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

US Alliance Holden of Bellevue Tenant, LLC
The Watermark at Bellevue
121 112th Ave NE
Bellevue, WA 98004

RE: The Watermark at Bellevue License # 2626

Dear Administrator:

This letter addresses Compliance Determination(s) 50731 (Completion Date 11/22/2024) and 48528 (Completion Date 10/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/22/2024 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-2483, WAC 388-78A-2483-1, WAC 388-78A-2483-2, WAC 388-78A-2040-1

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Michelle Yip, ALF 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

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 follow-up on 10/11/2024, 10/11/2024, and 10/11/2024 of:
The Watermark at Bellevue
121 112th Ave NE
Bellevue, WA 98004

This document references the following SOD dated: 10/11/2024

The following sample was selected for review during the unannounced on-site visit: 5 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Claudia Allis, 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

10/24/2024
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)

10/28/2024
Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 5 sampled staff (Staff S and Staff T) were screened for tuberculosis (TB). This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Record review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 08/13/2024, the Assisted Living Facility (ALF) received a citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 09/27/2024.

Note: per WAC 388-78A-2480, the assisted living facility must develop and implement a system to ensure each staff person is screen for tuberculosis within three days of hire.

Review of the facility's policy titled, "TB Testing for Associates", dated 08/01/2024, showed the facility followed the Center for Disease Control guidelines and/or state regulatory requirements should they differ. The policy showed that the facility followed Washington Administrative Code (WAC) on tuberculosis testing (TB) requirements. The policy showed the assisted living community required staff to complete TB testing pre-employment and annually.

STAFF S
Review of the facility's employee roster showed the facility hired Staff S on 10/02/2024 as the Program Director. Review of Staff S's personnel file showed no documentation that Staff S completed a TB test within three days of hire, as required. The records showed that on 03/22/2024, Staff S had a chest x-ray with negative results, 195 days before Staff S's date of hire.

Administrator (or Representative) Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

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Based on interview and record review, the facility failed to ensure 2 of 5 sampled staff (Staff S and Staff T) were screened for tuberculosis (TB). This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

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Note: per WAC 388-78A-2480, the assisted living facility must develop and implement a system to ensure each staff person is screen for tuberculosis within three days of hire.

Review of the facility's policy titled, "TB Testing for Associates", dated 08/01/2024, showed the facility followed the Center for Disease Control guidelines and/or state regulatory requirements should they differ. The policy showed that the facility followed Washington Administrative Code (WAC) on tuberculosis testing (TB) requirements. The policy showed the assisted living community required staff to complete TB testing pre-employment and annually.

STAFF S
Review of the facility's employee roster showed the facility hired Staff S on 10/02/2024 as the Program Director. Review of Staff S's personnel file showed no documentation that Staff S completed a TB test within three days of hire, as required. The records showed that on 03/22/2024, Staff S had a chest x-ray with negative results, 195 days before Staff S's date of hire.

STAFF T
Review of the facility's Employee roster showed the facility hired Staff T on 10/09/2024 as a culinary aide/dishwasher. Review of Staff T's personnel file showed no documentation that Staff T completed the required TB test.

During an interview on 10/11/2024 at 2:30 PM. Staff U, Human Resources Director, they stated that Staff T had not completed the first step of the two-step TB, as required. Staff U stated that Staff T remained on the facility's work schedule.

During an interview on 10/11/2024 at 2:30 PM, Staff A, Executive Director, stated that they were unaware Staff S and Staff T did not complete TB testing. Staff A stated that the facility policy required all staff complete TB testing during the pre-employment process.

This was an uncorrected deficiency previously cited on 08/13/2024.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) 11/11/2024 .

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

Administrator (or Representative) — Date: 10/28/2024

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to follow the required federal and state regulations to conduct medical tests in long term care facilities for 1 of 1 sampled resident (Resident 5). This failure placed Resident 5 at risk of potential medication errors from possible misinterpretations of medical test results.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and

STAFF T
Review of the facility's Employee roster showed the facility hired Staff T on 10/09/2024 as a culinary aide/dishwasher. Review of Staff T's personnel file showed no documentation that Staff T completed the required TB test.

