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

Covington ALC LLC
Vineyard Park of Covington
17016 SE Wax Rd
Covington, WA 98042

RE: Vineyard Park of Covington License # 2593

Dear Administrator:

This letter addresses Compliance Determination(s) 65304 (Completion Date 09/09/2025) and 61972 (Completion Date 07/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/09/2025 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-2610-2-e, WAC 388-78A-2485, WAC 388-78A-2485-1, WAC 388-78A-2485-2, WAC 388-78A-2485-3

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

If you have any questions, please contact me at (206)305-3489.

Sincerely,

James Sherman for

James Sherman, Field Manager
Region 2, Unit D
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

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 07/08/2025 and 07/10/2025 of:

Vineyard Park of Covington
17016 SE Wax Rd
Covington, WA 98042

The following sample was selected for review during the unannounced on-site visit: 9 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Jane Hermano, NCI

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

Statement of Deficiencies	License #: 2593	Compliance Determination #:81972
Plan of Correction	Vineyard Park of Covington	Completion Date
Page 2 of 5	Licensee: Covington ALC LLC	07/15/2025

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

07/16/2025 — 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.

F.R Stepnowski BSW — Administrator (or Representative)

7/16/2025 — 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, interview, and record review, the Assisted Living Facility failed to ensure 2 of 2 housekeeping staff (Staff H and Staff I) followed infection control practices related to proper hand hygiene procedures when handling dirty laundry. This failure placed all 62 residents at risk of illness or infection and decreased quality of life from potential cross-contamination.

Findings included...

Review of the facility's undated policy titled, "Infection Control", showed the importance of following the appropriate infection control procedures to prevent and minimalize the spread of infectious diseases. Review of the facility's undated policy, titled, "Addendum-Laundry Procedure-Infection Control Prevention", showed that the staff were to follow proper hand hygiene procedures. The procedures included step-by-step instructions for washing hands prior to handling clean and soiled laundry.

Observation on 07/09/2025 at 7:57 AM showed Staff H, Housekeeper, used gloves to strip a resident's bed and laid the pillows and dirty linens on the floor. Observation showed that with the same gloved hands, Staff H gathered the clean bed sheets and pillowcases, picked the pillows up from the floor, and made the bed. Observation showed Staff H placed the dirty linens in the black plastic bag for the laundry. Observation showed Staff H changed the garbage liner in the bathroom and disinfected

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Administrator (or Representative)

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Statement of Deficiencies	License #: 2583	Compliance Determination #61972
Plan of Correction	Vineyard Park of Covington	Completion Date
Page 3 of 5	Licensee: Covington ALC LLC	07/15/2025

the bathroom counter and toilet. After Staff H finished the tasks, Staff H collected the laundry bag and left the resident's apartment. At 9:26 AM Staff H carried the black laundry bag to the main laundry on the first floor. Staff H used the same gloves worn in the resident's apartment. Staff H dropped the laundry bag on the floor and with the used gloves, Staff H removed the newly washed clothes of another resident from the washer and placed them into the dryer. Staff H then sorted the dirty laundry on the clean and unclean sides of the counter. Staff H washed the first load using the available washer and returned the rest to the laundry bag. Observation showed that Staff H did not change their gloves between dirty and clean tasks, did not wash their hands after completion of housekeeping tasks, and did not wash their hands after they handled the dirty laundry.

Observation on 07/09/2025 at 9:27 AM Staff I, Housekeeper, entered a resident's apartment with gloved hands. Staff I gathered the clean bed sheets and pillowcases and placed them on the chair. Staff I stripped the bed. Observation showed one of the linens had a wide dark yellow stain on it. Observation showed Staff I placed the soiled linens in a clear plastic bag for the dirty laundry. Observation showed Staff I used the same gloved hands to make the bed with clean linens. At 10:17 AM, Staff I wore the same gloves and carried the clear plastic bag to the main laundry. Observation showed Staff I emptied the plastic bag into the washer, removed their gloves, and discarded the used gloves and plastic bag. Observation showed Staff I then used the hand sanitizer by the elevator outside the laundry room. Observation showed that Staff I did not change their gloves between dirty and clean tasks and did not wash their hands after they handled the dirty laundry.

During an interview on 07/09/2025 at 9:40 AM, Staff G, Director of EVS/Maintenance, stated that they supervised the housekeeping staff. Staff G stated that the facility provided staff training which included proper hand hygiene between dirty to clean tasks.

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, Vineyard Park of Covington is or will be in compliance with this law and / or regulation on (Date) 8/29/2025.

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

FR Stepnowsk - BSW
Administrator (or Representative)

7/16/2025
Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

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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 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 4 staff (Staff B) completed a chest x-ray, was evaluated for signs and symptoms of tuberculosis (TB), and followed physician recommendations following a positive TB test result. This failure placed all 62 residents at risk of contracting TB, a serious and contagious respiratory disease.

Findings included...

Review of the facility's undated personnel records showed that the facility hired Staff B, Caregiver, on 04/10/2025. The records showed Staff B worked at the facility from 04/10/2025 to 07/08/2025. Staff B provided care and services for residents. The records showed the facility screened Staff B for TB on 04/18/2025, with an Intradermal Mantoux test (a skin test used to determine the presence of TB), with a positive result. The records showed that on 04/23/2025, Staff B completed QuantiFERON-TB Gold Plus test (a blood test used to determine the presence of TB), with a positive result. There was no documentation that showed Staff B was screened for TB within three days of hire, as required in WAC 388-78A-2480.

Review of Staff B's records showed that Staff B had a chest x-ray completed on 09/16/2024 (207 days prior to employment). The records showed no documentation that Staff B obtained a chest x-ray within seven days of the positive Intradermal Mantoux test (a type of test used to determine presence of TB), completed on 04/18/2025. The records showed no documentation that Staff B completed a chest x-ray within seven days of the positive blood test completed on 04/23/2025.

During an interview on 07/10/2025 at 2:10 PM, Staff A, Executive Director, stated that after Staff B's positive TB test result, Staff B did not complete a chest x-ray, an evaluation for the signs and symptoms of tuberculosis, and did not receive any recommendations from a licensed healthcare provider.

Staff A stated that they were aware that tuberculosis screening and testing required an intradermal or blood test for all facility staff, within three days of employment. Staff A stated that they were aware Staff B was not screened for TB within three days of the date of hire. Staff A stated that they were aware that individuals with a positive intradermal or blood test result required a chest x-ray and follow-up with a licensed healthcare provider.

Statement of Deficiencies	License #: 2593	Compliance Determination # 61972
Plan of Correction	Vineyard Park of Covington	Completion Date
Page 5 of 5	Licensee: Covington ALC LLC	07/15/2025

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, Vineyard Park of Covington is or will be in compliance with this law and / or regulation on (Date) 8/29/2025

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

FR Stepanek- BSW
Administrator (or Representative)

7/16/2025
Date

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

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

07/16/2025

Covington ALC LLC
Vineyard Park of Covington
17016 SE Wax Rd
Covington, WA 98042

RE: Vineyard Park of Covington # 2593

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/15/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
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-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:

(i) A current assisted living facility license, including any related conditions on the license;

(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 assisted living facility license posted on the front lobby desk was expired as of 10/31/2024. The "DSHS Inspection Reports" binder located on a side table in the facility main lobby did not contain the facilities most recent full licensing inspection report. During the inspection, facility staff located and posted the current assisted living facility license and most recent full inspection report to meet the regulatory requirements.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure