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

Weatherly Inn - Renton LLC

Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

RE: Weatherly Inn - Renton LLC License # 2670

Dear Administrator:

This letter addresses Compliance Determination(s) 41054 (Completion Date 05/10/2024) and 37221 (Completion Date 03/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/10/2024 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-24681-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-c, WAC 388-112A-0060-1-a-iii, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2300-1-c-i, WAC 388-78A-2150-1, WAC 388-78A-2150-2

The Department staff who did the on-site verification:
Claudia Allis, Community Complaint Investigator
Steven Garrett, LTC 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

Statement of Deficiencies	License #: 2670	Compliance Determination # 37221
Plan of Correction	Weatherly Inn - Renton LLC	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 02/26/2024 and 02/28/2024 of:
Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 6 of 9 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Claudia Allis, Community Complaint Investigator

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

03/15/2024 — 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 #: 2670	Compliance Determination # 37221
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Administrator (or Representative) 3/24/24 Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to conduct a national fingerprint background check for 1 of 6 staff (Staff E). This failure placed all facility Residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included....

Review of Staff E's facility employee records showed the facility hired Staff E, caregiver, on 09/23/2023. Further review of the employee records showed no documentation that Staff E completed a national fingerprint background check.

Review of the facility's employee roster showed Staff E worked unsupervised for 153 days. Staff E provided direct care to facility residents without a completed national fingerprint background check.

During an interview on 02/28/2024 at 1:55 PM, Staff A, General Manager/Administrator, stated that when the facility hired Staff E, the facility failed to complete a national fingerprint background check for Staff E.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 5/3/24 9/29/24 GV.

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

Administrator (or Representative) 3/24/24 Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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:

(a) Orientation and safety;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 5 of 6 staff (Staff B, Staff C, Staff D, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all the residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's undated personnel records showed the facility hired Staff B, Licensed Practical Nurse (LPN), on 01/26/2024; Staff C, Medication Technician/nursing assistant registered (NAR), on 01/09/2024; Staff D, Medication technician/nursing assistant certified (NAC) on 12/27/2023; Staff E, Caregiver/NAC, on 09/28/2023; and Staff F, Caregiver/NAC, on 08/08/2023.

ORIENTATION AND SAFETY TRAINING
Review of Staff B's personnel records showed no documentation that Staff B completed the required facility safety and orientation training.

Review of Staff C's personnel records showed no documentation that showed Staff C completed the required facility safety and orientation training.

Review of Staff D's personnel records showed no documentation that Staff D completed the required facility safety and orientation training.

Review of Staff E's personnel records showed no documentation that Staff E completed the required facility safety and orientation training.

Review of Staff F's personnel records showed no documentation that Staff F completed the required facility safety and orientation training.

SPECIALTY TRAININGS
Review of Staff E's personnel records showed no documentation that showed Staff E completed the required specialty training for mental health. There was no documentation that showed Staff E completed the required specialty training for dementia.

CARDIOPULMONARY RESUSCITATION AND FIRST AID
Review of Staff C's personnel records showed no documentation that Staff C completed the required cardio-pulmonary resuscitation (CPR) training with skills check and first aid training.

During an interview on 02/28/2024 at 1:45 PM, Staff A, General Manager/Administrator, stated that they were unaware that Staff B, Staff C, Staff D, Staff E, and Staff F did not complete all the regulatory training requirements.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 5/3/24 4/29/24 SS.

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

Administrator (or Representative) 3/24/24 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff A, Staff C, and Staff E) were screened for tuberculosis (TB) within three days of employment. This failure placed all the residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, General Manager/Administrator, on 11/01/2023; Staff C, Medication Technician, on 01/03/2024; and Staff E, Caregiver, on 12/04/2023.

Review of Staff A's personnel records showed from 11/01/2023 through 02/28/2024, Staff A worked at the facility. Staff A supervised staff who provided care and services for residents. There was no documentation in Staff A's records that showed the facility screened Staff A for TB within three days of employment.

Review of Staff C's personnel records showed from 12/28/2023 through 02/28/2024, Staff C worked at the facility. Staff C provided services for residents. There was no documentation in Staff C's records that showed the facility screened Staff C for TB within three days of employment.

Review of Staff E's personnel records showed from 9/23/2023 through 02/28/2024, Staff E worked at the facility. Staff E provided care and services for residents. There was no documentation in Staff E's records that showed the facility screened Staff E for TB within three days of employment.

During an interview on 02/28/2024 at 2:10 PM, Staff A confirmed that when Staff A, Staff C, and Staff E were hired, they were not screened for tuberculosis. Staff A stated that they were not aware that testing for tuberculosis was required for all facility staff within three days of employment.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 5/3/24 .
9/29/24

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

Administrator (or Representative) 3/24/24 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 9 of 9 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 9) received a weekly menu or posted the menus in a common area of the facility. This failure placed all residents at risk of being unable to choose a nutritionally balanced diet and a decreased quality of life.

