



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 Special Care Community LLC
The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

RE: The Cottages of Covington License # 2594

Dear Administrator:

This letter addresses Compliance Determination(s) 42747 (Completion Date 06/14/2024) and 38092 (Completion Date 03/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/14/2024 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-2160, WAC 388-78A-2305-1, WAC 246-215-03505-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0080-5, WAC 388-112A-0400-4-b, WAC 388-112A-0400-4-c, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0720-2-a, WAC 388-78A-2484-1, WAC 388-78A-2700-1-e-i, WAC 388-78A-2700-1-e-ii, WAC 388-78A-3100-1, WAC 388-78A-3100, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4, WAC 388-78A-2610-1, WAC 388-78A-2610-2-d

The Department staff who did the on-site verification:

Kathy Young, Licensors

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

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager

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

The Cottages of Covington #2594

06/14/2024

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Region 2, Unit D

Residential Care Services

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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 #: 2594	Compliance Determination # 38092
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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 03/12/2024 and 03/15/2024 of:

The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

The following sample was selected for review during the unannounced on-site visit: 8 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensors

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

03/26/2024

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.

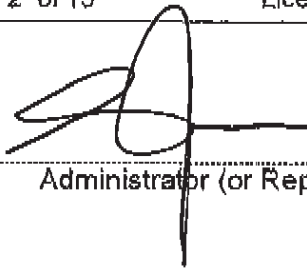
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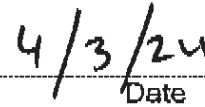
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Administrator (or Representative)



Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 2 of 2 residents' (Resident 4 and Resident 5) negotiated service plans that documented the need for a special diet were followed. This failure placed Resident 4 and Resident 5 at risk of choking or aspirating (the action of inhaling food into the lungs) on their food.

Findings included...

Review of the facility's Diet Type Report, dated 03/12/2024, showed that Resident 4 and Resident 5 required a mechanical soft diet (a soft texture modified meal for people with difficulty swallowing who may choke on food with a harder consistency).

During an interview on 03/12/2024 at 11:00 AM, Staff G, Director of Nursing Services, stated that Resident 4 and Resident 5 required a mechanical soft diet.

Observations on 03/13/2025 between noon and 12:40 PM showed in all three resident cottages, facility staff served residents a lunch that consisted of soup, a soft dinner roll, and a green salad. Staff in each cottage prepared the resident's plate with the food that was brought into the cottages in metal bins. Observation showed there was no mechanical soft diet option available to replace the salad.

Resident 4

Review of the facility's Resident Characteristic Roster showed Resident 4 required a special diet.

During an interview on 03/13/2024 at 12:32 PM, Staff F, Caregiver, stated that staff served Resident 4 the soup, roll, and salad for lunch. Staff F stated that Resident 4 ate all the food served. Staff F stated that they were aware Resident 4 required a mechanical soft diet.

Resident 5

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Administrator (or Representative)

Date

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Findings included...

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Resident 5

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Review of Resident 5's negotiated service agreement (NSA), revised 03/12/2024, showed that Resident 5 required a mechanical soft diet.

Observation on 03/13/2024 between 12:17 PM and 12:30 PM in D Cottage, showed Staff I, Caregiver, served Resident 5 green salad with their lunch. Observation showed Resident 5 attempted to eat the salad. Observation showed that when Resident 5 was unsuccessful using a fork to eat the salad, Resident 5 leaned over the plate and started to suck the salad directly into their mouth.

During an interview on 03/13/2024 at 12:18 PM, Staff I stated that no one in D Cottage required any special diet.

During an interview at 12:19 PM, Staff J, Med Tech, identified that another resident in Cottage D required finger foods. Staff J stated that no other residents in the D Cottage required a special diet.

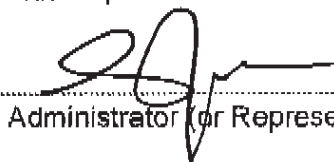
During an interview on 03/13/2024 at 1:32 PM, Staff H, Executive Chef, stated that they failed to notify staff that there was no salad replacement option available for residents that required a mechanical soft diet. Staff H stated that they missed it today. Staff H stated that the current dietary notification system did not specifically identify the residents that required special diets.

