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

Mercer Island ALC LLC
Vineyard Park of Mercer Island
2959 76TH AVENUE SE
MERCER ISLAND, WA 98040

RE: Vineyard Park of Mercer Island License # 2698

Dear Administrator:

This letter addresses Compliance Determination(s) 51397 (Completion Date 12/09/2024) and 48527 (Completion Date 10/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/09/2024 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-2480-1, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor
Jane Hermano, NCI

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley

Kimberley Ripley, 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 #: 2698	Compliance Determination #: 48527
Plan of Correction	Vineyard Park of Mercer Island	Completion Date
Page 1 of 5	Licensee: Mercer Island ALC LLC	10/10/2024

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 follow-up on 10/10/2024, 10/10/2024, and 10/10/2024 of:
Vineyard Park of Mercer Island
2959 76TH AVENUE SE
MERCER ISLAND, WA 98040

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

The following sample was selected for review during the unannounced on-site visit: 30 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Jane Hermans, NCI

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

10/18/2024
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.

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 10/10/2024, 10/10/2024, and 10/10/2024 of:

Vineyard Park of Mercer Island
2959 76TH AVENUE SE
MERCER ISLAND, WA 98040

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

The following sample was selected for review during the unannounced on-site visit: 30 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Jane Hermano, NCI

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.

Residential Care Services

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)

10/26/24
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 35 sampled staff (Staff JJ) were tested for tuberculosis within three days of hire date. This failure placed all 30 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Note: WAC 388-78A-2463 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.

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 08/12/2024, 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 09/26/2024.

Review of the facility's policy titled, "Tuberculosis Testing", dated 01/17/2024, showed the facility required all employees be tested for tuberculosis (TB) within three days of hire.

Review of the facility's employee list showed that the facility hired Staff JJ, Director of Nursing Services, on 10/01/2024.

Review of Staff JJ's personnel records showed that Staff JJ completed a two-step TB skin test on 02/02/2024 and 02/16/2024 that showed negative results for TB. The record showed Staff JJ completed a one-step TB skin test on 09/16/2024, 15 days before date of hire, with negative results for TB. Review of the record showed no documentation that the facility completed a one-step TB test when the facility hired Staff JJ.

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 35 sampled staff (Staff JJ) were tested for tuberculosis within three days of hire date. This failure placed all 30 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included…

Note: 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.

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 08/12/2024, 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 09/26/2024.

Review of the facility's policy titled, "Tuberculosis Testing", dated 01/17/2024, showed the facility required all employees be tested for tuberculosis (TB) within three days of hire.

Review of the facility's employee list showed that the facility hired Staff JJ, Director of Nursing Services, on 10/01/2024.

Review of Staff JJ's personnel records showed that Staff JJ completed a two-step TB skin test on 02/02/2024 and 02/16/2024 that showed negative results for TB. The record showed Staff JJ completed a one-step TB skin test on 09/16/2024, 15 days before date of hire, with negative results for TB. Review of the record showed no documentation that the facility completed a one-step TB test when the facility hired Staff JJ.

Statement of Deficiencies	License #: 2688	Compliance Determination # 48527
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During an interview on 10/10/2024 at 1:15 PM, Staff I, Business Office Manager, stated that they reviewed the personnel files for staff. Staff I stated that the records showed Staff JJ previously completed a TB test with negative results. Staff I stated that they were unaware Staff JJ required another one-step TB skin test when hired.

This is an uncorrected deficiency previously cited on 08/12/2024.

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, Vineyard Park of Mercer Island is or will be in compliance with this law and / or regulation on (Date) ~~11/25/24~~ 11/24/24 AW

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

Administrator (or Representative) — Date: 10/26/24

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 interview and record review, the facility failed to ensure that 30 of 30 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 7, Resident 8, Resident 10, Resident 11, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 28, Resident 29, Resident 30, Resident 31, Resident 32, and Resident 33) were given a copy of the facility's policy regarding Medicaid as a payment source, with a signed and dated

During an interview on 10/10/2024 at 1:15 PM, Staff I, Business Office Manager, stated that they reviewed the personnel files for staff. Staff I stated that the records showed Staff JJ previously completed a TB test with negative results. Staff I stated that they were unaware Staff JJ required another one-step TB skin test when hired.

