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

05/13/2025

Greenlake Management Everett, LLC
Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

RE: Everett Heritage Court # 2612

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59487 (Completion Date 05/13/2025) and 55254 (Completion Date 03/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

The Department staff who did the On Site verification:
Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 164476
Compliance Determination #: 55254
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 02/07/2025 through 03/25/2025
Complainant Contact Date(s): 02/07/2025

Allegation(s):

1. The Named Resident (NR) had a fall with injury.
2. The ALF had a scabies outbreak.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: 4 Closed records sample size: 1
Observations:	Residents Dining Resident rooms Laundry
Interviews:	Nursing staff Residents Family members administrator
Record Reviews:	Facility policies Incident investigation care plans Hospital records Progress notes.

Investigation Summary:

1. The Named Resident (NR) was cognitively impaired. Records showed the NR had an unwitnessed fall on [redacted]/2025. The ALF followed their protocol, called 911 and the paramedics transported the NR to the hospital. The ALF investigated the incident and found the NR on the floor snoring but could not be awaken. The ALF was not able to determine the circumstances of the incident. The NR was admitted at the hospital. The ALF updated the care plan to meet the NR's need when they return. All parties were notified.
2. Interview and records review showed the ALF identified the skin issues and referred to the NR's physician. The physician determined a case of dermatitis and the NR was being treated for with skin cream. The NR was subsequently seen by a

dermatologist due to the skin issue not resolving and was determined to be due to a rash from a drug allergy. The NR at the same time was treated with parasitic medications. The ALF staff monitored and placed the NR on alert charting. The ALF had residents who had scabies. The ALF had an outbreak and failed to report to the Local Health Jurisdiction. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2610- Infection Control.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 165157
Compliance Determination #: 55254
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 02/07/2025 through 03/25/2025
Complainant Contact Date(s):

Allegation(s):

1. There were concerns with the Named Residents (NR) medication management.
2. The NR had rash and swollen limbs from medications.
3. The NR had an unwitnessed fall with injury.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: 4 Closed records sample size: 1
Observations:	Residents Activities Dining Staff to resident interactions Resident to resident interactions
Interviews:	administrator Nursing staff Residents Family members
Record Reviews:	Facility policies Incident investigation care plans Hospital records Progress notes.

Investigation Summary:

1. The ALF had medication orders in placed. The ALF followed the physician's orders for the administration of the cream to address the skin issue. The Named Resident was seen by the PCP for their skin issues with orders. No failed practice was identified.
2. The ALF monitored the NR for rashes and a swollen left swollen leg. The ALF coordinated with the NR's physician and the skin rashes were being treated with new medication orders. The ALF determined the NR had cellulitis (a common bacterial infection of the skin and underlying tissues) and the NR was referred to the

hospital to be treated. The NR was prescribed with an antibiotic to treat the infection. The ALF staff placed the NR on alert charting and monitoring.
3. The Named Resident (NR) had cognitive impairment. Records showed the NR had an unwitnessed fall on [redacted]/2025. The ALF followed their protocol, called 911, and the paramedics transported the NR to the hospital. The ALF investigated the incident and found the NR on the floor snoring but could not be awaken. The ALF was not able to determine the circumstances of the incident. The NR was admitted at the hospital. The ALF updated the care plan to meet the NR's need when they return. All parties were notified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 168392
Compliance Determination #: 55254
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 02/07/2025 through 03/25/2025
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) had an outbreak of communicable disease.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: 4 Closed records sample size: 1
Observations:	Identified resident Residents
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Incident investigation Facility policies Medical records progress notes MAR Care plan

Investigation Summary:
The ALF had residents who had scabies. The ALF followed their protocol and all care staff were using gloves during residents' care. The ALF assessed and treated all 18 residents on the bottom floor. The ALF staff were handling the NR's laundry by collecting them and placing them in a plastic bag before transporting them to be laundered. The ALF staff were made aware to seek consultation if they had skin issues. The NR's families were notified. The ALF's house doctor was notified and started the treatment for scabies. The ALF had the outbreak and failed to report to the Local Health Jurisdiction. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2610 Infection Control.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 02/07/2025 and 03/06/2025 of:

Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following complaint number(s): 164476, 165157, 168392

The following sample was selected for review during the unannounced on-site visit: 4 of 44 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Residential Care Services | 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) | Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to report to the Local health jurisdiction (LHJ) their health-related outbreaks for 4 of 4 residents (Residents 1,2 ,3 and 4) who were diagnosed and treated with [redacted] This failure resulted in the LHJ not being able to conduct their investigation and issue guidelines for the ALF to follow. This failure placed all residents at risk of exposure to scabies.