During an interview on 03/15/2024 at 10:07 AM, Staff G, Director of Nursing Services, confirmed that staff should have served Resident 4 and Resident 5 a mechanical soft diet. Staff G stated that they realized this was a staff training issue.

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, The Cottages of Covington is or will be in compliance with this law and / or regulation on (Date) 5/5/24.

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



Administrator (or Representative)

4/3/24
Date

WAC 246-215-03505 Temperature and time control Time/temperature control for safety food, slacking (FDA Food Code 3-501.12). Frozen Time/temperature control for safety food that is slacked to moderate the temperature must be held:

(1) Under refrigeration that maintains the food temperature at 41 °F (5 °C) for less; or

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

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Review of Resident 5's negotiated service agreement (NSA), revised 03/12/2024, showed that Resident 5 required a mechanical soft diet.

Observation on 03/13/2024 between 12:17 PM and 12:30 PM in D Cottage, showed Staff I, Caregiver, served Resident 5 green salad with their lunch. Observation showed Resident 5 attempted to eat the salad. Observation showed that when Resident 5 was unsuccessful using a fork to eat the salad, Resident 5 leaned over the plate and started to suck the salad directly into their mouth.

During an interview on 03/13/2024 at 12:18 PM, Staff I stated that no one in D Cottage required any special diet.

During an interview at 12:19 PM, Staff J, Med Tech, identified that another resident in Cottage D required finger foods. Staff J stated that no other residents in the D Cottage required a special diet.

During an interview on 03/13/2024 at 1:32 PM, Staff H, Executive Chef, stated that they failed to notify staff that there was no salad replacement option available for residents that required a mechanical soft diet. Staff H stated that they missed it today. Staff H stated that the current dietary notification system did not specifically identify the residents that required special diets.

During an interview on 03/15/2024 at 10:07 AM, Staff G, Director of Nursing Services, confirmed that staff should have served Resident 4 and Resident 5 a mechanical soft diet. Staff G stated that they realized this was a staff training issue.

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Date

WAC 246-215-03505 Temperature and time control Time/temperature control for safety food, slacking (FDA Food Code 3-501.12). Frozen Time/temperature control for safety food that is slacked to moderate the temperature must be held:

(1) Under refrigeration that maintains the food temperature at 41 F (5 C) for less; or

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the refrigeration system in 3 of 3 resident cottages (B Cottage, C Cottage, and D Cottage) maintained safe food temperatures, as required. This failure placed the residents at risk of contracting foodborne illnesses.

Findings included...

Observation on 03/12/2024 at 11:42 AM showed a refrigerator/freezer in B Cottage. The refrigerator contained milk, juices, and condiments. Observation showed a resident helped themselves to a beverage. Observation showed a clear plastic sleeve designed to hold an 8.5 by 11-inch sheet of paper on the side of the refrigerator. The sleeve was empty.

Observation on 03/23/2024 at 12:25 PM, showed a refrigerator/freezer in C Cottage. The refrigerator contained a bin of tuna sandwiches, milk, Boston crème pie, and condiments. Two thermometers in the refrigerator that showed the temperature measured 50 degrees Fahrenheit. The clear plastic sleeve on the refrigerator held the facility's Refrigerator Temperature Log, dated November 2023. The log directed staff to notify the Executive Director or the Director of Nursing Services if the refrigerator temperature reached higher than 41 degrees Fahrenheit. The log showed the temperature was taken 23 times in November 2023. The log showed the temperature measured 42 degrees Fahrenheit 12 times during the month.

Observation on 03/12/2024 at 12:45 PM, showed a refrigerator/freezer in D Cottage. The refrigerator contained plated meals, milk, juice, Boston crème pie, pudding, and condiments. Two thermometers in the refrigerator showed the temperature measured 46 degrees Fahrenheit. The clear plastic sleeve on the refrigerator held the facility's Refrigerator Temperature Log, dated November 2023. The log showed the last temperature was taken on 11/28/2023.

During an interview on 03/12/2024 at 12:46 PM, Staff J, Med Tech, stated that the cook from the main kitchen monitored the refrigerator/freezer temperatures in each cottage.

During an interview on 03/12/2024 at 1:03 PM, Staff H, Executive Chef, stated that they observed the temperature in the D Cottage refrigerator measured 46 degrees Fahrenheit. Staff H stated that it was the responsibility of the memory care staff to monitor the refrigerator/freezer temperatures in all the cottages.

During an interview on 03/13/2024 at 9:18 AM, Staff A, Executive Director, stated that the Associate Executive Director left the facility in November 2023. Staff A stated that since then, the facility did not have a system in place that monitored the temperatures in cottage

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refrigerators.

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 Administrator (or Representative)	<u>4/3/24</u> Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

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;

(iii) A certified nursing assistant;

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

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refrigerators.

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Administrator (or Representative)

Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

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;

(iii) A certified nursing assistant;

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:

- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and
- (e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 4 of 5 direct care staff (Staff C, Staff D, Staff E, and Staff I) 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 44 residents diagnosed with [REDACTED] or [REDACTED] within the secure facility.

Review of the facility's undated Caregiver and Medication Aide (Med Tech) job descriptions showed the long-term care staff performed resident care and nursing activities for the residents. The job descriptions showed staff were required to maintain current cardiopulmonary resuscitation (CPR) certification and act as a first responder in a resident medical emergency. Caregivers were required to complete all Department of Social and Health Services (DSHS) required training.

Review of the facility's employee roster showed the facility hired Staff C as a Caregiver on 10/14/2023, Staff D as a Med Tech on 05/11/2023, Staff E as a Med Tech on 12/17/2021, and Staff I as a Caregiver on 10/31/2023.

LONG-TERM CARE WORKER BASIC TRAINING

Review of the facility's Certification Checklist, completed for each employee, showed the facility expected all staff complete the DSHS training requirements within the required completion timeframe. The checklist did not include the 70-hour long-term care worker basic training, a requirement to be completed within 120 days of hire for Caregivers and Med Techs, per state regulations.

Staff C

Review of Staff C's employee file showed the facility hired Staff C without documentation that showed Staff C obtained any Department of Health (DOH) credential. Review of Staff C's records and based on date of hire, Staff C was required to complete the 70-hour long-term care worker basic training by 02/11/2024, which was within 120 days of hire. There was no documentation that showed Staff C completed the 70-hour long-term care worker basic training. Review of the facility's care staff schedule showed Staff C worked unsupervised for 15 shifts between 02/11/2024 and 03/11/2024 without completion of the 70-hour long-term care worker basic training.

Staff I

Review of Staff I's employee file showed the facility hired Staff I without documentation that showed Staff I obtained any DOH credential. Review of Staff I's records and based on date of hire, Staff I was required to complete the 70-hour long-term care worker basic training by 02/28/2024, which was within 120 days of hire. There was no documentation that showed Staff I completed the 70-hour long-term care worker basic training. Review of the facility's care staff schedule showed Staff I worked unsupervised for six shifts between 02/28/2024 and 03/13/2024 without completion of the 70-hour long-term care worker basic training.

Observations on 03/13/2024 at 9:25 AM and between noon and 12:30 PM, showed Staff I Caregiver provided care and services to residents in D Cottage.

During an interview on 03/13/2024 at 9:33 AM, Staff G, Director of Nursing Services, stated that Staff I was just set up with the Home Care Aide (HCA) Certification program. The first step of HCA program was to complete the 70-hour long-term care worker basic training. Staff G stated that they thought the program must be completed within 200 days. Staff G was unaware the 70-hour long-term care worker basic training must be completed within 120 days.

During an interview on 03/15/2024 at 9:10 AM, Staff L, Business Office Manager, stated that the facility had no records on file that showed Staff C and Staff I completed the 70-hour long-term care worker basic training.

SPECIALTY TRAINING

Review of the facility's Certification Checklist showed Caregivers and Med Techs were required to complete Mental Health Specialty Training and Dementia Specialty Training within 120 days of hire.

Review of Staff C's employee file showed no documentation that Staff C completed the mental health or the dementia specialty training by 02/11/2024, which was within 120 days of hire. Review of the facility's care staff schedule showed Staff C worked 15 shifts between 02/11/2024 and 03/11/2024 without completion of the mental health and dementia specialty training.

Review of Staff D's employee file showed no documentation that Staff D completed the mental health specialty training by 09/08/2023, which was within 120 days of hire. Review of the facility's care staff schedule showed Staff D worked four to five shifts per week between 12/01/2023 and 03/14/2024 without completion of the mental health specialty training.

During an interview on 03/15/2024 at 9:10 AM, Staff L stated that the facility had no record on file that showed Staff C completed both required specialty trainings. Staff L stated that the facility had no record on file that showed Staff D completed the mental health specialty training.

CONTINUING EDUCATION

Review of the facility's Certification Checklist showed that Caregivers and Med Techs were required to complete 12 hours of continuing education units (CEUs) each year by the staff's birthday.

Review of Staff D's employee file showed Staff D completed six of 12 continuing education hours from their June 2022 birthday to their June 2023 birthday. Review of the facility's care staff schedule showed Staff D worked four to five shifts per week between 12/01/2023 and 03/14/2024.

Review of Staff E's employee file showed Staff E did not complete any of the of 12 continuing education hours from their January 2023 birthday to their January 2024 birthday. Review of the facility's care staff schedule showed Staff E worked 37 shifts between their birthday in January 2024 and 03/16/2024 without completion of their CEUs.

Observation on 03/13/2024 at 12:37 PM showed Staff E provided care and services to residents in B Cottage.

During an interview on 03/15/2024 at 9:10 AM, Staff L stated that the facility had no record on file that showed Staff D completed all 12 continuing education hours. Staff L stated that the facility had no record on file that showed Staff E completed any of their 12 continuing education hours.

CARDIOPULMINARY RESUCIATION

Review of the facility's Certification Checklist showed that Caregivers and Med Techs were required to complete their CPR training within 30 days of hire.

Review of Staff C's employee file showed no record Staff C completed their CPR training by 11/12/2023, which was within 30 days of hire. Review of the care staff schedule showed Staff C worked one to four shifts per week between 12/03/2023 and 03/11/2024.

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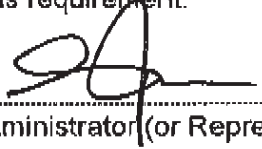
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Administrator (or Representative)

4/3/24
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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 caregiver staff (Staff F) completed their first Tuberculosis (TB) test with three days of hire. This failure placed the residents at risk of contracting a contagious illness.

Findings included...

Review of the facility's Certification Checklist showed that caregivers were required to complete their first TB test within three days of hire.

Review of the facility's caregiver job description showed that long-term care staff worked closely with the residents and performed direct resident care and nursing activities.

Review of the facility's employee roster showed the facility hired Staff F as a Caregiver on 07/31/2023. Review of Staff F's employee file showed Staff F received their first TB test on 01/16/2024, 190 days after their hire date.

Observation on 03/13/2024 at 12:32 PM, showed Staff F provided care and services to the residents in C Cottage.

During an interview on 03/15/2024 at 9:10 AM, Staff L, Business Office Manager, confirmed that Staff F did not complete the TB testing within the required timeframe.

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During an interview on 03/15/2024 at 9:10 AM, Staff L, Business Office Manager, confirmed that Staff F did not complete the TB testing within the required timeframe.

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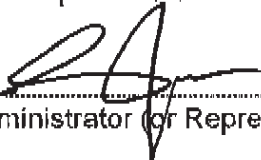
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Plan of Correction	The Cottages of Covington	Completion Date
Page of 15	Licensee: Covington Special Care Community LLC	03/21/2024

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, The Cottages of Covington is or will be in compliance with this law and / or regulation on (Date) 5/5/24.

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



Administrator (or Representative)

4/3/24
Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the first aid kits in 3 of 3 resident cottages (B Cottage, C Cottage, and D Cottage) were readily available, unlocked, and clearly marked. This failure placed the residents at risk of delayed first aid in the event of an injury.

Findings included...

Review of the facility's undated disaster manual showed no instructions about where first aid kits were stored within the facility. The manual showed no instructions that explained the kits were to be readily accessible, unlocked, and clearly marked.

Observations during the environmental tour on 03/12/2024 between 11:41 AM and 1:15 PM showed there were no first aid kits that were readily available, unlocked, and clearly marked in any of the three resident cottages.

Observations on 03/13/2024 between 10:00 AM and 10:10 AM, showed there were no unlocked first aid kits available in any of the cottages. Observation of B Cottage showed a first aid kit was locked in the medication cart. Observation of C Cottage showed two first aid kits were locked in the Clean Utility Room. Observation of D Cottage showed no first aid kit in the cottage.