This is an uncorrected deficiency previously cited on 08/12/2024.

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, Vineyard Park of Mercer Island 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 interview and record review, the facility failed to ensure that 30 of 30 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 7, Resident 8, Resident 10, Resident 11, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 28, Resident 29, Resident 30, Resident 31, Resident 32, and Resident 33) 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 30 residents at risk of being discharged and unable to reside in the facility on [redacted]

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 08/12/2024, 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 09/26/2024.

Review of the facility's DSHS Medicaid contracts, dated 08/05/2024, showed the ALF received the Assisted Living Statement of Work (SOW) and Enhanced Adult Residential Care (EARC) contracts.

Review of the facility's records showed that the facility did not have a separate Medicaid policy, as required, that explained their policy on 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 an interview on 10/10/2024 at 11:30 AM, Staff A, Executive Director, stated that in August 2024, the facility held two DSHS Medicaid contracts that allowed the facility to accept residents who used Medicaid as a payment source. Staff A stated that when they received the Medicaid contract in August, they notified the exiting residents by email. Staff A stated that they did not complete a separate document of the required Medicaid policy for each resident. Staff A stated that they did not obtain any residents' signatures and date on the Medicaid policy that acknowledged receipt of the policy. Staff A stated that they established a system and that they included the facility's Medicaid policy notice in the move-in agreement as an addendum for the new residents, who admitted after August 2024. Staff A stated that they did not complete a separate Medicaid policy, as required.

This is an uncorrected deficiency previously cited on 08/12/2024.

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, Vineyard Park of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 11/25/24 11/24/24 AW.

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

acknowledgement by the resident. This failure placed all 30 residents at risk of being discharged and unable to reside in the facility on [redacted].

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 08/12/2024, 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 09/26/2024.

Review of the facility's DSHS Medicaid contracts, dated 08/05/2024, showed the ALF received the Assisted Living Statement of Work (SOW) and Enhanced Adult Residential Care (EARC) contracts.

Review of the facility's records showed that the facility did not have a separate Medicaid policy, as required, that explained their policy on 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 an interview on 10/10/2024 at 11:30 AM, Staff A, Executive Director, stated that in August 2024, the facility held two DSHS Medicaid contracts that allowed the facility to accept residents who used [redacted] as a payment source. Staff A stated that when they received the Medicaid contract in August, they notified the exiting residents by email. Staff A stated that they did not complete a separate document of the required Medicaid policy for each resident. Staff A stated that they did not obtain any residents' signatures and date on the Medicaid policy that acknowledged receipt of the policy. Staff A stated that they established a system and that they included the facility's Medicaid policy notice in the move-in agreement as an addendum for the new residents, who admitted after August 2024. Staff A stated that they did not complete a separate Medicaid policy, as required.

This is an uncorrected deficiency previously cited on 08/12/2024.

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, Vineyard Park of Mercer Island 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.

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Administrator (or Representative)

10/26/24
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 07/29/2024, 07/29/2024, 07/31/2024 and 07/31/2024 of:

Vineyard Park of Mercer Island
2959 76TH AVENUE SE
MERCER ISLAND, WA 98040

The following sample was selected for review during the unannounced on-site visit: 5 of 24 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF 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

08/12/2024 — 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.

Aaron Witty
Administrator (or Representative)

8/20/24
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure 30 of 35 sampled staff (Staff A, Staff B, Staff D, Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, Staff Z, Staff AA, Staff BB, Staff CC, Staff DD, Staff EE, Staff FF, Staff GG, Staff HH, and Staff II) were tested for tuberculosis within three days of hire date. This failure placed all 24 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's policy titled "Tuberculosis Testing", dated 01/17/2024, showed the facility required all employees be tested for tuberculosis (TB) within three days of hire.

STAFF A
Review of the facility's Employee Roster showed the facility hired Staff A, Executive Director, on 07/24/2024. Review of Staff A's personnel records showed that Staff A completed a one-step TB skin test on 07/30/2024 six days after date of hire.

During an interview on 07/31/2024 at 9:30 AM, Staff A stated that they were aware their one-step TB test was done late.

