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

04/19/2024

Sabra West Coast Operations V, LLC
Ashley Pointe Senior Living
11117 20TH ST NE
LAKE STEVENS, WA 98258

RE: Ashley Pointe Senior Living License # 2643

Dear Administrator:

This letter addresses Compliance Determination(s) 39769 (Completion Date 04/19/2024) and 36172 (Completion Date 02/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/19/2024 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-2610-2-d

The Department staff who did the on-site verification:
Jodi Condyles, ALF Licensor

If you have any questions, please contact me at (360)651-6971.

Sincerely,

Jayne Hill

Jayne Hill, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Ashley Pointe Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2643
Intake ID: 115563
Compliance Determination #: 36172
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 01/31/2024 through 02/22/2024
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) had residents who tested positive for COVID-19.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 0 Closed records sample size: 0
Observations:	Residents Resident rooms Activities Resident to resident interactions Staff to resident interactions
Interviews:	Nursing staff
Record Reviews:	Incident investigation Facility policies Staff list N95 Fit testing record

Investigation Summary:
The Assisted Living Facility (ALF) failed to follow the Department of Health infection control guidelines when the ALF had a COVID-19 outbreak. The ALF did not ensure that Care staff providing direct residents care were wearing the appropriate N95 mask. The ALF's 8 care staff were not properly fit tested for the N95 mask and had been providing direct care to the ALF's residents who tested positive with COVID-19. Failed practice was identified. A citation was issued for noncompliance with Washington Administrative Code 388-78A-2610(1)(2)(d). Infection Control.

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License #: 2643	Compliance Determination # 36172
Plan of Correction	Ashley Pointe Senior Living	Completion Date
Page 1 of 4	Licensee: Sabra West Coast Operations V, LLC	02/22/2024

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 01/31/2024 and 02/14/2024 of:

Ashley Pointe Senior Living
11117 20TH ST NE
LAKE STEVENS, WA 98258

This document references the following complaint number(s): 115563

The following sample was selected for review during the unannounced on-site visit: 0 of 38 current residents and 0 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.

Kim Ripley
Residential Care Services

02/29/2024
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.

Statement of Deficiencies	License #: 2643	Compliance Determination # 36172
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Administrator (or Representative)

Date 3/5/24

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure infection control practices were followed per the Department of Health's (DOH) guidelines when the ALF had an outbreak of COVID-19 (A highly contagious respiratory disease caused by the SARS-CoV-2 virus). The facility failed to ensure that 4 of 4 staff (Staff A, B, C, and D) were properly fit tested and were using the appropriate N95 respirator prior to providing direct care to residents who tested positive with COVID-19. This failure placed all residents, staff, and visitors at risk of contracting and spreading COVID-19.

Findings included...

The WASHINGTON STATE DEPARTMENT OF HEALTH SARS-CoV-2 Infection Prevention and Control in Healthcare Settings Toolkit dated 07/2023 showed Health Care Personnel (HCP) should adhere to Standard Precautions and follow Personal protective equipment (PPE) requirements according to Transmission-Based Precautions (TBP) when caring for patients with confirmed or suspected COVID-19, HCP must wear appropriate PPE including an approved respirator by the National Institute of Occupational Health and Safety (NIOSH).

Occupational Safety and Health Administration (OSHA) requires healthcare workers who are expected to perform patient care activities with those suspected or confirmed to be infected with COVID-19 to wear respiratory protection, such as an N95 respirator. N95 respirator refers to an N95 filtering facepiece respirator (FFR) that seals to the face and uses a filter to remove at least 95% of airborne particles from the user's breathing air.

Facility Policy on Respiratory Protection Program dated 05/04/2022 showed a selection of respirators shall be based on the current Center for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) guidance when providing assistance or care for residents with suspected or confirmed airborne transmissible diseases (ATD), such as COVID-19. Currently, N95 respirators are recommended for protection from aerosol transmissible disease. The employee must be fit tested (prior to initial use of the respirator) with the same make, model, style, and size of respirator that will be used, and at least annually thereafter.

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On 01/31/2024 at 10:38 AM, Staff A, Interim Health Services Director, stated that the Assisted Living Facility (ALF) had 3 active cases of COVID-19 positive residents who were currently on isolation. Staff A stated their cases of COVID -19 positive residents started on 01/18/2024, 01/19/2024, and 01/20/2024. Staff A stated they were not fit tested for the appropriate N95 mask. Staff A stated entering the residents' room and providing direct care to residents who tested positive with COVID-19 using the mask the ALF provided for all staff to use but were not the N95 properly fit tested for them.

On 01/31/2024 at 11:25 PM, Staff D, Med Tech, stated that they were not fit tested for the use of the appropriate N95 mask.

On 01/31/2024 at 11:31 AM, Staff B, Caregiver stated that there were not fit tested for the appropriate N95 mask. Staff B stated they were fit tested 2 years ago and had never been fit tested after. Staff B stated that they were assigned and were providing direct care to the residents who tested Positive with COVID-19. Staff B stated they use the N95 provided by the ALF but were not the mask they should have been fit tested.

On 01/31/2024 at 12:30 PM, Staff C, Med Tech stated they were not fit tested for the appropriate N95 mask. Staff C stated they provided direct care administering medications to residents who tested positive with COVID-19.

Review of Staff list on 02/14/2024 showed there were 8 regular ALF care staff who were directly providing care to residents.

Review of Qualitative Respirator Fit Test Record dated 02/08/2024 showed the ALF fit tested 4 of the 8 ALF care staff for the appropriate N95 mask, 8 days after the State's investigative visit and after the ALF care staff provided direct care COVID-19 positive residents.

On 02/14/2024 at Staff E, Business Office Manager, stated there were 6 staff who were already fit tested and there were 2 more care staff that needed to be tested.

This is the second deficiency citation as to Washington Administrative Code 388-78A-2610(2)(b), previously cited on 02/01/2023.

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, Ashley Pointe Senior Living is or will be in compliance with this law and / or regulation on (Date) 4/7/24

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

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Administrator (or Representative) 3/25/24 Date