STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Sequim SCC LLC
Cottages of Sequim
408 W Washington St
Sequim, WA 98382

RE: Cottages of Sequim License # 2699

Dear Administrator:

This letter addresses Compliance Determination(s) 53138 (Completion Date 01/13/2025) and 48003 (Completion Date 10/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/13/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610-1, WAC 388-78A-2610-2-a

The Department staff who did the on-site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cottages of Sequim
Provider Type: Assisted Living Facility
License/Cert.#: 2699
Compliance Determination #: 48003
Intake ID: 145390
Investigator: Pamela Horlick
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 10/01/2024 through 10/17/2024
Complainant Contact Date(s):

Allegation(s):
Infection Control: Report of a Covid-19 outbreak in the community.

Investigation Methods:

Sample:
Total residents: 45
Resident sample size: 3
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Nursing staff
Residents
Family members
Maintenance staff

Record Reviews:
State reporting log
Facility policies
Fit test records
Face Sheets
Progress Notes
Line List
Temperature Logs
Employee List

Investigation Summary:
Facility failed to ensure staff met the requirements to be fit tested upon hire and to be re fit tested annually. Failed practice identified.

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 #: 2699	Compliance Determination # 49003
Plan of Correction	Cottages of Sequim	Completion Date
Page 1 of 5	Licensee: Sequim SCC LLC	10/17/2024

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 10/01/2024 and 10/18/2024 of:

Cottages of Sequim
408 W Washington St
Sequim, WA 98382

This document references the following complaint number(s): 145390

The following sample was selected for review during the unannounced on-site visit: 3 of 45 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

10/23/2024
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.

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Residential Care Services

Date

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Statement of Deficiencies	License #: 2699	Compliance Determination # 48003
Plan of Correction	Cottages of Sequim	Completion Date
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Administrator (or Representative) — Date: 11/2/24

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure appropriate infection control practices were implemented for 2 of 3 staff (Staff B and Staff C) reviewed. This failure placed 45 of 45 residents and 23 staff at risk of a spreading an infectious disease.

Findings included...

WAC 296-842-14005 "Provide medical evaluations.
Medical Evaluation Process
Step 1: Identify employees who need medical evaluations AND determine the frequency of evaluations from Table 7. Include employees who:
(a) Are required to use respirators; or
Step 6: Obtain a written recommendation from the LHCP [Licensed Health Care Professional] that contains only the following medical information:
(a) Whether or not the employee is medically able to use the respirator;
(b) Any limitations of respirator use for the employee;
(c) What future medical evaluations, if any, are needed;
(d) A statement that the employee has been provided a copy of the written recommendation"

WAC 296-842-15005
"Conduct fit testing.
(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:
(a) Before employees are assigned duties that may require the use of respirators;
(b) At least every twelve months after initial testing."

Review of facility a policy titled, "Fit-Testing Basics and Options", dated 02/13/2024,

Administrator (or Representative) Date

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Review of facility a policy titled, “Fit-Testing Basics and Options”, dated 02/13/2024,

under section, "Fit Testing 101," showed, "A respirator is a critical defense against respiratory hazards, including COVID-19 [Corona Virus Disease 2019- a respiratory illness]. A respirator works by filtering air inhaled by its wearer. This filtration is only effective if the seal is complete-if contaminants get around the filter, the wearer is at risk. Fit testing is an important and legally-required precaution for workers that require respirators. Fit testing ensures that the respirator properly seals against the wearers face, preventing contaminants from sneaking around the filter." Under the section titled, "Employers must enact a respiratory protection program," showed "Fit testing is just one element of worker respiratory protection. Chapter 296-842 of the Washington Administrative Code details an employers obligations when workers encounter hazards that require respirator use. Employer responsibilities include designation of an administrator, regulating voluntary respirator use, maintenance of a written program, record keeping, medical evaluation, fit testing, and training. Each is a legal requirement." Under the section titled, "Medical evaluation is required before fit testing," showed, "The person to be fit tested must complete a medical questionnaire prior to fit testing. A licensed health care professional, paid by the employer, must review and approve the questionnaire. Typically, occupational health clinics are able to review and approve medical questionnaires and immediately proceed with fit testing in a single appointment. Employers that self-administer fit testing should contract with an external LHCP for medical evaluations-the employer must not review the questionnaire or other privileged medical information from the person to be fit tested."