During an interview on 10/11/2024 at 2:30 PM. Staff U, Human Resources Director, they stated that Staff T had not completed the first step of the two-step TB, as required. Staff U stated that Staff T remained on the facility's work schedule.

During an interview on 10/11/2024 at 2:30 PM, Staff A, Executive Director, stated that they were unaware Staff S and Staff T did not complete TB testing. Staff A stated that the facility policy required all staff complete TB testing during the pre-employment process.

This was an uncorrected deficiency previously cited on 08/13/2024.

Plan/Attestation Statement

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to follow the required federal and state regulations to conduct medical tests in long term care facilities for 1 of 1 sampled resident (Resident 5). This failure placed Resident 5 at risk of potential medication errors from possible misinterpretations of medical test results.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and

Reporting System (STARS) showed that on 08/13/2024, the Assisted Living Facility (ALF) received a citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 09/27/2024.

Review of the Department of Social and Health Services Dear Provider Letter (DPL) titled "Medical Test Site Waiver Regulatory Requirements", dated 08/12/2022, showed that Assisted Living Facilities (ALFs) were required to have a Medical Test Site Waiver (MTSW) license to administer blood glucose tests. The DPL showed that the state regulations required MTSW, and the federal regulations required a Clinical Laboratory Improvement Amendment (CLIA) to perform certain medical tests in ALFs. The DPL showed that the Washington state MTSW license meets both federal and state requirements and included both the state license and a CLIA number to meet the requirements.

Review of the facility's records showed the facility did not have a MTSW license that included the CLIA to meet the requirements. The records showed that the facility sent the MTSW application and application fee to the Department of Health (DOH) on 10/02/2024, five days after the date of the plan of correction.

During an interview on 10/11/2024 at 12:20 PM, Resident 5 stated that the facility staff performed the blood glucose checks for them every day.

During an interview on 10/11/2024 at 12:20 PM, Staff V, NAYA, Caregiver, Medication Technician, stated that Resident 5 received nurse delegation for blood glucose checks. Staff V stated that the staff performed blood sugar checks for Resident 5 which included pricking the finger, obtaining a blood drop, using the blood glucose monitor with a test strip to complete the test, and reading the blood glucose results.

During an interview on 10/11/2024 at 1:30 PM, Staff A, Executive Director, stated that the facility did not hold a DOH MTSW license. Staff A confirmed that they mailed the MTSW application to the DOH on 10/02/2024.

This is an uncorrected deficiency previously cited on 08/13/2024.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) 11/11/2024 .

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

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Review of the facility's records showed the facility did not have a MTSW license that included the CLIA to meet the requirements. The records showed that the facility sent the MTSW application and application fee to the Department of Health (DOH) on 10/02/2024, five days after the date of the plan of correction.

During an interview on 10/11/2024 at 12:20 PM, Resident 5 stated that the facility staff performed the blood glucose checks for them every day.

During an interview on 10/11/2024 at 12:20 PM, Staff V, NAYA, Caregiver, Medication Technician, stated that Resident 5 received nurse delegation for blood glucose checks. Staff V stated that the staff performed blood sugar checks for Resident 5 which included pricking the finger, obtaining a blood drop, using the blood glucose monitor with a test strip to complete the test, and reading the blood glucose results.

During an interview on 10/11/2024 at 1:30 PM, Staff A, Executive Director, stated that the facility did not hold a DOH MTSW license. Staff A confirmed that they mailed the MTSW application to the DOH on 10/02/2024.

This is an uncorrected deficiency previously cited on 08/13/2024.

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 Watermark at Bellevue 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)

10/28/2024
Date

Administrator (or Representative) Date

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

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 08/06/2024, 08/06/2024, 08/08/2024 and 08/08/2024 of:
The Watermark at Bellevue
121 112th Ave NE
Bellevue, WA 98004

The following sample was selected for review during the unannounced on-site visit: 7 of 44 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Jane Hermano, NCI
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

08/23/2024 — 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) 8/28/2024 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 5 of 5 sampled staff (Staff B, Staff D, Staff G, Staff H, and Staff J) were screened for tuberculosis (TB). This failure placed all the residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding includes...

Note: per WAC 388-78A-2480, the assisted living facility must develop and implement a system to ensure each staff person is screen for tuberculosis within three days of hire.

