The ALF remained noncompliant and failed the follow-ups to the fire and life safety inspection on 04/27/2023, 06/01/2023 and 08/07/2023. The ALF was unable to provide documentation for the 4 year fire and smoke damper inspection and was unable to provide documentation that the Fire Department Connection has been hydrostatically tested as required.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2588	Compliance Determination # 29138
Plan of Correction	Merrill Gardens at The University	Completion Date
Page 1 of 3	Licensee: MG at University, LLC	09/08/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 09/07/2023 and 09/07/2023 of:

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

This document references the following complaint number(s): 95177

The following sample was selected for review during the unannounced on-site visit: 33 of 33 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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.

Janie Singer
Residential Care Services

9/21/2023
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)

10.4.2023
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 33 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 09/07/2023, showed the ALF was licensed for 45 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 33 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 03/23/2023. Records showed the ALF failed the OSFM follow-up visits on 04/27/2023, 06/01/2023 and 08/07/2023. The follow up visit on 08/07/2023 showed the ALF failed to comply with the following International Fire Codes (IFC):

IFC 706.1 Facility unable to provide documentation for the 4-year fire and smoke damper inspection NFPA 80.

IFC 903.5 Facility unable to provide documentation that the Fire Department Connection has been hydrostatically tested in accordance with NFPA 25.

In interview, on 09/07/2023 at 10:25 AM, Staff A (Maintenance Director) reported he planned to get the repairs scheduled by a new vendor and will know the date for repairs next week.

Statement of Deficiencies	License #: 2586	Compliance Determination # 29138
Plan of Correction	Merrill Gardens at The University	Completion Date
Page 3 of 3	Licensee: MG at University, LLC	09/08/2023

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, Merrill Gardens at The University is or will be in compliance with this law and / or regulation on (Date) ~~11-03-2023~~ 10.23.2023 (11/2)

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

Administrator (or Representative) — Date: 9.29.2023