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

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- (e) Make sure first-aid supplies are:
 - (i) Readily available and not locked;
 - (ii) Clearly marked;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the first aid kits in 3 of 3 resident cottages (B Cottage, C Cottage, and D Cottage) were readily available, unlocked, and clearly marked. This failure placed the residents at risk of delayed first aid in the event of an injury.

Findings included...

Review of the facility's undated disaster manual showed no instructions about where first aid kits were stored within the facility. The manual showed no instructions that explained the kits were to be readily accessible, unlocked, and clearly marked.

Observations during the environmental tour on 03/12/2024 between 11:41 AM and 1:15 PM showed there were no first aid kits that were readily available, unlocked, and clearly marked in any of the three resident cottages.

Observations on 03/13/2024 between 10:00 AM and 10:10 AM, showed there were no unlocked first aid kits available in any of the cottages. Observation of B Cottage showed a first aid kit was locked in the medication cart. Observation of C Cottage showed two first aid kits were locked in the Clean Utility Room. Observation of D Cottage showed no first aid kit in the cottage.

03.26.2024 09:07:19

State of Washington

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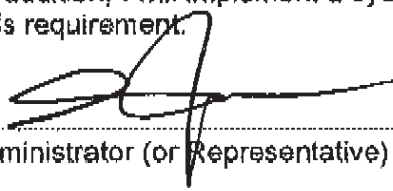
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During an interview on 03/13/2024 at 10:10 AM, Staff A (Executive Director) and Staff G (Director of Nursing Services) both stated that they did not know where the first aid kits were located in any of the cottages. Staff A stated that the first aid kits were supposed to be mounted in the common area of each cottage. Staff E, Lead Medication Technician, stated that the first aid kit in B Cottage was locked in the medication cart. Staff K, Medication Technician, stated that two first aid kits were locked in the C Cottage's Clean Utility Room.

Plan/Attestation Statement

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4/3/24
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WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;
- (3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and
- (4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure hazardous chemicals and rolls of plastic bags in 3 of 3 resident cottages (B Cottage, C Cottage, and D Cottage). These failures placed residents at risk for harm had they accessed and ingested the hazardous chemicals or mishandled the plastic bags.

Findings included...

Review of the facility's Resident Characteristic Roster showed the facility provided care and services to 45 residents with dementia, Alzheimer's Disease, or other cognitive impairment.

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

During an interview on 03/13/2024 at 10:10 AM, Staff A (Executive Director) and Staff G (Director of Nursing Services) both stated that they did not know where the first aid kits were located in any of the cottages. Staff A stated that the first aid kits were supposed to be mounted in the common area of each cottage. Staff E, Lead Medication Technician, stated that the first aid kit in B Cottage was locked in the medication cart. Staff K, Medication Technician, stated that two first aid kits were locked in the C Cottage's Clean Utility Room.

Plan/Attestation Statement

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Date

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- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;
- (3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and
- (4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure hazardous chemicals and rolls of plastic bags in 3 of 3 resident cottages (B Cottage, C Cottage, and D Cottage). These failures placed residents at risk for harm had they accessed and ingested the hazardous chemicals or mishandled the plastic bags.

Findings included...

Review of the facility's Resident Characteristic Roster showed the facility provided care and services to 45 residents with dementia, Alzheimer's Disease, or other cognitive impairment.

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State of Washington

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Statement of Deficiencies	License #: 2594	Compliance Determination # 38092
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Observation of B Cottage on 03/12/2024 at 11:45 AM showed an unlocked cabinet in the common bathroom across from room B-13. The cabinet contained a roll of plastic garbage bags and hand sanitizer. The warning label on the sanitizer stated to keep the product out of the reach of children and call Poison Control if swallowed.

Observation of C Cottage on 03/12/2024 at 12:22 PM showed the kitchen opened to the resident common dining and living room area. There were several unlocked drawers in the kitchen and an unlocked cabinet under the kitchen sink. Observation showed there were two rolls of plastic garbage bags in one of the unlocked drawers. In the unlocked cabinet under the sink, there were three bottles of cleaning products. The warning labels on the cleaning product stated to avoid drinking and avoid contact with skin and eyes.

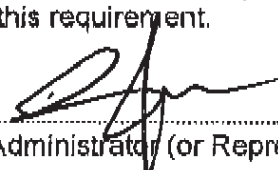
Observation of D Cottage on 03/12/2024 at 12:41 PM showed a resident accessible kitchen. Observation showed an unlocked kitchen cabinet under the sink. The unlocked cabinet contained a bottle of cleaning product. The warning label showed stated to avoid drinking and avoid contact with skin and eyes.

