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

Ida Culver House Ravenna, LLC
Ida Culver House Ravenna
2315 NE 65th St
Seattle, WA 98115

RE: Ida Culver House Ravenna License # 2660

Dear Administrator:

This letter addresses Compliance Determination(s) 46195 (Completion Date 08/27/2024) and 44489 (Completion Date 07/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/27/2024 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-2474-2-d, WAC 388-78A-2485-1, WAC 388-78A-2485-2, WAC 388-78A-2485-3, WAC 388-78A-2485, WAC 388-78A-2860-1-b, WAC 388-78A-2860-1-b-i, WAC 388-78A-2860-1-b-ii, WAC 388-78A-2860-1-b-iii, WAC 388-78A-2860-1-b-iv, WAC 388-78A-2860-1-c

The Department staff who did the off-site verification:
Sunny Kent, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

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

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 07/19/2024 and 07/19/2024 of:
Ida Culver House Ravenna
2315 NE 65th St
Seattle, WA 98115

The following sample was selected for review during the unannounced on-site visit: 0 of 0 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

7/30/2024
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 #: 2660	Compliance Determination # 44489
Plan of Correction	Ida Culver House Ravenna	Completion Date
Page 2 of 5	Licensee. Ida Culver House Ravenna, LLC	07/29/2024

Ida Betz
Administrator (or Representative)

8/8/2024
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff B) completed in-person First Aid (FA) training. This placed potential residents at risk for harm from care staff without required training and certification.

Findings included...

Note: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Record review of the Department's Secure Tracking and Reporting System on 08/18/2024 showed the last Assisted Living (AL) census was nine residents on 03/22/2024. In an email received by the Department on 07/25/2024 at 11:08 AM, Staff D, (Executive Director) documented the last AL resident moved to another ALF community on [redacted]/2024.

Record review of an undated staff roster showed the ALF hired Staff B on 04/02/2024 as a Lead Resident Assistant. A review of employee records showed Staff B completed online FA training on 05/29/2024 through the, "National CPR Foundation". The National CPR Foundation is an online-only training entity. It does not offer a hands-on component for staff to demonstrate competence with the skills necessary for FA, as required by OSHA.

During an interview, on 07/24/2024 at 2:58 PM, Staff D confirmed Staff B had no other training documentation to show completion of in-person FA training.

Plan/Attestation Statement

Administrator (or Representative) _____ Date _____

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Plan of Correction	Ida Culver House Ravenna	Completion Date
Page 3 of 6	Licensee. Ida Culver House Ravenna, LLC	07/29/2024

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, Ida Culver House Ravenna is or will be in compliance with this law and / or regulation on (Date) 8/8/2024.

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

Sh Betz — Administrator (or Representative)

8/8/2024 — Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff with positive tuberculosis (TB) testing results received a chest x-ray (CXR) within seven days of two positive test results. This placed potential residents at risk for exposure to TB, a contagious disease

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Record review of an undated staff roster showed the ALF hired Staff B 04/02/2024 as a lead Resident Assistant. A review of Staff B's employee files showed they received a Mantoux TB skin test (a type of skin test to determine if a person is infected with Mycobacterium tuberculosis) on 04/02/2024. The test was read as positive on 04/04/2024, with 10 millimeters (mm) induration (a measurement of the firm swelling produced by a Mantoux TB skin test). Staff B also received a QuantiFERON Gold TB test (a blood test used to detect Mycobacterium tuberculosis) on 04/10/2024. The test was read as positive on 04/12/2024. Employee files for Staff B did not show they received a CXR within seven days of either of the two positive TB test results.

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In an email received by the Department, on 07/24/2024 at 6:04 PM, Staff D documented Staff B was directed by Staff F (Business Office Manager) to get a CXR. During an interview, on 07/25/2024 at 2:07 PM, Staff D confirmed Staff B did not follow through on the instructions to get a CXR.

Plan/Attestation Statement

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

Ida Betz — Administrator (or Representative)

8/8/2024 — Date

WAC 388-78A-2860 Relocation of residents during construction.

(1) Prior to moving residents out of the assisted living facility during construction, the assisted living facility must:

(b) Notify the department at least thirty days prior to the anticipated move date of the assisted living facility's plans for relocating residents, including:

(i) The location to which the residents will be relocated;

(ii) The assisted living facility's plans for providing care and services during the relocation.

(iii) The assisted living facility's plans for returning residents to the building, and

(iv) The projected time frame for completing the construction.