Review of a facility policy titled, "Respiratory Protection Program," dated 05/01/2023, stated, "CarePartners Respiratory Protection Program is designed to maximize protection afforded by respirators when they must be used. It establishes procedures necessary to meet the regulatory requirements described in OSHA's [Occupational Safety and Health Administration] Respiratory Protection standard 29 CFR 1910.134." Under section titled, "Facility Administrator," showed, "Facility Administrator or designee is responsible for ensuing that each employee is fit tested annually or if other circumstances such as significant weight loss/gain require staff member to be refitted." Under the section titled, "Medical Evaluation," stated Employees who are required to wear respirators must complete a medical evaluation check sheet and meet the criteria prior to being approved to wear a respirator. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use." Under the section titled, "Fit testing," showed, "Employees who are required to wear tight fitting air purifying respirators will be fit tested prior to being allowed to wear any respirator with a tight-fitting face piece and annually, or when there are changes in the employees physical condition that could affect fit." Under the section titled, "Documentation and Recordkeeping," stated, "A written copy of this program and OSHA Respiratory Protection Standard shall be kept in the Program Administrators office and made available to all employees who wish to review it. Copies of training and fit test records shall be maintained by the Program Administrator or designee. These records will be updated as new employee's are trained, as existing employees receive refresher training and as new fit tests are conducted. For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the medical evaluation for employee's ability to wear a respirator. The completed medical questionnaires and evaluations will remain confidential in the employee's records."

Review of United States Environmental Protection Agency website, dated 08/27/2024, showed under section "Indoor Air and Coronavirus (Covid-19)", showed, "Spread of

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COVID-19 occurs via airborne particles and droplets. People who are infected with COVID can release particles and droplets of respiratory fluids that contain SARS CoV-2 virus into the air when they exhale (e.g., quiet breathing, speaking, singing, exercise, coughing, sneezing). The droplets or aerosol particles vary across a wide range of sizes-from visible to microscopic. Once infectious droplets and particles are exhaled, they move outward from the person (the source). These droplets carry the virus and transmit infection. Indoors, the very fine droplets and particles will continue to spread through the air in the room or space and can accumulate."

Review of Centers for Disease Control (CDC) website, titled, "Transmission-Based Precautions," dated 04/03/2024, showed, "Use airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route... Use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher level respirator for healthcare personnel."

In an interview on 09/30/2024 at 2:59 PM, Collateral Contact 1, Public Health Nurse, stated the facility had a COVID-19 outbreak from 09/04/2024-09/24/2024 and the facility was to ensure that staff were fit tested and had medical clearances for fit testing.

Record review of the facility staff list, dated 10/02/2024, showed Staff B, Medication Technician/Caregiver, was hired on 02/01/2024.

Record review of staff working schedule for September 2024, showed, Staff B worked on 09/01/24, 09/03/2024, 09/04/2024, 09/05/2024, 09/06/2024, 09/12/2024, 09/13/2024, and 09/14/2024 during the covid 19 outbreak.

Record review of facility's fit test records on 10/01/2024, showed Staff B's N95 fit test record expired on 09/07/2024 and to had last been done on 09/07/2023.

Record review of facility staff list, dated 10/02/2024, showed Staff C, Medication Technician/Caregiver, was hired on 08/19/2024.