Review of the facility's policy titled, "TB Testing for Associates", dated 08/01/2024, showed the facility followed the Center for Disease Control guidelines and/or state regulatory requirements should they differ. The policy showed that the facility followed Washington Administrative Code (WAC) on tuberculosis testing (TB) requirements. The policy showed the assisted living community required staff to complete TB testing pre-employment and annually.

STAFF B
Review of the facility's Employee roster showed the facility hired Staff B on 02/28/2024 as the Resident Care Coordinator. Review of Staff B's personnel records showed documentation that on 04/11/2024, Staff B received a chest x-ray. The x-ray was read on 04/12/2024 with no evidence of tuberculosis. The chest x-ray was completed 43 days after Staff B was hired. There was no documentation to show that Staff B was screened for TB within three days of hire or had a previous history of a positive TB.

During an interview on 08/08/2024 at 12:45 PM, Staff D, Resident Care Director, stated that Staff B, physician did not want Staff B to receive a TB test due to a previous positive result. Staff D stated the facility did not have any documentation to verify the

Administrator (or Representative) Date

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During an interview on 08/08/2024 at 12:45 PM, Staff D, Resident Care Director, stated that Staff B, physician did not want Staff B to receive a TB test due to a previous positive result. Staff D stated the facility did not have any documentation to verify the

statement.

STAFF D
Review of the facility's Employee roster showed the facility hired Staff D on 08/01/2023 as the Resident Care Director. Review of Staff D's personnel file showed that on 01/30/2024, Staff D was administered a one-step TB test, 152 days after Staff D's date of hire. The test results were read on 02/02/2024, with a negative reading. The records showed no documentation that Staff D completed a second-step TB test.

During an interview on 08/08/2024 at 12:30 PM, Staff D confirmed that their TB test was done late. Staff D stated that they believed a second-step TB was done. There was no documentation to show Staff D completed a second-step TB test.

STAFF G
Review of the facility's Employee roster showed the facility hired Staff G on 07/10/2024 as a Nurse Aide/Caregiver. Review of Staff G's personnel file showed that on 05/09/2022, Staff G received an IGRA (blood test for TB) test with negative results, 14 months prior to their date of hire and two months past the 12 months allowed. The records showed that on 08/16/2023 over 30 days after the date of hire, Staff G completed a TB test, with a negative reading. There was no documentation to show Staff G received a second-step TB test as required.

STAFF H
Review of the facility's Employee roster showed the facility hired Staff H, on 07/09/2024 as a Nurses Aide/Caregiver. Review of Staff H's personnel file showed that on 10/03/2023, Staff H completed an IGRA test with negative results. The records showed no documentation that Staff H completed a one-step TB test within three days of hire, as required.

STAFF J
Review of the facility's Employee roster showed the facility hired Staff J on 07/10/2024 as a Nurse Aide/Caregiver. Review of Staff J's personnel file showed that on 05/21/2024, Staff J completed a one-step TB test with negative results. On 06/04/2024, Staff J completed the second step with negative results. The records showed no documentation that Staff J completed a one-step TB test within three days of hire, as required.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024.

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

statement.

STAFF D
Review of the facility's Employee roster showed the facility hired Staff D on 08/01/2023 as the Resident Care Director. Review of Staff D's personnel file showed that on 01/30/2024, Staff D was administered a one-step TB test, 152 days after Staff D's date of hire. The test results were read on 02/02/2024, with a negative reading. The records showed no documentation that Staff D completed a second-step TB test.

During an interview on 08/08/2024 at 12:30 PM, Staff D confirmed that their TB test was done late. Staff D stated that they believed a second-step TB was done. There was no documentation to show Staff D completed a second-step TB test.

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STAFF H
Review of the facility's Employee roster showed the facility hired Staff H, on 07/03/2024 as a Nurses Aide/Caregiver. Review of Staff H's personnel file showed that on 10/03/2023, Staff H completed an IGRA test with negative results. The records showed no documentation that Staff H completed a one-step TB test within three days of hire, as required.

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Plan/Attestation Statement

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

Administrator (or Representative) 8/28/2024 Date

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

(1) Specialty training refers to approved curricula that meets the requirements of RCW 18.20.270 and 70.128.230 to provide basic care knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 1 of 1 sampled staff (Staff C) completed the specialized training for dementia, as required. This failure placed all residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the facility's Assisted Living Facility Resident Characteristic Roster showed 17 assisted living residents were diagnosed with [redacted] or [redacted] All 17 residents resided in the secured memory care unit.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C, Nurses Aide/Caregiver, on 03/11/2024. Review of the facility's Care Staff Schedules showed that Staff C worked at the facility in July 2024 and August 2024. Review of Staff C's

Administrator (or Representative) Date

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

(1) Specialty training refers to approved curricula that meets the requirements of RCW 18.20.270 and 70.128.230 to provide basic core knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities.

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Findings included...

Review of the facility's Assisted Living Facility Resident Characteristic Roster showed 17 assisted living residents were diagnosed with [redacted] or [redacted]. All 17 residents resided in the secured memory care unit.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C, Nurses Aide/Caregiver, on 03/11/2024. Review of the facility's Care Staff Schedules showed that Staff C worked at the facility in July 2024 and August 2024. Review of Staff C's

Statement of Deficiencies	License #: 2626	Compliance Determination # 45194
Plan of Correction	The Watermark at Bellevue	Completion Date
Page 8 of 14	Licensee: US Alliance Holden of Bellevue Tenant,	09/13/2024

employee record showed that as of 08/08/2024, 150 days after hire, there was no documentation that showed Staff C completed the Washington State Department of Social and Health Services (DSHS) approved specialized training for dementia.

During an interview on 08/08/2024 at 12:45 PM, Staff D, Resident Care Director, stated that Staff C did not complete the required specialty training, as required.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024.

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

Administrator (or Representative) — Date: 8/28/2024

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington state name and date of birth background inquiry (BGI) for 1 of 1 sampled staff (Staff D). This failure placed all 41 residents at risk for potential abuse or neglect by a staff with an unknown background check.

Findings included...

STAFF D
Review of the facility's employee roster showed the facility hired Staff D as Resident Care Director on 08/01/2023.

Review of Staff D's records showed a Washington state name and date of birth background check (BGI) was processed by the Department of Social and Health Services (DSHS) Background Check Central Unit (BCCU) on 10/11/2023, 71 days after date of hire.

employee record showed that as of 08/08/2024, 150 days after hire, there was no documentation that showed Staff C completed the Washington State Department of Social and Health Services (DSHS) approved specialized training for dementia.

During an interview on 08/06/2024 at 12:45 PM, Staff D, Resident Care Director, stated that Staff C did not complete the required specialty training, as required.

Plan/Attestation Statement

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Administrator (or Representative) Date

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Findings included...

STAFF D
Review of the facility's employee roster showed the facility hired Staff D as Resident Care Director on 08/01/2023.

Review of Staff D's records showed a Washington state name and date of birth background check (BGI) was processed by the Department of Social and Health Services (DSHS) Background Check Central Unit (BCCU) on 10/11/2023, 71 days after date of hire.

During an interview on 08/08/2024 at 12:45 PM, Staff D stated that they were responsible for the completion of their background check. Staff D stated that they thought their background check was completed sooner than 10/11/2023. Staff D stated that they were aware the background check was not completed within one day of hire.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024.

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

Administrator (or Representative) 8/28/2024 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 Assisted Living Facility failed to ensure that 44 of 44 residents (Resident 1 through Resident 44) 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 44 residents at risk of being discharged and unable to reside in the facility on Medicaid.

Findings included...

During an interview on 08/08/2024 at 12:45 PM, Staff D stated that they were responsible for the completion of their background check. Staff D stated that they thought their background check was completed sooner than 10/11/2023. Staff D stated that they were aware the background check was not completed within one day of hire.

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 Watermark at Bellevue 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

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 Assisted Living Facility failed to ensure that 44 of 44 residents (Resident 1 through Resident 44) 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 44 residents at risk of being discharged and unable to reside in the facility on Medicaid.

Findings included...

Statement of Deficiencies	License #: 2626	Compliance Determination #45194
Plan of Correction	The Watermark at Bellevue	Completion Date
Page 7 of 14	Licensee: US Alliance Holden of Bellevue Tenant,	08/13/2024

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that as of 08/06/2024, the Assisted Living Facility (ALF) did not hold any Medicaid contract.

Review of the facility's records showed no documentation that the facility created a separate Medicaid policy, as required, that explained their policy on not accepting Medicaid as a payment source. There was no documentation that showed a corresponding signature and date for the resident to acknowledge receipt of any Medicaid policy.

During the group meeting on 08/07/2024 at 2:00 PM, several anonymous residents and resident representatives stated that they were unaware of the facility's policy regarding Medicaid as a payment source.

During an interview on 08/08/2024 at 10:40 AM, Staff A, Executive Director, confirmed that the facility held no Medicaid contracts that allowed the facility to accept residents who used Medicaid as a payment source. Staff A stated that they did not find any documentation of the facility's Medicaid policy in the current residents' records. Staff A confirmed that they did not complete a separate written notice for each resident.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024.

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

Administrator (or Representative) — 8/28/2024 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to follow the required federal and state regulations to conduct medical tests in long term care facilities for 1 of 1 sampled resident (Resident 5). This failure placed Resident 5 at risk of potential medication errors from possible misinterpretations of medical test results

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that as of 08/06/2024, the Assisted Living Facility (ALF) did not hold any Medicaid contract.

Review of the facility's records showed no documentation that the facility created a separate Medicaid policy, as required, that explained their policy on not accepting Medicaid as a payment source. There was no documentation that showed a corresponding signature and date for the resident to acknowledge receipt of any Medicaid policy.

During the group meeting on 08/07/2024 at 2:00 PM, several anonymous residents and resident representatives stated that they were unaware of the facility's policy regarding Medicaid as a payment source.

During an interview on 08/08/2024 at 10:40 AM, Staff A, Executive Director, confirmed that the facility held no Medicaid contracts that allowed the facility to accept residents who used Medicaid as a payment source. Staff A stated that they did not find any documentation of the facility's Medicaid policy in the current residents' records. Staff A confirmed that they did not complete a separate written notice for each resident.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to follow the required federal and state regulations to conduct medical tests in long term care facilities for 1 of 1 sampled resident (Resident 5). This failure placed Resident 5 at risk of potential medication errors from possible misinterpretations of medical test results.

Findings included...

Review of the Department of Social and Health Services Dear Provider Letter (DPL) titled "Medical Test Site Waiver Regulatory Requirements", dated 08/12/2022, showed that Assisted Living Facilities (ALFs) were required to have a Medical Test Site Waiver (MTSW) license to administer blood glucose tests. The DPL showed that the state regulations required MTSW, and the federal regulations required a Clinical Laboratory Improvement Amendment (CLIA) to perform certain medical tests in ALFs. The DPL showed that the Washington state MTSW license meets both federal and state requirements and included both the state license and a CLIA number to meet the requirements.

Review of the facility's records showed the facility did not have a MTSW license that included the CLIA to meet the requirements.

Observation on 08/08/2024 at 7:19 AM showed Staff R, Medication Technician, performed a blood glucose test for Resident 5. Observation showed Staff R pricked Resident 5's right middle finger and obtained a drop of blood. Observation showed Staff R used a blood glucose monitor with a test strip to collect the blood and completed the test. Observation showed Staff R read the blood glucose result to Resident 5.

During an interview on 08/08/2024 at 10:40 AM, Staff D, Resident Care Director, stated that the facility administered blood glucose tests for Resident 5. Staff D stated that they were unaware a MTSW license was required for the facility staff to test and read medical test results. Staff D stated that the facility did not have a MTSW license.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024 (SMJ).

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

Administrator (or Representative) — Date: 8/28/2024

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:

Findings included...

Review of the Department of Social and Health Services Dear Provider Letter (DPL) titled "Medical Test Site Waiver Regulatory Requirements", dated 08/12/2022, showed that Assisted Living Facilities (ALFs) were required to have a Medical Test Site Waiver (MTSW) license to administer blood glucose tests. The DPL showed that the state regulations required MTSW, and the federal regulations required a Clinical Laboratory Improvement Amendment (CLIA) to perform certain medical tests in ALFs. The DPL showed that the Washington state MTSW license meets both federal and state requirements and included both the state license and a CLIA number to meet the requirements.

