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

Timber Ridge OpCo LLC
Briarwood at Timber Ridge
100 Timber Ridge Way NW
Issaquah, WA 98027

RE: Briarwood at Timber Ridge License # 2602

Dear Administrator:

This letter addresses Compliance Determination(s) 37032 (Completion Date 02/20/2024) and 34471 (Completion Date 01/08/2024).

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-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2680-2-a, WAC 388-78A-2680-2-a-i, WAC 388-78A-2680-2-a-ii, WAC 388-78A-2950-6, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b

The Department staff who did the on-site verification:
Claudia Machado, Community Complaint Investigator
Michelle Yip, ALF Licensor
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

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

Statement of Deficiencies	License #: 2602	Compliance Determination # 34471
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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 01/02/2024 and 01/04/2024 of:
Briarwood at Timber Ridge
100 Timber Ridge Way NW
Issaquah, WA 98027

The following sample was selected for review during the unannounced on-site visit: 5 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Machado, Community Complaint Investigator
Kathy Young, Licensor
Michelle Yip, ALF 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 — Residential Care Services

01/12/2024 — 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.

Administrator (or Representative)

1/18/2024
Date

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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

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

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure that 23 of 23 residents (Resident 1 through Resident 23) were given a copy of the facility's policy regarding Medicaid as a payment source with a signed and dated acknowledgement by the resident. This failure placed all residents at risk of being discharged and unable to reside in the facility on Medicaid.

Findings included...

Record review of the facility's Disclosure of Services document showed that the facility did not accept Medicaid as a payment source.

Review of the facility's admission records showed that the facility did not have a separate Medicaid policy, as required, that explained their policy on not accepting Medicaid as a payment source with a corresponding signature and date line for the resident to acknowledge receipt.

During an interview on 01/07/2024 at 10:50 AM, Staff A, Executive Director, stated that the facility held no Medicaid contracts that allowed the facility to accept residents that used Medicaid as a payment source. Staff A stated that the facility had no separate document for the required Medicaid policy. Staff A stated that they were unaware of any current

residents' records containing this type of documentation.

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, Briarwood at Timber Ridge is or will be in compliance with this law and / or regulation on (Date) 2/9/2024 .

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

Administrator (or Representative) 1/12/2024 Date

WAC 388-78A-2680 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:

(a) Entrances, exits, and elevators as long as the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure its video monitoring cameras were not focused on areas where residents gathered. This failure placed the residents at risk for loss of their privacy.

Findings included...

Review the facility's policy titled, "Video Recording, Photographing, and Other Imaging of Residents", dated 04/2017, showed the facility protected residents from invasion of privacy due to video monitoring. The policy showed video monitoring should only be directly focused on the entrance and exit doorways, staff exclusive areas, and outdoor areas not commonly used by residents in accordance with state regulation.

Observations of the facility's main video monitor on 01/03/2024 at 12:31 PM and 01/04/2023 at 12:12 PM, showed two views where residents gathered. The first view showed the reception desk and main lobby with two sofas and two chairs. The second view showed the main lobby area with benches between the outer and inner entrance doors. Observation 01/04/2023 at 12:12 PM, of the monitor focused on the lobby, showed two wheelchairs and one walker was left at the end of a sofa. The walker had a sign on it that

identified the owner, who was an assisted living resident.

During an interview on 01/03/2024 at 12:31 PM, Staff I, Security Director, confirmed that residents gathered in both areas and sat on the furniture shown on camera. Staff I stated that the camera angles needed to be adjusted to focus on just the entrance doors.

During an interview on 01/04/2024 at 12:15 PM, Staff G, Director of Plant Operations, confirmed with staff at the reception desk that prior to setting off on a planned facility outing, the residents gathered in the lobby area. Staff G stated that the residents in this area would be seen on the cameras and their privacy violated.

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Administrator (or Representative) 1/13/2024 Date

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, interview, and record review, the facility failed to ensure it maintained the hot water temperature in all resident-accessible sinks at no greater than 120 degrees Fahrenheit (F). This failure placed the residents at risk of injury and burns from hot water.

Findings included...

