STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

VOP Bishop Place, LLC
Bishop Place Senior Living
815 SE Klemgard St
Pullman, WA 99163

RE: Bishop Place Senior Living License # 2675

Dear Administrator:

This letter addresses Compliance Determination(s) 37995 (Completion Date 03/11/2024) and 35429 (Completion Date 01/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/11/2024 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-2730-1, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Joy Pipgras, LTC Surveyor
Tethra Wales, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Bishop Place Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2675
Intake ID: 114208
Compliance Determination #: 35429
Region/Unit #: RCS Region 1 / Unit B
Investigator: Tethra Wales
Investigation Date(s): 01/25/2024 through 01/25/2024
Complainant Contact Date(s):

Allegation(s):
1. Staff did not fit test.

Investigation Methods:

Sample:	Total residents: 88 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents with cold or cough symptoms Visitors screening signage
Interviews:	Staff Residents
Record Reviews:	Characteristic roster Staff list Staff in-services Resident records Respiratory Protection Plan Infection control policy

Investigation Summary:
Three residents were positive for COVID-19. The facility policy was to enter resident rooms that had a diagnosis of [redacted] with full personal protection equipment on. Employees had not been fit tested prior to entering the rooms of these residents. Failed practice found for WAC 388-78A-2730.

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 #: 2675	Compliance Determination # 35429
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 1 of 3	Licensee: VOP Bishop Place, LLC	01/25/2024

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 01/25/2024 and 01/25/2024 of:

Bishop Place Senior Living
815 SE Klemgard St
Pullman, WA 99163

This document references the following complaint number(s): 114208

The following sample was selected for review during the unannounced on-site visit: 3 of 88 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Tethra Wales, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

S.M
Residential Care Services

01/30/2024
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.

Jamie Boro — 2/6/2024

Administrator (or Representative) — Date

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

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing to determine an adequate mask seal prior to providing care to 3 of 3 residents (Residents 1, 2 and 3). This failure resulted in staff providing care to residents without the required fit testing and placed residents at risk of exposure to infectious communicable diseases during an outbreak.

Findings included...

Per Chapter 296-842 WAC, Respirators, the facility must implement a program/policy, conduct fit testing (proper seal), and provide effective training before employees are assigned duties that may require the use of respirators (filtered face mask).

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection".

Review of the facility's "Respiratory Protection Program," Policy showed that the facility was to perform fit testing for staff prior to providing care for residents that tested positive for respiratory illnesses including COVID-19.

In an interview on 01/25/2024 at 11:03 AM, Staff A, Executive Director, stated that Resident 1, Resident 2, and Resident 3 had recently tested positive for COVID-19.

In an interview on 01/25/2024 at 12:48 PM, Staff A stated that there was no system in place to track fit testing and that the only fit testing completed was from in-services on 01/09/2024.

Review of two staff in-service documents, both dated 01/09/2024, showed that staff had received training on hand washing procedures, COVID-19 protocols, infection control procedures, and personal protection equipment. No documentation of fit testing was found in the in-service materials.

In an interview on 01/25/2024 at 3:26 PM, Staff B, Certified Nursing Assistant (CNA) stated that they had not been fit tested.

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, Bishop Place Senior Living is or will be in compliance with this law and / or regulation on (Date) ~~3/14/2024~~ 3/10/2024 MB

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

Administrator (or Representative) — Date: 2/6/2024