Review of the facility's records showed the facility did not have a MTSW license that included the CLIA to meet the requirements.

Observation on 08/08/2024 at 7:19 AM showed Staff R, Medication Technician, performed a blood glucose test for Resident 5. Observation showed Staff R pricked Resident 5's right middle finger and obtained a drop of blood. Observation showed Staff R used a blood glucose monitor with a test strip to collect the blood and completed the test. Observation showed Staff R read the blood glucose result to Resident 5.

During an interview on 08/08/2024 at 10:40 AM, Staff D, Resident Care Director, stated that the facility administered blood glucose tests for Resident 5. Staff D stated that they were unaware a MTSW license was required for the facility staff to test and read medical test results. Staff D stated that the facility did not have a MTSW license.

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 Watermark at Bellevue 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

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 for 1 of 1 housekeeping cart (Cart 1). This failure placed 44 residents at risk of harm had they accessed and ingested the hazardous chemicals or injury had they spilled the chemicals on themselves.

Findings included...

Review of the facility's policy titled, "Housekeeping and Laundry Housekeeping Carts", revised 10/25/2022, showed the facility ensured that residents lived within a hazard-free environment. The policy stated that the housekeepers were required to keep the housekeeping cart locked when the cart was not directly being accessed.

Observation on 08/06/2024 between 11:10 AM and 11:52 AM, showed an unlocked and unattended housekeeping cart on the fourth floor, outside of a resident's apartment. The chemical storage compartment of the cart was unlocked, with the key in the lock. The key was fastened to the cart with a lanyard. The chemicals within the cart showed hazardous warning labels that stated the products were harmful if swallowed, inhaled, and were eye irritants. Observation during that time, showed several residents walked past the unsupervised cart.

During an interview on 08/06/2024 at 11:15 AM, Staff N, Director of Plants Operations, stated that staff were expected to keep the housekeeping carts locked when unattended. Staff N stated that staff were provided with training about the facility's expectations to secure all housekeeping carts when unattended.

During an interview on 08/06/2024 at 11:56 AM, Staff O, Housekeeper, stated that they were clearly told not to leave the housekeeping cart unlocked. Staff O stated that they failed to comply with the expectation when they left the cart unattended.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024 AJ.

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

(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 for 1 of 1 housekeeping cart (Cart 1). This failure placed 44 residents at risk of harm had they accessed and ingested the hazardous chemicals or injury had they spilled the chemicals on themselves.

Findings included...

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During an interview on 08/06/2024 at 11:56 AM, Staff O, Housekeeper, stated that they were clearly told not to leave the housekeeping cart unlocked. Staff O stated that they failed to comply with the expectation when they left the cart unattended.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 2626	Compliance Determination # 45194
Plan of Correction	The Watermark at Bellevue	Completion Date
Page of 14	Licensee: US Alliance Holden of Bellevue Tenant,	08/13/2024

Administrator (or Representative) 8/20/2024 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident, or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document 5 of 7 sampled residents' (Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6) care needs and interventions in their service plan. This failure placed Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6 at risk for unmet care needs and the potential for worsening medical condition.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document 5 of 7 sampled residents' (Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6) care needs and interventions in their service plan. This failure placed Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6 at risk for unmet care needs and the potential for worsening medical condition.

Findings included...

Review of the facility's document, Assisted Living Physician/Provider Evaluation showed that the facility monitored the use of medications that pose a high risk for adverse consequences, which included medications for psychiatric disorders.

Review of the facility's document Risk Management Bedside Mobility Device showed that the facility permitted bedside rails with a physician's order, appropriate for the resident's condition. Review of the document showed that the resident must be assessed for safety upon admission, quarterly, with significant change, and as needed. Review of the document showed that the use of bed rail must be included in the resident's care plan.

RESIDENT 1
Review of Resident 1's Move in Record showed the facility admitted Resident 1 on [redacted]/2022.

Review of Resident 1's assessment, dated 03/15/2024, showed that Resident 1 used a bilateral bed rail that was secured to the bed frame. The assessment showed that Resident 1 used the bed rail to aid in transfer and bed mobility, as needed. The assessment showed no documentation that Resident 1 received any medication with blood thinning properties. The assessment showed Resident 1 required assistance with medication management.