STAFF B
Review of the facility's Employee Roster showed the facility hired Staff B, Maintenance Director, on 06/01/2024. Review of Staff B's personnel records showed that Staff B completed a two-step TB skin test, the first step completed on 05/08/2023 and the second completed on 05/16/2023. The two-step TB skin tests showed negative results. There was no documentation that showed Staff B completed a one-step TB skin test when hired on 06/01/2024, as required.

During an interview on 07/31/2024 at 11:45 AM, Staff G, Administrator, stated that in June 2024, they rehired several staff from the previous licensee that included Staff B. Staff G stated that they were unaware they were required to test the staff for TB. Staff

G confirmed that they did not complete a one-step TB test within three days of employment, when they were hired.

STAFF D
Review of the facility's Employee Roster showed the facility hired Staff D, Medication Technician (unlicensed staff who dispense and administer medications), on 06/01/2024. Review of Staff D's personnel records showed that Staff D completed a two-step TB skin test, the first step completed on 01/06/2014 and the second step completed on 01/22/2014. There was no documentation that showed Staff D completed a one-step TB skin test when hired on 06/01/2024, as required.

STAFF I, STAFF J, STAFF K, STAFF L, STAFF M, STAFF N, STAFF O, STAFF P, STAFF Q, STAFF R, STAFF S, STAFF T, STAFF U, STAFF V, STAFF W, STAFF X, STAFF Y, STAFF Z, STAFF AA, STAFF BB, STAFF CC, STAFF DD, STAFF EE, STAFF FF, STAFF GG, STAFF HH, STAFF II
Review of the facility's Employee Roster showed the facility formally hired staff that previously worked at the facility prior to the change of ownership. The roster showed on 06/01/2024, the facility hired Staff I, Business Office Manager; Staff J, Concierge; Staff K, Housekeeper; Staff L, Cook; Staff M, Server/Waitstaff; Staff N, Cook; Staff O, Dishwasher/Kitchen Helper; Staff P, Activity Director; Staff Q, Activity Assistant/Bus Driver; Staff R, Nurse; Staff S, Nurse; Staff T, Medication Technician; Staff U, Medication Technician; Staff V, Medication Technician; Staff W, Caregiver; Staff X, Caregiver; Staff Y, Caregiver; Staff Z, Caregiver; Staff AA, Caregiver; Staff BB, Caregiver; Staff CC, Caregiver; Staff DD, Caregiver; Staff EE, Caregiver; Staff FF, Caregiver; Staff GG, Caregiver; Staff HH, Caregiver; and Staff II, Caregiver. There was no documentation that showed Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, Staff Z, Staff AA, Staff BB, Staff CC, Staff DD, Staff EE, Staff FF, Staff GG, Staff HH, and Staff II, completed a one-step TB test within three days of hire. There was no documentation provided to show whether Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, Staff Z, Staff AA, Staff BB, Staff CC, Staff DD, Staff EE, Staff FF, Staff GG, Staff HH, and Staff II had any documentation of a previous negative two-step TB skin test, a negative Chest X-ray to rule out TB, a blood test within 12 months of hire or the required a two-step TB skin test.

During an interview on 07/31/2024 at noon, Staff G stated that Staff I, informed them that none of the staff who worked for the previous management company, were formally released, and then formally rehired on 06/01/2024 by the current management company were tested for TB within three days of their hire. Staff G stated that there was no documentation of any TB records for Staff I, Staff J, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, Staff Q, Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, Staff X, Staff Y, Staff Z, Staff AA, Staff BB, Staff CC, Staff DD, Staff EE, Staff FF, Staff GG, Staff HH, and Staff II, to determine if they required a one-step TB test within three days of hire, a two-step TB test, or were not required to have a TB test if they had a documented history of a positive TB test with a negative chest X-ray to rule out TB.

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, Vineyard Park of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 9/26/24.

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

Administrator (or Representative) Date 8/20/24

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to provide a lockable storage area for 12 of 16 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, and Resident 16). This failure violated Resident 1, Resident 2, Resident 3, Resident 4, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, and Resident 16's rights to have a lockable storage area for their personal belongings.

Findings included...

Resident 1
Observation of Resident 1's room on 07/30/2024 at 9:10 AM, showed that the armoire contained a bottom drawer with a cylinder lock installed. The lock was missing the latch mechanism which allowed the drawer to lock.

Resident 2
Observation of Resident 2's room on 07/30/2024 at 9:15 AM, showed no lockable storage space in the room to secure personal items.

