STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

LAKE WHATCOM RESID & TRMT CTR
LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER
3600 Meridian Street
Bellingham, WA 98225

RE: LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER License # 601

Dear Administrator:

This letter addresses Compliance Determination(s) 52518 (Completion Date 01/03/2025) and 48371 (Completion Date 10/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/03/2025 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-2040-1, WAC 388-78A-2480-1, WAC 388-78A-2610-1

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

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

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 10/08/2024, 10/09/2024 and 10/10/2024 of:

LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER
3400 AGATE HEIGHTS RD
BELLINGHAM, WA 98226-9472

The following sample was selected for review during the unannounced on-site visit: 7 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Jodi Condyles, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to prohibit smoking within 25 feet from ALF doors on 1 of 3 floors (Floor 1). This failure resulted in cigarette smoke entering the ALF through a porch door into a common area and placed all 54 residents living at the ALF at risk for exposure to secondhand smoke.

Findings included…

Review of RCW 170.160.075 showed smoking is prohibited within 25 feet from entrances, exits, and windows that open to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means.

On 10/08/2024 at 11:40 AM, two residents were observed actively smoking with a lit cigarettes in their hands on the wrap around porch next to the “Quiet Living Room”. The residents were smoking a distance that was measured to be eight feet from the ALF entrance to the living room. Two chairs were observed four and a half feet away from the door. Tin coffee cans filled with cigarette butts were on the floor next to both chairs.

On 10/08/2024 at 11:42 AM, Staff H, Quality Management Specialist, stated that almost all of the residents smoke at this porch. Staff H stated that it was difficult to keep residents in line and ensure they follow the no-smoking policy next to the door.

On 10/08/2024 at 11:43 AM, the two residents continued to smoke eight feet from the door entrance. No staff members were observed speaking to the residents.

On 10/08/2024 at 12:01 PM, during a second observation of the wrap around porch, a third resident was observed wrapping a cigarette and lighting it approximately four and a half feet away from the door leading to the Quiet Living Room. The smell of cigarette smoke permeated around the porch and inside in the immediate area next to the doorway of the living room.

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, LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER 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-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 (ALF) failed to ensure 2 of 3 staff (Staff B and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure placed all 54 residents at risk for possible exposure to a communicable disease.

Findings included...

Review of employee files showed the following:

Staff B, Residential Case Manager, was hired on 01/03/2024. Staff B's TB test was initialized on 01/09/2024, six days after their hire date.

Staff D, Registered Nurse, was hired on 06/10/2024. Staff D's TB test was initialized on 07/29/2024, 49 days after their hire date.

On 10/08/2024 at 3:57 PM, Staff H, Quality Management Specialist, stated that they are currently working on getting into compliance with their TB testing.

Plan/Attestation Statement

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_____ _____
Administrator (or Representative) Date

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.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to implement the required infection prevention control measures for communicable diseases, by not ensuring that 6 of 6 facility staff (Staff A, B, C, D, E and F), who were directly involved in resident services, had been properly fit tested for the use of N-95 respirators andfailed to have a written Respiratory Protection Program. This failure resulted in staff not being fit tested to wear N-95 respirators and placed all residents, staff, and visitors at risk of spreading a communicable disease.

Findings included...

Review of WAC 296-842-15005 Conduct fit testingshowed the ALFwasto provide, at no cost to the employee, fit test for all tight-fitting respirators on the following schedule: Before employees are assigned duties that may require the use of respirators.

Review of WAC 296-842-12005 Develop and maintain a written program showed required elements of a respiratory protection program includedselection, medical evaluations, training, maintenance, and record keeping.

Review of the Departmentof Health's Respiratory Protection Program for Long-TermCare Facilities (https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/respiratory-protection-program) showed five steps including Written Program, Respirator Medical Evaluation, Training, Fit testing, and Record Keeping. The Department of Health’s Respiratory Protection Program showed healthcare settings should follow CDC Covid-19 infection prevention in health care settings and CDC Covid-19 guidelines for managing healthcare personnel with Covid-19 infections or exposure to Covid-19.

Review of the ALF's policy titled, "Emergency Response – Covid Outbreak," dated 06/13/2023, showed the ALF's preparation for an outbreak would operate under crisis standards and follow CDC guidelines, but had no specific Respiratory Protection Plan and no facility guidelines for Fit Testing and the use of N-95 masks.

No records or documentation for the respiratory protection program or N95 respirator fit testing were available for review.

In an interview on 10/08/2024 at 11:10 AM, Staff H, Quality Management Specialist, stated that they had learned from a recent inspection they needed a Respiratory Protection Plan, and they would start fit testing facility employees as soon as they set up their Respiratory Protection Program.

On 10/09/2024 at 9:13 AM, Staff G, Program Manager, stated that the facility did not have a Respiratory Protection Program, and no facility employees had been fit tested for N-95 masks.

On 10/10/2024 at 9:29 AM, Staff C, Housekeeper, stated that they had not been fit tested but knew they needed to wear N-95 masks if there was Covid-19 in the building.

On 10/10/2024 at 12:24 PM, Staff J, Residential Care Manager, stated that they had never been fit-tested and they just use whatever N95 mask is available in the supply room.

On 10/10/2024 at 12:44 PM, Staff K, Residential Care Manager, stated that they had never been fit tested for an N-95 mask.

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) Date