Review of Resident 1's June 2024, July 2024, and August 2024 Electronic Medication Administration records (eMARs) showed that Resident 1 received five milligrams (mg) of Eliquis (medication used to prevent blood clots), twice a day, by mouth for long term anticoagulant (blood thinner) therapy. The eMARs showed that Resident 1 received 500 mg of Metformin (medication used to help lower blood sugar levels), twice a day, by mouth for Type II Diabetes Mellitus (a chronic medical condition when the body cannot regulate blood sugar at normal levels).

Review of Resident 1's service plan, dated 03/27/2024, showed no documentation that explained the potential risks from the use of Eliquis, such as bleeding and unusual bruising. The plan showed no staff guidance about what actions were needed if Resident 1 showed any side effects associated with Eliquis. The plan showed no staff guidance about what actions to take if Resident 1 showed signs of high or low blood sugar, such as increased thirst or urination, blurred vision, shakiness, or sweating. The plan showed that Resident 1 had muscle weakness and required two-person assistance with transfers. The plan showed no documentation that Resident 1 used bedside rails. There were no instructions that informed staff how to assist Resident 1 with the bedside rails.

Observation of Resident 1's apartment on 08/08/2024 at 9:10 AM, showed two half-bed side rails with covers attached at the head of Resident 1's bed, on the right and left

side. Observation showed staff delivered medications to Resident 1 in their room. During an interview at this time, Resident 1 stated that they were unsure if they used the bed side rail. Resident 1 stated that they were aware staff delivered their medications. Resident 1 stated that they were unaware of what medications they received.

During an interview on 08/08/2024 at 9:15 AM, Staff Q, Medication Technician (unlicensed staff who dispense medications)/Caregiver, stated that Resident 1 was unable to report any change of their condition to staff. Staff Q stated that they had not observed Resident 1 use the bed rails.

RESIDENT 3
Review of Resident 3's Move in Record showed the facility admitted Resident 3 on [redacted]/2024.

Review of Resident 3's assessment, dated 04/16/2024, showed that Resident 3 required assistance with medication administration. The assessment showed no documentation that Resident 3 received medication with blood thinning properties.

Review of Resident 3's June 2024, July 2024, and August 2024 eMARs showed that Resident 3 received 81 mg of aspirin chewable (preventative medication with blood thinning properties), in the morning, two times a week, by mouth for high blood pressure.

Review of Resident 3's service plan, dated 05/06/2024, showed no documentation about the potential risks associated with the use of aspirin, such as bleeding and unusual bruising. The plan showed no staff guidance about what actions were needed if Resident 3 showed signs or symptoms of any side effects.

RESIDENT 4
Review of Resident 4's records showed that the facility admitted Resident 4 in [redacted] 2024.

Observation of Resident 4's apartment on 08/08/2024 at 8:29 AM showed a "cellular phone" like medical device on the bedside table. During an interview at this time, Resident 4 stated that the medical device was a bladder stimulator (a device that sends electric currents to the nerves and muscles to control the urge to urinate). Resident 4 stated that they independently used the bladder stimulator every night for continence.

Review of Resident 4's August 2024 eMAR showed that Resident 4 received 81 mg of aspirin daily.

Review of Resident 4's assessment, dated 08/03/2024, showed that Resident 4 required

assistance with continence care that included report of any changes in incontinence and self-care related to continence. The assessment showed Resident 4 required assistance with medication management. The assessment showed no documentation that Resident 4 received daily blood thinner medication.

Review of Resident 4's service plan, dated 08/08/2024, showed no documentation that Resident 4 used a bladder stimulator. There was no documentation that showed a care plan for the use of the bladder stimulator. The service plan showed no documentation that Resident 4 received aspirin daily. There was no documentation that provided staff guidance about the possible side effects from aspirin, such as increased risk for bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 4 showed any side effects associated with daily aspirin usage.

RESIDENT 5
Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2022.

Review of Resident 5's June 2024, July 2024, and August 2024 eMARs showed that Resident 5 received 81 mg of aspirin daily.

Review of Resident 5's assessment, dated 08/07/2024, showed that Resident 5 required assistance with medication management. The assessment showed no documentation that Resident 5 received daily blood thinner medication.