Resident 3
Observation of Resident 3's room on 07/30/2024 at 1:24 PM, showed no lockable storage space in the room to secure personal items.

Resident 4

Observation of Resident 4's room on 07/30/2024 at 2:45 PM, showed no lockable storage space in the room to secure personal items.

RESIDENT 9, RESIDENT 10, RESIDENT 11, RESIDENT 12, RESIDENT 13, RESIDENT 14, RESIDENT 15, and RESIDENT 16
Observation on 07/31/2024 between 10:00 AM and 10:30 AM showed that eight of 24 occupied rooms provided no lockable storage space for resident use. Observation of rooms for Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, and Resident 16 showed no lockable storage space in each room for their personal items.

During an interview on 07/31/2024 at 11:00 AM, Staff G, Administrator, Vice President of Operations, stated that the previous Executive Director started the installation process for lockable storage for all rooms prior to their departure. Staff G stated that they were unsure of how many locks were installed. Staff G stated that they thought all the occupied rooms were equipped with a lockable storage area.

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, Vineyard Park of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 9/26/24.

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

Administrator (or Representative) 9/20/24 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 facility failed to ensure that 24 of 24 residents (Resident 1 through Resident 24) 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 24 residents at risk of being discharged and unable to reside in the facility on [redacted].

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that as of 07/29/2024, the Assisted Living Facility (ALF) did not hold any Medicaid contract.

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

During an interview on 07/31/2024 at 11:45 AM, Staff G, Administrator, confirmed that the facility held no Medicaid contracts that allowed the facility to accept residents who used [redacted] as a payment source. Staff G stated that when they became the new licensee in June 2024, they did not complete a separate document of the required Medicaid policy for each resident. Staff G stated that they respected the Medicaid policy that the previous licensee established with the residents. Staff G stated that they did not find any documentation of the previous facility's Medicaid policy in the current residents' records.

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, Vineyard Park of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 9/26/24.

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

Administrator (or Representative) 8/20/24 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:

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(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 6 staff (Staff U) met all their training requirements needed to provide resident care. This failure placed all 24 residents at risk of receiving inadequate care from untrained staff.

Findings included...

Review of the facility's undated policy titled "Position Requirement" showed that each caregiver was required to complete cardiopulmonary resuscitation (CPR) and first aid training within 30 days of hire.

Review of the facility's employee roster showed the facility hired Staff U on 06/01/2024. Review of Staff U's employee records showed Staff U's CPR and first aid card expired on 07/20/2024.

Observations between 07/30/2024 and 07/31/2024 showed Staff U, Medication Technician, administered medication and provided care to residents.

During an interview on 07/31/2024 at 11:45 AM, Staff G, Administrator, stated that they were aware several staffs' CPR and first aid trainings were expired. Staff G stated that they provided CPR and first aid training for their staff. Staff G stated that they scheduled a training for last week and the training was canceled. Staff G confirmed that Staff U's CPR and first aid card expired, and Staff U was required to be recertified.

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, Vineyard Park of Mercer Island is or will be in compliance with this law and / or regulation on (Date) 9/26/24.

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

Administrator (or Representative) [signature] Date 9/20/24

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 1 of 1 sampled contracted staff (Staff H). This failure placed all 24 residents as risk for abuse and neglect from caregivers and staff persons with an unknown background.

Findings included...

NOTE: Per WAC 388-78A-2462, (3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check: (d) Contractors other than the administrator and caregivers who may have unsupervised access to residents.

Review of the facility's personnel record showed that the facility hired Staff H, as a contracted Registered Nurse Delegator (RND) in the community. The record showed Staff H's contract was in effect on 05/01/2024. The record showed that Staff H provided nurse delegation that included clinical assessments, nursing care plans, and staff training and oversight. There was no documentation that showed the facility submitted the background check within one day of Staff H's start date.

Review of the facility's Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 1 in [redacted] 2017, Resident 2 in [redacted] 2014, and Resident 5 in [redacted] 2023. Review of the nurse delegation documentation showed that Staff H provided nurse delegation services to Resident 1, Resident 2, and Resident 5 in June 2024 and July 2024.