Record review of the facility's policy titled, "Water Temperatures (Safety)", revised 03/2022, showed the facility was to maintain tap water within a temperature range that prevented the scalding of residents. The policy showed water heaters were set between 110 degrees F and 120 degrees F. The policy showed maintenance staff were to complete and record periodic water temperature checks in a safety log.

Record review of the facility's safety log showed no documentation that the maintenance

staff completed periodic water temperature checks throughout 2023.

Record review of an undated document, reported to be from an outside vendor, showed a water temperature entry for one memory care and one assisted living (AL) apartment and no entries for common area sinks. The water temperature taken for AL Apartment 3313, showed a reading of 121 degrees F.

Observations on 01/02/2024, between 10:58 AM and 11:50 AM, within the Assisted Living unit, showed the following water temperatures: Resident Laundry Room sink measured 122.7 degrees F; Resident-accessible sink adjacent to Main and Private Dining Rooms measured 123.8 degrees F; Common Restroom 2 measured 121.2 degrees F; Apartment 3311 sink measured 124.7 degrees F.

Observations on 01/04/2024, between 8:40 AM and 9:00 AM, showed the following water temperatures: Common Restroom 1 (near AL desk) measured 122.3 degrees F; Resident Laundry Room sink measured 121.7 degrees F; Common Restroom 2 measured 122.2 degrees F; and Apartment 3311 sink measured 126.2 degrees F.

During an interview on 01/02/2024 at 10:58 AM, Staff H, Maintenance Supervisor, stated that they believed the water temperatures were checked once a week by Staff J. Plant Operations and Security Technician.

During an interview on 01/02/2024 at 11:19 AM, Staff J stated that they used to take water temperatures until sometime during the fall of 2023. Staff J stated that the facility then hired an outside company to take the water temperature readings. Staff J was unable to provide documentation of when the facility last logged the water temperatures or documentation of the water temperatures taken by the outside company.

During an interview on 01/03/2024 at 9:37 AM, Staff G, Director of Plant Operations, stated that the facility's water temperature goal was between 116 degrees F and 120 degrees F. During an interview on 01/04/2024 at 9:02 AM, Staff G stated that they could not locate the facility's last water temperature log. During interviews on 01/04/2024 at 10:25 AM and 10:58 AM, Staff G provided the outside vendor's water temperature report. Staff G acknowledged that the vendor only provided one AL water temperature check sometime during November 2023. Staff G stated that although the water temperature of 121 degrees F was outside of the safe range for residents, no work order was generated to check additional AL water temperatures or bring the water temperatures within range. Staff G stated that it was a missed opportunity to correct the problem.

Plan/Attestation Statement

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Administrator (or Representative) 1/19/2024 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that mechanical ventilation functioned to exchange air between the inside and outside of the facility; the interior common areas and exterior grounds were free of slip and trip hazards; and the front of the compose bin and floor were kept free of rotting food debris. These failures placed residents at risk of respiratory distress, fall injuries, exposure to pests, and a lowered quality of life.

Findings included...

NOTE: In accordance with WAC 388-78A-3090 to provide a safe and sanitary environment, WAC 388-78A-3030 and 388-78A-3040 require facilities to provide mechanical ventilation to the outside of the assisted living facility, in bathrooms and laundry rooms. WAC 388-78A-2970 requires facilities to provide adequate garbage containers that are cleaned and maintained to prevent entrance of pests and odors.

Record review of the facility's undated policy titled, "Common Areas" showed the facility maintained the interior and exterior common areas of the community to promote resident satisfaction and a sense of well-being.

MECHANICAL VENTILATION
Record review of the facility's policy titled, "Ventilation Systems", revised November 2021, showed the heating, ventilation, and air conditioning system (HVAC) was set to maximize

the intake of fresh air. The system was to be maintained in good working order.

Observations on 01/02/2024 between 10:58 AM and 11:50 AM and on 01/04/2024 between 8:40 AM and 8:47 AM, showed the air exchange vents in both Assisted Living (AL) common restrooms and the AL resident laundry room were not functioning.

During an interview on 01/02/2024 at 11:50 AM, Staff H, Maintenance Supervisor, confirmed that the mechanical ventilation in the AL common restrooms and laundry room were not functioning properly.