Findings included...

Observation at the entrance to the dining room on 02/26/2024 at 11:50 AM showed a handwritten menu of the current days' meal choices. There was no further information posted in the dining room that informed the residents about the upcoming weeks meal choices. Observation showed there were no weekly menus of planned meals posted anywhere else throughout the common areas of the facility.

Review of the facility's records found no documentation of menus written at least one week in advance for the residents to review. There was no record to show the menus were delivered to residents or posted in common areas for residents to review.

During an interview on 02/27/2024 at 11:43 AM, Staff G, Executive Chef, stated that they worked with a dietician to develop the facility menu of meal items to be served. Staff G stated that they did not print out and display or deliver the weekly menu to the residents. Staff G stated that they were unaware of the requirement to deliver or post weekly menus for residents to review.

During an interview on 02/28/2024 at 10:15 AM, Resident 4 stated that they did not receive any weekly menu of upcoming meal choices. Resident 4 stated that when they go to the dining room to eat, they see the meal choices as it gets served.

During an interview on 02/28/2024 at 10:23 AM, Resident 5 stated that they receive no printed menu for upcoming meal specials. Resident 5 stated that the weekly menu is not posted in any of the common areas of the facility.

During an interview on 02/28/2024 at 11:15 AM, Resident 6 stated that they receive no notice of the weekly menu items. Resident 6 stated that they have never seen any weekly

menu posted in the common areas of the facility.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 5/3/24 4/29/24.

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

Administrator (or Representative) — Date: 3/24/24

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 4 of 6 sampled residents (Resident 2, Resident 3, Resident 5, and Resident 6) or their representatives signed their Care Plans (equivalent to the negotiated service agreement). This failure placed Resident 2, Resident 3, Resident 5, and Resident 6 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

RESIDENT 2
Review of Resident 2's Resident information document showed that the facility admitted Resident 2 on [redacted]2023. Review of Resident 2's Care Plan, dated 09/06/2023, showed no signature from the facility's representative, the resident, or the resident's representative.

During an interview on 02/27/2024 at 10:03 AM, Resident 2 stated that they received care and services which included help with showers and medications. Resident 2 stated that the facility did not provide a copy of the care plan for the resident to review. Resident 2 stated that they did not sign and date any care plan to acknowledge agreement of the plan.

RESIDENT 3
Review of Resident 3's Resident information document showed that the facility admitted Resident 3 on [redacted]2023. Review of Resident 3's Care Plan, dated 02/28/2024, showed no signature from the facility's representative, the resident, or the resident's representative.

During an interview on 02/28/2024 at 12:23 PM, Resident 3 stated that they received care and services which included help with showers and medications. Resident 3 stated that the facility did not provide a copy of the care plan for the resident to review. Resident 3 stated that they did not sign and date any care plan to acknowledge agreement of the plan.

RESIDENT 5
Review of Resident 5's Resident information document showed that the facility admitted Resident 5 on [redacted]2024. Review of Resident 5's Care Plan, dated 02/28/2024, showed no signature from the facility representative, the resident, or the resident's representative.

During an interview on 02/28/2024 at 10:23 AM, Resident 5 stated that they received care and services which included help with showers and medications. Resident 5 stated that the facility did not provide a copy of the care plan for the resident to review. Resident 5 stated that they did not sign and date any care plan to acknowledge agreement of the plan.

RESIDENT 6
Review of Resident 6's Resident information document showed that the facility admitted Resident 6 on [redacted]2023. Review of Resident 6's Care Plan, dated 02/27/2024, showed no signature from the resident or their representative. Review of the Care Plan showed the signature of Staff I, Director of Nursing/Resident Services Director without a date of signature.

During an interview on 02/28/2024 at 11:15 AM, Resident 6 stated that they received assistance from facility staff with their medications. Resident 6 stated that the facility did not provide a copy of the care plan for the resident to review. Resident 6 stated that they did not sign and date any care plan to acknowledge agreement of the plan.

During an interview on 02/28/2024 at 2:30 PM, Staff A, General Manager, and Staff I, stated that they were aware the Care Plans required signatures from facility staff, residents, or the resident's representatives at least annually. Staff I stated that they were aware that some of the Care Plans were not signed and dated by facility staff, residents, or their representatives, as required.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2670	Compliance Determination # 37221
Plan of Correction	Weatherly Inn - Renton LLC	Completion Date
Page 9 of 9	Licensee: Weatherly Inn - Renton LLC	03/15/2024

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) ~~5/3/24~~ 4/24/24.

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

Administrator (or Representative) Date 3/24/24

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

03/20/2024

Weatherly Inn - Renton LLC
Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

RE: Weatherly Inn - Renton LLC # 2670

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/15/2024 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

The location of first aid kit supplies throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

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