STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Laurelhurst Tenant LLC
Empress Senior Living at Laurelhurst
4020 NE 55th St
Seattle, WA 98105

RE: Empress Senior Living at Laurelhurst License # 2613

Dear Administrator:

This letter addresses Compliance Determination(s) 31107 (Completion Date 10/17/2023) and 28676 (Completion Date 08/29/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/17/2023 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-2300-1-c-i, WAC 388-78A-2300-1-c-ii, WAC 388-78A-2480-1, WAC 388-78A-2700-1-a

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2613	Compliance Determination # 28676
Plan of Correction	Empress Senior Living at Laurelhurst	Completion Date
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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 08/22/2023 and 08/24/2023 of:
Empress Senior Living at Laurelhurst
4020 NE 55th St
Seattle, WA 98105

The following sample was selected for review during the unannounced on-site visit: 5 of 21 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

8/29/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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Administrator (or Representative) 8/31/23 Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

(ii) Indicate the date, day of week, month and year;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to communicate what items would be served in 2 of 2 dining rooms (Main Dining Room and Memory Care Unit Dining Room). This failure placed 21 of 21 residents at risk for a decreased quality of life.

Findings included...

Observations during the environmental tour, on 08/22/2023 at 10:05 AM, showed no posting of the food menus in any area of the ALF.

In an interview, on 08/22/2023 at 11:15 AM, Staff F (Cook) stated, "We don't post the menu or send copies of the menu to people's door." Staff F stated that when residents sat in the dining room, they were handed a menu, and the servers verbally listed the special of the day, but the residents did not know about the specials beforehand.

During resident group meeting, on 08/22/2023 at 2:30 PM, non-sampled residents stated the following grievances regarding lack of food menu availability: "There are no menus posted", "You never quite know what's going to show up for dinner", and "They have a regular menu that they use for a week at a time, but they just give it to you when you go to the dining room."

Plan/Attestation Statement

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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, Empress Senior Living at Laurelhurst is or will be in compliance with this law and / or regulation on (Date) 10 - 5 - 23.

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

Administrator (or Representative) — Date: 8/31/23

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) initiated tuberculosis (TB) screening within three days of employment. This placed the ALF's 21 residents at risk for contracting TB, a communicable disease.

Findings included...

NOTE: Washington Administrative Code 388-78A-2482 - Tuberculosis—No testing. The assisted living facility is not required to have a staff person tested for tuberculosis if the staff person has: (1) A documented history of a previous positive skin test, with ten or more millimeters induration; (2) A documented history of a previous positive blood test; or (3) Documented evidence of: (a) Adequate therapy for active disease; or (b) Completion of treatment for latent tuberculosis infection preventive therapy.

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services for 21 residents.

Review of a staff roster showed the ALF hired Staff C (Medication Technician) on 04/13/2022.

Record review of a chest x-ray (CXR) report, dated 08/12/2021, showed Staff C obtained a CXR to rule out TB. The ALF had no records to show Staff C had a documented history of a previous positive TB skin test, positive blood test, documented evidence of therapy or treatments of TB.

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During an interview, on 08/24/2023 at 9:20 AM, Staff G (Wellness Director, Licensed Practical Nurse) stated that Staff C reported to the ALF they had a history of positive TB screenings. Staff C had no documentation to confirm these findings. Staff C also reported to Staff G the testing facility attempted to collect a sample to conduct a TB blood test, but were unable to do so. Staff G further stated it was their understanding a negative CXR was sufficient to show adequate screening for TB. Staff G did not realize a verbal report of a positive history of prior TB screening must be supported with documentation of the results.

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, Empress Senior Living at Laurelhurst is or will be in compliance with this law and / or regulation on (Date) 10-05-23.

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

Administrator (or Representative) — Date 8/31/23

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

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, The Assisted Living Facility (ALF) failed to ensure an Adult Portable Bed Rail (a type of bed rail that is attachable and removable from a bed) was securely fastened and covered and did not pose a safety risk for 1 of 1 sampled resident (Resident 5). This placed Resident 5 at risk for serious injury and possible death due to the risk of entrapment.

Findings included...

NOTE: On 05/15/2013 a "Dear Assisted Living Facility Administrator" letter was issued to Assisted Living Facility Providers related to the safety risks associated with the use of all medical devices. The letter stated "some examples of medical devices with known safety risks when used include transfer poles, Posey or lap belts, and side bed rails (SBR). Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

NOTE: Review of the United States Food and Drug Administration (FDA) website, showed the FDA developed a document regarding side bed rail use in health care facilities titled, "A

Guide to Bed Safety." The document outlined the importance of frequent assessment to monitor for resident's physical and mental status, monitoring high risk residents, and ensuring side bed rail safe installation. The document outlined risks of using side rails including strangling, suffocating, bodily injury, or death when a person can get caught, increased fall risk if not used properly, feelings of isolation and unnecessary restriction and prevention of completing activities of daily living.

Record review of a Face Sheet, dated 08/24/2023, showed the ALF admitted Resident 5 on [redacted]/2022 with disabling diagnoses including [redacted] and [redacted]. Review of a Level of Care Assessment, dated 06/17/2023, showed Resident 5 transitioned to ALF services due to the falls and weakness. Resident 5 also experienced a decrease in function, and qualified for Home Health Physical Therapy (PT) services.

Review of "Care Plan Visit Documentation – Physical Therapy" showed that on 06/20/2023 the PT assisted Resident 5's daughter with installing the Adult Portable Bed Rail (bed rail). Further record review showed PT assessed Resident 5 on 07/14/2023 and authorized their use of a bed rail to, "improve bed mobility". The PT assessment also included a statement showing Resident 5 could safely use the bed rail. Review of the ALF's "Side Rail Assessment Form", dated 07/17/2023, showed Resident 5 used the bed rail appropriately.

A review of Resident 5's Level of Care Assessment and Side Rail Assessment did not show who was responsible for routine checks and maintenance of the bed rail to ensure it remained secured to the mattress.

Observation, on 08/24/2023 at 9:50 AM, showed the bed rail was installed on the left side (facing) of Resident 5's bed. The U-shaped rail measured approximately 12 inches long by 12 inches high. The bed rail sat flush against the mattress. When the Department Representative pulled on the bed rail, it moved away from the mattress. The device was not secured to the mattress, and had no cover over the rails to prevent entrapment.

During an interview, on 08/24/2023 at 9:50 AM, Staff E (Caregiver) stated that Resident 5 used the bed rail appropriately with stand-by assistance. Staff E stated that Resident 5 sometimes would push their pendant and not wait for staff to respond when getting out of bed.

During an interview, on 08/24/2023 at 11:52 AM, Staff G (Wellness Director, Licensed Practical Nurse) stated that completion of all steps for bed rail safety was assigned to another staff member who did not complete the process.

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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, Empress Senior Living at Laurelhurst is or will be in compliance with this law and / or regulation on (Date) 10-05-23.

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

Administrator (or Representative) — Date: 8/31/23