During an interview on 03/15/2024 at 2:12 PM, Staff A, Executive Director stated that facility staff needed to lock hazardous products in the janitor's closet when not in use.

Plan/Attestation Statement

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Administrator (or Representative)

4/3/24
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

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

Observation of B Cottage on 03/12/2024 at 11:45 AM showed an unlocked cabinet in the common bathroom across from room B-13. The cabinet contained a roll of plastic garbage bags and hand sanitizer. The warning label on the sanitizer stated to keep the product out of the reach of children and call Poison Control if swallowed.

Observation of C Cottage on 03/12/2024 at 12:22 PM showed the kitchen opened to the resident common dining and living room area. There were several unlocked drawers in the kitchen and an unlocked cabinet under the kitchen sink. Observation showed there were two rolls of plastic garbage bags in one of the unlocked drawers. In the unlocked cabinet under the sink, there were three bottles of cleaning products. The warning labels on the cleaning product stated to avoid drinking and avoid contact with skin and eyes.

Observation of D Cottage on 03/12/2024 at 12:41 PM showed a resident accessible kitchen. Observation showed an unlocked kitchen cabinet under the sink. The unlocked cabinet contained a bottle of cleaning product. The warning label showed stated to avoid drinking and avoid contact with skin and eyes.

During an interview on 03/15/2024 at 2:12 PM, Staff A, Executive Director stated that facility staff needed to lock hazardous products in the janitor's closet when not in use.

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Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

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

Based on observation, interview, and record review, the facility failed to implement infection control policies and requirements to protect 43 of 43 residents (Resident 1 through Resident 43) from a potential infectious illness. This failure placed all 43 residents at risk of contracting and spreading a potentially life-threatening infectious disease and a decreased quality of life.

Findings included...

Review of facility's policy titled, "Infection Control", revised 03/03/2020, showed the facility followed appropriate infection control procedures, managed, and reported communicable diseases in accordance with the regulation of Washington State, the local Department of Health, and Centers for Disease Control (CDC).

MEDICAL TEST SITE WAIVER (MTSW)

Review of the facility records showed the facility did not have an MTSW certificate that included the clinical laboratory improvement amendments (CLIA).

Review of the Department of Social and Health Services Dear Provider Letter (DPL) titled "Medical Test Site Waiver Regulatory Requirements", dated 08/03/2022, showed that assisted living facilities were required to have a medical test site waiver certificate to administer point-of-care COVID-19 testing and report the test results. The DPL showed the Washington State MTSW certificate met both federal and state requirements and included both the state license and CLIA number to meet the requirements.

During an interview on 01/24/2024 at 10:45 AM, Staff A, Executive Director, stated that the facility did not have a MTSW waiver certificate. Staff A stated that the facility used point-of-care-testing (POC) that included rapid COVID-19 test for residents, as needed. Staff A stated that the facility tested residents during reported COVID-19 outbreak in June 2023.

RESPIRATORY PROTECTION PROGRAM

Review of the facility's undated policy titled, "Respiratory Protection Program (RPP) for use by health care providers during the COVID-19 Pandemic", showed the RPP Administrator or designee evaluated the RPP regularly to ensure procedures were followed. Review of the policy showed that all designated staff were required to complete the National Institute for Occupational Safety and Health (NIOSH)-approved N95 Respirator Medical Evaluation and Fit Testing. Staff were required to repeat the fit test annually, as required.

Review of the Department of Social and Health Services DPL titled "Provider Responsibilities for Provisions of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes to Department of Health RPP Resources", dated 09/14/2023, showed employers were responsible to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection. The letter showed the end of the public health emergency (PHE) did not end the need for protection from respiratory viruses spread through droplets or air.

The letter provided a link to the Occupational Safety and Health Administration (OSHA) site for respiratory protection requirements.

During an interview on 03/12/2024 at 11:15 AM, Staff A stated that they served as the RPP administrator. Staff A stated that the previous charge nurse was the designee. Staff A stated that the designee maintained and kept the RPP records which included the staff medical clearance evaluation and respiratory fit testing conducted in 2023. Staff A was aware not all staff who were required to be fit tested completed their medical evaluation or fit tests. Staff A stated that the facility staff were unable to find the RPP records.