During an interview on 01/04/2024 at 9:02 AM, Staff G, Director of Plant Operations, stated that they re-checked the common restroom and resident laundry room mechanical vents on 01/03/2024. Staff G stated that they found the vents were not functioning properly.

ENVIRONMENTAL SAFETY
Stairwells
Record review of the facility's undated policy titled, "Common Area Stairwells" showed the facility would maintain all stairwells in a clean and sanitary condition

Observation on 01/02/2024 at 1:04 PM, showed the facility's exterior staircase called, "The Timber Ridge Trail" had a buildup of wet leaves on the stairs, close to the handrails. The trail was in proximity to the residents' dog park and plaza.

During an interview on 01/02/2024 at 1:04 PM, Staff H stated that The Timber Ridge Trail was part of the walking paths on the facility's grounds used by residents. Staff H stated that the stairs were cleaned once a week.

Hallway
On 01/02/2024 at 1:33 PM, during the environmental tour of the facility gym and fitness area, the Department Licensor tripped over an object while they walked down the hallway. Observation showed a low-profile scale with a clear glass top sat in the center of the hallway, directly across from the gym where residents were observed participating in an exercise class. The same hallway provided access to the swimming pool that was in use. Observation showed there was no area marking where the scale was stored.

During an interview on 01/02/2024 at 1:33 PM, Staff H confirmed that some of the AL residents walked down the hallway to participate in activities in the gym and pool. Staff H stated the scale in the middle of the hall floor presented a fall risk to residents.

Health
Record review of the facility's undated policy titled, "Common Area Trash and Ash Cans", showed trash compactors and dumpsters were a significant source of odor and pest

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problems. The policy showed large trash containers must be kept clean and odor-free.

Observation on 01/02/2024 at 12.53 PM, showed the facility used a commercial compost bin with two lids. Observation showed one of the lids was wide open. Food waste was on the front of the bin. Piled up on the loading dock floor in front of the bin was food waste that contained seeds.

During an interview on 01/02/2024 at 12:53 PM, Staff H stated that the food waste on the bin's front and on the floor was melon.

Observation on 01/03/2024 at 12:45 PM, showed one lid on the compost bin remained open with melon on the bin's front and on the floor. The area smelled of rotten food.

During an interview on 01/03/2024 at 12:45 PM, Staff H stated that the facility used an outside company for the bins. Staff H stated that the outside company removed the used bin and provided a clean bin to the facility once a month.

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Administrator (or Representative) 1/13/2024 Date

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide secure storage of potentially harmful cleaning supplies in the Assisted Living and Memory Care units and other potentially harmful supplies within Memory Care. This failure placed residents at risk of injury due to skin and eye contact with hazardous chemicals, ingesting

hazardous chemicals, suffocation, and puncture of skin or eyes.

Findings included...

Record review of the facility's undated policy titled, "Assisted Living Housekeeping", showed the Environmental Services Director developed and implementec policies to comply with state regulations. The policies were to be followed by all staff clearing the community. The policy showed that the housekeeping carts "may" include lockable cabinets for staff to safely manage and store chemicals.

MEMORY CARE UNIT:
Record review of the Resident Characteristic Roster showed 10 of 10 residents within Memory Care unit were diagnosed with Dementia, Alzheimer's Disease, or other cognitive impairment.

Cleaning Chemicals:
Observations on 01/02/2024 between 12:24 PM and 12:50 PM, showed several memory care residents ambulated independently throughout the unit.

Observation on 01/02/2024 between 12:27 PM and 12:34 PM showed an unattended, unlocked housekeeping cart outside of residents' rooms H235 and H236. Observation showed the cart contained liquid cleaning chemicals with labels that warned of potential eye irritants and harmful if swallowed. The cart contained squirt bottles labeled with handwriting directly on the bottles indicating they contained bleach, Windex, and disinfectant. Observation showed Staff K, Housekeeper, returned to the cart at 12:34 PM.

During an interview on 01/02/2024 at 12:34 PM, Staff K confirmed that they left the unsecured housekeeping cart to clean something in the Assisted Living area of the facility. Staff K stated that the upper storage compartment of the cart was broken and did not lock. The lock functioned properly when Staff K demonstrated, as requested.