During an interview on 07/31/2024 at 11:45 AM, Staff G, Administrator, confirmed that the facility hired Staff H as a contracted RND. Staff G stated that they established the contract in May 2024, and Staff H's official start date was 06/01/2024. Staff G stated that they were unaware of the background check requirements for contracted staff. Staff G stated that when Staff H was hired, they did not complete the Washington state name and date of birth BGI.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2698	Compliance Determination # 44827
Plan of Correction	Vineyard Park of Mercer Island	Completion Date
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Administrator (or Representative) [signature] Date 9/20/24

WAC 246-215-04520 Equipment Warewashing machines, manufacturer's operating instructions (FDA Food Code 4-501.15).

(1) A warewashing machine and its auxiliary components must be operated in accordance with the machine's data plate and other manufacturer's instructions.

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 kitchen commercial dishwashers (Dishwasher 1) in the memory care unit operated with the hot water sanitization of minimum 120 degrees Fahrenheit (F), in accordance with the manufacturer's instructions. This failure placed all eight memory care residents at risk for foodborne illnesses.

Findings included...

Observation on 07/29/2024 at 11:00 AM showed a commercial dishwasher (Dishwasher 1) in the memory care unit. Observation showed the manufacturer's instruction label on the dishwasher that showed the dishwasher operating requirements included "water temperature at 120 degrees F minimum". Observation showed that the dishwasher's wash cycle ran at 80 degrees F and rinse cycle at 90 degrees F. Observation showed that the dishwasher's wash cycle re-ran at 86 degrees F and rinse cycle at 98 degrees F.

Review of the facility's undated policy titled "Sanitation and Storage Food Services" showed that the facility required the sanitizing rinse solutions be maintained at proper temperature/concentration for proper time or correct manual dishwashing procedures for cleaning, washing, and sanitizing of equipment and utensils.

Review of the facility's Dish Machine Temperature Log, dated July 2024, showed the dishwasher wash and rinse temperatures were taken and documented during the

morning, afternoon, and evening for each day. The log showed 16 washer temperature entries between 07/17/2024 and 07/29/2024. There was one washer temperature entry for four days and there were two washer temperature entries for three days during this period. The log showed that between 07/17/2024 and 07/29/2024, 16 of 16 wash cycle entries and 16 of 16 rinse cycle entries were documented below 120 degrees F. The log showed the wash temperatures ranged between 82 degrees F and 102 degrees F, and the rinse temperatures ranged between 89 degrees F and 115 degrees F. The log showed no documentation that instructed the staff the required minimum washer temperature and what to do when the minimum washer temperature was not met.

During an interview on 07/29/2024 at 11:00 AM, Staff B, Maintenance Director, stated that they used the commercial dishwasher (Dishwasher 1) to wash dishes and utensils for the memory care residents. Staff B stated that they installed the commercial dishwasher about a month ago. Staff B stated that they were unfamiliar with the manufacturer's instructions. Staff B stated that they were unaware the washer temperatures did not meet the minimum water temperature, as required by the manufacturer.

During an interview on 07/31/2024 at 10:35 AM, Staff HH, Caregiver, Medication Technician, stated that they monitored and documented the washer temperatures on the Dish Machine Temperature Log three times per day. Staff HH stated that they were aware the water temperatures did not reach 120 degrees F. Staff HH stated that they reported the issue to the Maintenance Director. Staff HH stated that they received no further instructions.

During an interview on 07/31/2024 at 10:55 AM, Staff EE, Caregiver, stated that they washed the dishes with the dishwasher for the memory care residents. Staff EE stated that they documented the washer temperatures on the log. Staff EE stated that they were unaware the washer temperatures did not reach the required temperature.

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) 8/20/24 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:

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 2 of 8 sampled residents' (Resident 2 and Resident 6) Service Plans. This failure placed Resident 2 and Resident 6 at risk for a decline in health and potential medical complications from lack of information and caregiver instructions.

Findings included...

RESIDENT 2
Review of Resident 2's face sheet showed that the facility admitted Resident 2 in [redacted] 2017. The face sheet showed Resident 2 received Hospice care services (end of life care).

Observation of Resident 2's apartment on 07/30/2024 at 9:05 AM, showed an alternating pressure relieving air mattress overlay (air mattress designed to redistribute a person's weight, and assist adults with limited movement, to move, to prevent skin breakdown related to pressure) on top of Resident 2's hospital bed mattress. The mattress air pump was attached to the footboard of the bed.