Review of Resident 5's service plan, dated 08/07/2024, showed no documentation that showed Resident 5 received aspirin daily. There was no documentation that provided staff guidance about the possible side effects from aspirin usage, such as increased risk for bruising and easy bleeding. There were no staff instructions about what actions were needed if Resident 5 showed any side effects associated with daily aspirin usage.

During an interview on 08/08/2024 at 12:30 PM, Staff D, Resident Care Director, confirmed that they did not update the care plans for Resident 4 and Resident 5.

RESIDENT 6
Review of Resident 6's Move in Record showed the facility admitted Resident 6 in [redacted] 2024.

Review of Resident 6's June 2024, July 2024, and August 2024 eMARs, showed Resident 6 received 81 mg, enteric coated Aspirin, one tablet by mouth once a day for elevated cholesterol levels. There were no staff instructions about what actions were needed if Resident 6 showed any side effects associated with daily aspirin usage.

Review of Resident 6's service plan, dated 08/03/2024, showed a diagnosis of [redacted]

[redacted] There was no documentation that provided staff guidance about the possible side effects from daily aspirin usage, such as increased risk for bruising and easy bleeding. There were no staff instructions about what actions were needed if Resident 6 showed any side effects associated with daily aspirin usage.

During an interview on 08/08/20204 at 10:45 AM, Staff D stated that they evaluated residents' medication management needs. Staff D was unaware they needed to document the use of medication with blood thinning properties and the side effects in residents' assessment and service plan. Staff D was unaware Resident 1 used bedside rails.

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 Watermark at Bellevue is or will be in compliance with this law and / or regulation on (Date) ~~10/2/2024~~ 9/27/2024 SA.

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

Administrator (or Representative) — Date: 8/28/2024

[redacted]. There was no documentation that provided staff guidance about the possible side effects from daily aspirin usage, such as increased risk for bruising and easy bleeding. There were no staff instructions about what actions were needed if Resident 6 showed any side effects associated with daily aspirin usage.

During an interview on 08/08/20204 at 10:45 AM, Staff D stated that they evaluated residents' medication management needs. Staff D was unaware they needed to document the use of medication with blood thinning properties and the side effects in residents' assessment and service plan. Staff D was unaware Resident 1 used bedside rails.

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 Watermark at Bellevue 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

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

08/23/2024

US Alliance Holden of Bellevue Tenant, LLC
The Watermark at Bellevue
121 112th Ave NE
Bellevue, WA 98004

RE: The Watermark at Bellevue # 2626

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/13/2024 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

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-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.

The facility failed to ensure the memory care unit video monitoring camera was not focused on an area of the outdoor courtyard where residents might gather. During the full inspection, the facility disabled the camera that was focused on the residents' gathering area.

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

(a) In writing;

(b) Thirty days or more before the intended change in use;

(c) Describe the current and proposed use of the room; and

(d) Provide all additional documentation as requested by construction review services;

(2) Obtain the written approval of construction review services for the new use of the room; and

The facility failed to obtain approval from Construction Review Services (CRS) to change the room use of three assisted living nurses' stations to other facility function rooms. During the full inspection, the facility contacted CRS for approval.

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

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the

requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

The facility failed to provide the food preparation staff with a dietary manual that was updated within the past five years. During the full inspection, the facility provided an updated dietary manual to the staff.

WAC 246-215-02120 Food worker cards.

(1) The permit holder and person in charge of the foodestablishment shall ensure that all foodemployees are in compliance with the provisions of chapter 69.06 RCW and chapter 246-217 WAC for obtaining and renewing valid foodworker cards.

WAC 246-215-03525 Temperature and time control Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16).

(1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530 , and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained:

(b) At 41 F (5 C) or less.

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;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The facility failed to ensure all staff members who assisted with food services maintained a valid food handler's card. The facility failed to ensure the food placed in the cold holding tables were maintained at temperatures at or below 41 degrees Fahrenheit. During the full inspection, the facility required the staff without a valid food hander's card immediately obtained one. The facility corrected the cold holding table temperature to meet the requirements.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The facility failed to ensure it maintained a copy of the last inspection report, without resident identifiers, in an accessible area of the facility. During the full inspection, the facility properly posted the last inspection report in a common area of the facility.

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