During an interview on 01/02/2024 at 12:42 PM, Staff H stated that housekeeping staff were required to keep the cleaning chemicals on the housekeeping cart locked when the cart was unattended. Staff I, Security Director, stated that the policy was to lock the cart while in use or keep the housekeeping cart in locked storage room.

Potentially Unsafe Supplies:
Observation on 01/02/2024 at 12:23 PM, showed two rolls of plastic trash can bags in an unlocked makeup table drawer in the common area of memory care unit. Observation at 12:45 PM, showed a roll of plastic trash bags in an unlocked desk drawer in the common area. Observation at 12:46 PM, showed two bottles of body lotion in another unlocked desk drawer with warning labels that indicated the lotion was for external use only. Observation at 12:47 PM, showed an unlocked toolbox on top of a common area table, that contained a plastic handled tool w th a metal shaft and a sharp pointed tip.

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During an interview on 01/02/2024 at 12:48 PM, Staff H confirmed that the observed items needed to be secured in locked storage and not be available to memory care residents.

ASSISTED LIVING UNIT:
Record review of the Resident Characteristic Roster showed the facility identified 2 of 12 residents within Assisted Living (AL) area of the facility were diagnosec with Dementia, Alzheimer's Disease, or other cognitive impairment.

Observation on 01/03/2024 at 8:10 AM, showed Staff L, Housekeeper, left the housekeeping cart unsecured next to the first-floor elevator. The cart contained cleaning chemicals. Observation showed Staff L entered the elevator without the cart. Observation showed the elevator was used by the AL residents.

Observation in the AL hallway by apartments 3301 and 3311 on 01/04/2024 between 12:33 PM and 12:42 PM, showed two unattended, unsecured housekeeping carts with the cleaning chemicals.

During an interview at 1:35 PM, Staff M, Director of Nursing, stated that all residents were at risk of cognitive impairment with changes in health, such as urinary tract infections (UTI) which may cause delirium (a disturbed state of mind characterized by symptoms such as confusion). Staff M confirmed that confused residents were at risk to consume hazardous chemicals when left unsecured. During the interview at this same time, Staff A, Administrator, stated that the chemicals on the housekeeping carts were to be kept locked when unattended.

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Administrator (or Representative) 1/18/2024 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a

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veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 3 of 3 sampled pets (Pet 1, Pet 2, and Pet 3) had regular examinations and were certified by a veterinarian to be free of disease transmittable to humans. These failures placed all residents at risk for infectious diseases.

Findings included...

Review of the facility's undated "Pet Policy" showed that the facility permitted pets to live on the premises. The policy showed that the facility followed the Washington Administrative Code (WAC). The policy showed that the facility was required to ensure animals living on the facility premises received regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington State. The policy showed that the facility required the animals were certified by a veterinarian to be free of diseases transmittable to humans.

Review of the facility's pet records showed that Pet 1, Pet 2, and Pet 3 were current with their rabies vaccinations. There was no documentation that showed Pet 1, Pet 2, and Pet 3's were examined by a veterinarian. There was no documentation that showed Pet 1, Pet 2, and Pet 3 were certified by a veterinarian to be free of infectious diseases.

Observation on 01/02/2024 at 11:42 AM showed a sign on Apartmen[redacted]oor that showed [redacted] (Pet 2) was inside.

During an interview on 01/02/2024 at 12:45 PM, Staff A, Associated Executive Director, stated that three pets (Pet 1, Pet 2, and Pet 3) resided in the assisted liv ng facility. Staff A stated that the Activity Director maintained the pet records. Staff A stated that they were unaware of the WAC regulation for pets living in the assisted living facility. Staff A stated that they requested only the rabies vaccination for Pet 1, Pet 2, and Pet 3 from the residents and ensured the pets' rabies vaccination statuses were valid. Staff A stated that they did not request the other pet records for Pet 1, Pet 2, and Pet 3. Staff A stated that they were unaware if Pet 1, Pet 2, and Pet 3 received regular veterinarian examination. Staff A stated that they were unaware if the pets were certified by a veterinarian to be free of human transmittable diseases.

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

Administrator (or Representative) 1/19/2024 Date