Record review of staff working schedule for September 2024, showed Staff C worked on 09/01/2024, 09/02/2024, 09/03/2024 and 09/04/2024 during the covid 19 outbreak

Record review of facility's fit test records on 10/01/2024 showed no fit test records available for review for Staff C.

In an interview on 10/15/2024 at 2:55 PM, Staff C was asked how long they worked at the facility, they stated for two to three months. Staff C was asked if they worked during the covid outbreak, they stated they did work. Staff C was asked what kind of mask they were wearing during the outbreak, they stated they wore an N-95 mask. Staff C was

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Record review of facility staff list, dated 10/02/2024, showed Staff C, Medication Technician/Caregiver, was hired on 08/19/2024.

Record review of staff working schedule for September 2024, showed Staff C worked on 09/01/2024, 09/02/2024, 09/03/2024 and 09/04/2024 during the covid 19 outbreak.

Record review of facility's fit test records on 10/01/2024 showed no fit test records available for review for Staff C.

In an interview on 10/15/2024 at 2:58 PM, Staff C was asked how long they worked at the facility, they stated for two to three months. Staff C was asked if they worked during the covid outbreak, they stated they did work. Staff C was asked what kind of mask they were wearing during the outbreak, they stated they wore an N-95 mask. Staff C was

Statement of Deficiencies	License #: 2699	Compliance Determination # 48003
Plan of Correction	Cottages of Sequim	Completion Date
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asked when they were fit tested, they stated in October. Staff C stated they did not do a fit test in August when they were hired but did one in October.

In an interview on 10/01/2024 at 2:35 PM, Staff A, Executive Director, was asked who was responsible to conduct fit testing, they stated, Staff D, Maintenance Director. Staff A stated Staff D would give the new employee the medical questionnaire on hire and once they returned it then they would do the fit test. Staff A was asked when staff were to return the questionnaire, they stated within a week. Staff A stated staff should be fit tested before a covid outbreak. Staff A was asked how often staff would be fit tested, they stated, yearly. Staff A was asked when Staff C was hired, they stated 08/16/2024. Staff A was asked if Staff C should have been fit tested by now, they stated, yes they should have been.

In an interview on 10/08/2024 at 1:24 PM, Staff D was asked when they would do fit testing for staff, they stated, as soon as possible on hire. Staff D was asked how often they were to fit test staff, they stated, it was to be done yearly. Staff D was asked if Staff B had a current fit test, they stated, yes it was done after state [The Department] was at the facility to investigate the COVID-19 outbreak. Staff D stated it was expired. Staff D stated they completed Staff C's fit testing after state [the Department] was at the facility too.

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, Cottages of Sequim is or will be in compliance with this law and / or regulation on (Date) 12/1/24.

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

Administrator (or Representative) — Date: 11/2/24

asked when they were fit tested, they stated in October. Staff C stated they did not do a fit test in August when they were hired but did one in October.

In an interview on 10/01/2024 at 2:35 PM, Staff A, Executive Director, was asked who was responsible to conduct fit testing, they stated, Staff D, Maintenance Director. Staff A stated Staff D would give the new employee the medical questionnaire on hire and once they returned it then they would do the fit test. Staff A was asked when staff were to return the questionnaire, they stated within a week. Staff A stated staff should be fit tested before a covid outbreak. Staff A was asked how often staff would be fit tested, they stated, yearly. Staff A was asked when Staff C was hired, they stated 08/16/2024. Staff A was asked if Staff C should have been fit tested by now, they stated, yes they should have been.

In an interview on 10/08/2024 at 1:24 PM, Staff D was asked when they would do fit testing for staff, they stated, as soon as possible on hire. Staff D was asked how often they were to fit test staff, they stated, it was to be done yearly. Staff D was asked if Staff B had a current fit test, they stated, yes it was done after state [The Department] was at the facility to investigate the COVID-19 outbreak. Staff D stated it was expired. Staff D stated they completed Staff C's fit testing after state [the Department] was at the facility too.

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Administrator (or Representative) Date