Review of Resident 2's Service Plan, dated 10/25/2023, showed no documentation that Resident 2 used an alternating pressure relieving air mattress. The Plan did provide any instructions for the caregivers on the proper use of the alternating pressure relieving air mattress.

During an interview on 07/30/2024 at 1:00 PM, Staff C, Licensed Practical Nurse, Director of Nursing Services, stated that the Hospice agency recently provided Resident 2 with the alternating pressure relieving air mattress. Staff C stated that due to the recent arrival of the mattress, they had not yet updated the service plan.

Observation on 07/30/2024 at 2:50 PM, showed Resident 2 laid in bed, on top of a alternating pressure relieving air mattress. The mattress was inflated and the air pump at the foot of the bed was turned on.

During an interview on 07/30/2024 at 2:50 PM, Staff W, Caregiver, stated that Resident

2 used the alternating pressure relieving air mattress for at least six months.

Observation and interview on 07/31/2024 at 12:50 PM, Staff HH, Caregiver/Medication Technician (unlicensed staff who dispense and administer medications), stated that staff used a hand held electronic tablet to access resident care plans. Staff HH stated that the tablet showed the individualized care for each resident did not interface with the service plan software program. Review of the tablet showed Resident 2 received basic care services. There was no documentation on the tablet care plan that showed Resident 2 used a alternating pressure relieving air mattress.

RESIDENT 6
Review of Resident 6's Service Plan, dated 02/18/2024, showed that the facility admitted Resident 6 in [redacted] 2022 with a peripheral vascular disease (circulation disorder). The service plan showed Resident 6 received Hospice care services.

Observation of Resident 6's apartment on 07/31/2024 between 10:00 AM and 10:30 AM, showed an alternating pressure relieving air mattress on Resident 6's bed. The mattress air pump was attached to the footboard of the bed.

Review of Resident 6's Service Plan, dated 02/18/2024, showed Resident 6 was at risk for skin integrity impairment. There was no documentation that showed Resident 6 used an alternating pressure relieving air mattress. The plan did not provide any instructions for the caregivers on the proper use of the air mattress. The plan showed Resident 6 used a tilt-n-space wheelchair with a Roho cushion (an air-filled cushion designed to reduce pressure injuries and improve support for people with skin integrity issues). There were no instructions provided for the caregivers that explained when and how often to readjust the tilt-n-space wheelchair. There were no instructions to show the caregivers how to ensure the Roho cushion was properly inflated. Review of the product manufacture for the Roho cushion showed the Roho cushion was most effective when there is a half inch to one inch of air between the user's bottom and the seating surface.

Observation and interview on 07/30/2024 at 2:50 PM, showed that staff used a hand held electronic tablet to access resident care plans. The tablet care plan did not show Resident 6 used an alternating pressure relieving air mattress. The tablet care plan did not show Resident 6 used a tilt-n-space wheelchair and Roho cushion. During an interview, Staff HH stated that the tablet care plan did not show Resident 6 used an air mattress, tilt-n-space wheelchair, or a Roho cushion.

During an interview on 07/31/2024 at 11:00 AM, Staff C and Staff G, Administrator/Vice President of Operations, both stated that the service plan software program from the previous management company did not interface with the service plan software program of the new management company. Staff G stated that the information on the resident service plans would not populate and show up on the electronic care tablets used by the caregivers.

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

Administrator (or Representative) 8/20/24 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

Mercer Island ALC LLC
Vineyard Park of Mercer Island
2959 76TH AVENUE SE
MERCER ISLAND, WA 98040

RE: Vineyard Park of Mercer Island # 2698

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/12/2024 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-2305 Food sanitation. The assisted living facility must:

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

The Assisted Living Facility failed to ensure that one caregiver (Staff E) maintained a current food handlers' card. Review of staff records showed Staff E did not have a valid food handlers' card. On 07/29/2024 during the Departments full inspection, Staff E completed the online food handler training through the Public Health department for Seattle and King County.

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(7) Buildings from which egress is restricted have:

(a) A system in place to inform and permit visitors, staff persons, and appropriate residents freedom of movement; and

The facility failed to inform visitors how to exit
from the secured memory care unit. The facility corrected it by posting a
prompt at all exit doors in the memory care unit.

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