Findings included…

Note: WAC 246-100-021- Responsibilities and duties—Health care providers.
Every health care provider, as defined in chapter 246-100 WAC, shall:
(3) Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.

Note: WAC 246-101-101 Notifiable conditions—Health care providers and health care facilities. (2) The conditions identified in Table HC-1 are notifiable to public health authorities under this table and this chapter. Outbreaks and suspected outbreaks should be reported by health care facilities or Providers immediately to the Department of Health (DOH) or Local health jurisdiction.

Review of the ALF's policy titled "Infection Control: Scabies" dated 02/15/2024 showed the community has safe practices to prevent and address scabies outbreaks. An outbreak of scabies was defined as one confirmed case and two suspected cases of residents exhibiting signs of scabies.

Review of the ALF's policy titled "Infection Control: Communicable Disease Management, general" dated 02/15/2024 showed the Health and Services Director or Designee will contact the local office of the Department of Health (DOH) to report the condition and assure that appropriate action is taken.

Review of the Washington States' DOH website, " Outbreak Reporting: Local Health Jurisdictions to Communicable Disease Epidemiology Office" defined "an outbreak, as defined by CDC, as an occurrence of cases of disease that is more than expected, or cases clustered by time, space, or common behaviors. All outbreaks or suspected outbreaks of a disease are immediately notifiable to the local health jurisdiction in which the patients reside".

Resident 1

Resident 1 was admitted on [redacted]/2021 with multiple diagnoses including [redacted] ([redacted]).

On 02/07/2025 at 11:30 AM, Collateral Contact (CC1) stated that Resident 1 was treated with Scabies while hospitalized on [redacted]/2025.

Resident 2

Resident 2 was admitted on [redacted]/2014 with multiple diagnoses including [redacted].

Review of office visit note dated 02/25/2025 showed Resident 2 was seen by the ALFs' Home Doctor (PCP) due to scabies. The PCP ordered Permethrin 5% cream to be applied on their skin and repeated in 14 days for the scabies. Triamcinolone Acetonide 0.025% cream was ordered for the itching and rashes.

Resident 3

Resident 3 was admitted on [redacted]/2018 with multiple diagnoses including [redacted].

Review of office visit note dated 02/18/2025 showed Resident 3 was seen by the ALFs' Home Doctor (PCP) due to scabies. The PCP ordered Permethrin 5% cream to be applied on their skin. Nystatin-Triamcinolone 100000-01 UNIT/GM-% cream to be applied to affected areas twice daily for 1 0 days then once daily as needed. (Avoid on the face, groin, under arms)

Resident 4

Resident 4 was admitted on [redacted]/2023 with multiple diagnoses including [redacted].

Review of office visit note dated 02/18/2025 showed Resident 3 was seen by the ALFs' Home Doctor (PCP) due to scabies. The PCP ordered Permethrin 5% cream to be applied on their skin.

On 02/24/2025, in an email, Collateral Contact 1 (CC1), LHJ Infection Preventionist, stated that they did not receive any report of scabies outbreak from the ALF. CC1 stated that per DOH, any outbreak in a healthcare facility should be reported, regardless of if it is a notifiable condition.

On 02/25/2025, in an email, Collateral Contact 2 (CC2), Epidemiologist- DOH, stated that a scabies outbreak would fall under the general rule of healthcare-associated outbreaks which was required to be reported to the Local health jurisdiction even if the condition was not a notifiable condition. CC2 stated once the ALF reported to LHJ then LHJ reports to the DOH.

On 03/06/2025 at 1:39 PM, Staff A, Executive Director stated that they found 18 possible cases of scabies. Staff A stated that they did not report it because they were not sure if it was a scabies. Staff A stated that the ALF's home Doctor who saw the residents did not tell them it was a case of scabies. Staff A stated that their home Doctor provided initial treatment to the 18 residents. Staff A stated that they did not consider the cases as an outbreak because the residents affected showed different symptoms.

On 03/06/2025 at 1:50 PM, Staff B, Health and Services Director stated that they were not sure if it was scabies. Staff B stated that they had treated 18 residents for possible scabies but not all the 18 had signs and symptoms. Staff B identified 10 residents that had slight to full rashes consistent with Scabies.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date