HAND HYGIENE

Observation in common dining/living room areas at Birch cottage and Cedar cottage on 03/13/2024 between 8:15 AM and 9:06 AM, showed the Medication Technicians assisted and administered medications to seven unidentified residents. The Medication Technicians used their bare hands to handle the medication cart keys to lock and unlock the cart. The Medication Technicians wore gloves, retrieved the resident medication cards, then pushed the oral medications out of the card and into the plastic medication cups. Observation showed that between medication assistance with different residents, the Medication Technicians touched other residents and their walkers with gloved hands. The Medication Technicians did not perform any hand hygiene before and after they provided medication administration assistance. Observation in the Birch cottage showed the Medication Technician wore gloves and primed (removed the air from the needle and cartridge) an insulin pen (medical device that administers medication used to lower blood sugar level). Observation showed the Medication Technician did not sanitize or wash their hands before they primed the insulin pen. During an interview at the same time, the Medication Technicians stated they were aware of the requirement to wash their hands or use hand sanitizer before and after each resident medication administration assistance provided.

Observation in the common dining room for the two of the cottages on 3/14/2024 between 10:47 AM and 11:10 AM, showed empty paper towel dispensers next to each handwashing sink. Observation showed that residents used the handwashing sink without drying their hands. During an interview at the same time, the caregivers for the two cottages stated that they did not have the key to the paper towel dispenser. The staff were unaware who had the key. The staff were unaware who re-stocked the paper towel dispenser. The staff showed a small stack of paper towels kept in the cupboard.

Review of the facility's Nurse Delegation: Instructions for Nursing Task document showed the steps used to perform the administration of medications. The instructions included hand washing before and after staff provided medication administration assistance for each of the residents.

During an interview on 03/12/2023 at 11:15 AM, Staff A stated that there were three memory cottages on the campus, Birch cottage, Cedar cottage, and Dogwood cottage. Staff A stated that all residents were diagnosed with [REDACTED] or [REDACTED]. Staff A stated that staff provided medication assistance or administration and personal care services to all residents.

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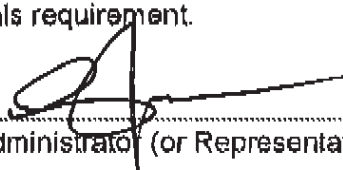
During an interview on 03/13/2024 at 10:48 AM, Staff G, Director of Nursing, stated that the facility conducted training during new staff orientation. Staff G stated that the training included proper hand hygiene practice. Staff G stated that they expected the Medication Technicians to follow proper hygiene practices.

During an interview on 03/14/2024 at 11:00 AM, Staff M, Maintenance Director, stated that there was a key for the paper towel dispenser. Staff M stated that they gave the key to the Resident Care Coordinator. Staff M stated that care staff were responsible to re-stock the paper towels as needed. Staff M stated that the housekeeper's daily duties included monitoring and restocking the paper towel supplies.

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During an interview on 03/14/2024 at 11:00 AM, Staff M, Maintenance Director, stated that there was a key for the paper towel dispenser. Staff M stated that they gave the key to the Resident Care Coordinator. Staff M stated that care staff were responsible to re-stock the paper towels as needed. Staff M stated that the housekeeper's daily duties included monitoring and restocking the paper towel supplies.

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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

03/26/2024

Covington Special Care Community LLC
The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

RE: The Cottages of Covington # 2594

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/21/2024 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

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

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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and

The facility failed to maintain the vents used for air exchange in the resident cottages free of dust build up. During the full inspection, the facility staff cleaned the vents.

WAC 388-78A-2600 Policies and procedures.

- (1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:
- (b) Provide the necessary care and services for residents, including those with special needs;

The facility did not document the oxygen usage, monitoring requirements, and service provider in one resident's negotiated service plan. During the inspection, the facility staff updated the service plan and included oxygen assessment and continuous oxygen equipment checks. The service plan showed documentation of the company who provided oxygen supplies and serviced the oxygen concentrator.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

- (6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility did not obtain the required signature and date for two residents when the facility initially provided each resident a copy of the facility's Medicaid policy. During the inspection, the facility provided another copy of the policy to the two residents. The facility placed the signed and dated Medicaid policy in each resident's records.

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

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

Enclosure