(c) Obtain the department's approval for the relocation plans prior to relocating residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to notify the Department when plans to rebuild the existing ALF included the relocation of residents receiving Assisted Living (AL) services. This failure resulted in the Department being unaware 9 of 9 residents had been moved out of the facility and placed the residents at risk of harm.

Findings included...

Record review of the Department's Secure Tracking and Reporting System on

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During an interview, on 07/19/2024 at 9:33 AM, Staff D stated that there were no AL residents left in the community. Staff D stated that the residents were moved out to other living situations so the ALF could remodel the building. Staff D stated that the corporate nurse planned to notify the department at the end of July 2024.

Observation, on 07/19/2024 at 9:33 AM, showed no residents in any of the common areas.

Record review showed no documentation the ALF notified the Department 30 days prior to the anticipated move out date. The ALF did not notify the Department of the location the residents were re-located to, the plans for providing care during the relocation, the plans to allow the residents to return, the time frame of the relocation, or obtain the Departments approval to re-locate the residents.

During an interview, on 07/24/2024 at 2:58 PM, Staff D stated leadership made the decision to rebuild the ALF in 2021. Residents were notified through letters and meetings, both in a group setting and on an individual basis, about the construction plans. Staff D also stated that they were unsure whether there were any conversations between corporate leadership and the Department about plans and a timeline for demolition and new construction necessary to replace existing ALF buildings.

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Ida Culver House Ravenna

Plan of Correction

August 8, 2024

DSHS Survey, July 19, 2024

Citation: WAC 388-78A-2474 Training and home care aide certification requirements.

(d) Cardiopulmonary resuscitation and first aid

This requirement was not met as evidence by: Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff B) completed in-person First Aid (FA) training. This placed potential residents at risk for harm from care staff without required training and certification.

Immediate Actions:

1. Employee was already classified as on call status (prior to 7/19/24), Executive Director confirmed they were not scheduled to work again before completing in-person First Aid training.
2. July 23, 2024 Executive Director reached out to the employee to see if they had any other First Aid trainings completed in person, employee confirmed she had not. ED tried to schedule employee for First Aid training on July 31st did not receive confirmation and therefore was not scheduled for in person training.
3. Employee was scheduled to be terminated on July 31, 2024 due to business needs changing and finding another full-time job. Employee had the opportunity to transfer within the company and wished not to pursue that option.

Identification of other residents or area having potential risk to be affected:

1. Review of all employee files for those who First Aid training is required.
2. Educating hiring managers to ask about trainings during the interview and hiring process to make sure they are approved and meet the requirements for the specific position.

Actions Taken / Systems in place:

1. New Hire paperwork appointment when new employee brings documentation and certifications all will be reviewed with them before checking anything off the new hire checklist. (see attachment A)

2. Paperwork is all faxed into HR department who also completes a documentation review.

Corrective action will be monitored to ensure compliance:

1. Educate hiring managers when they are asking potential new hires about required trainings.

2. Manager completing new hire paperwork will review all documentation during on boarding process to ensure documents meet our requirements.

3. Internal audit once a year completed by home office quality assurance team.

Citation: WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

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Immediate Actions:

1. Spoke to the employee, Last chest x-ray they had was from July 19, 2023 which showed "negative evidence of active TB"
2. Employee was not on the schedule for the rest of the month, no need to monitor symptoms.
3. Identified any residents at risk for exposure between the dates of the positive readings on 4/4/24 and 4/10/24 and staff B's last day in the community on 6/20/24. Staff B worked 4-5 shifts per week during this time, staff B did not have any signs or symptoms of Tuberculosis. There were about 8 residents receiving assistance during this time. All 8 residents did not have any symptoms of Tuberculosis.
4. Employee was scheduled to be terminated on July 31, 2024 due to business needs changing and finding another full-time job. Employee had the opportunity to transfer within the company and wished not to pursue that option.

Identification of other residents or area having potential risk to be affected:

1. Reviewing all other employee charts to make sure the TB process has been completed and done correctly.

Actions Taken / Systems in place:

1. Employee was terminated 7/31/24

2. New hire process
3. Tuberculosis testing policy and procedure

Corrective action will be monitored to ensure compliance:

1. Employee will remain on the compliance report until they have followed the process completely.
2. When an employee tests positive for TB either through a Mantoux TB skin test or a QuantiFERON Gold TB test, they will be taken off the schedule until a chest x-ray is completed within 7 days of the positive test and they have been cleared by their health care provider to return to work.