



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

FRED LIND MANOR
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

RE: FRED LIND MANOR License # 864

Dear Administrator:

This letter addresses Compliance Determination(s) 27996 (Completion Date 09/07/2023) and 25147 (Completion Date 06/15/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/07/2023 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-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2150-1, WAC 388-78A-2150-2

The Department staff who did the off-site verification:
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 884	Compliance Determination # 25147
Plan of Correction	FRED LIND MANOR	Completion Date
Page 1 of 4	Licensee: FRED LIND MANOR	06/15/2023

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 06/12/2023 and 06/12/2023 of:

FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 06/15/2023

The following sample was selected for review during the unannounced on-site visit: 9 of 72 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

06/26/2023
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 864	Compliance Determination # 25147
Plan of Correction	FRED LIND MANOR	Completion Date
Page 2 of 4	Licensee: FRED LIND MANOR	06/15/2023

Mari Hamill
 Administrator (or Representative)

6/30/2023
 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:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Negotiated Service Agreement (NSA) bleeding precautions and safety interventions for 1 of 3 sampled residents (Resident 8) on anticoagulant (blood thinning) medication. This failure placed Resident 8 at risk for harm and increased health issues.

Findings included...

NOTE: Review of the website medicalnewstoday.com, on 06/15/2023, showed that taking an anticoagulant medication raises the risk of excessive bleeding.

Review of Move-In Record showed the ALF admitted Resident 8 on [REDACTED]/2021.

Review of the May and June 2023 electronic Medication Administration Record, showed Resident 8 had a physician's order to take an anticoagulation medication called Clopidogrel daily.

Review of a Service Agreement (equivalent to an NSA), dated 06/12/2023, showed no information and did not identify Resident 8 was taking an anticoagulant medication. There were no instructions for staff regarding what to observe, report, or monitor and the bleeding risks associated when caring for Resident 8 while taking an anticoagulant.

During an interview, on 06/12/2023 at 2:25 PM, Staff A (Wellness Director) stated she was

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not aware there were no anticoagulant safety monitoring instructions for care staff on the SA for Resident 8.

This is an uncorrected deficiency previously cited on 04/12/2023.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) <u>7/30/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>6/30/23</u> Date

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 reviews, the Assisted Living Facility (ALF) failed to ensure the residents' or their representatives signed the Service Plan (SP) (equivalent to the Negotiated Service Agreement) at least annually for 4 of 9 sampled residents (Residents 3, 4, 6 and 9). This placed Residents 3, 4, 6 and 9 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of a Move In Record (MIR) showed the ALF admitted Resident 3 on [REDACTED]/2019 with multiple diagnoses. Review of an SP, dated 03/31/2023, showed no signature of Resident 3 or their representative agreeing to the care and services.

Review of a MIR showed the ALF admitted Resident 4 on [REDACTED]/2016 with multiple diagnoses. Review of an SP, dated 06/12/2023 showed no signature of Resident 4 or their representative agreeing to the care and services.

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Review of a MIR showed the ALF admitted Resident 6 on [REDACTED]/2020 with multiple diagnoses. Review of an SP, dated 01/31/2023, showed no signature of Resident 6 or their representative agreeing to the care and services.

Review of a MIR showed the ALF admitted Resident 9 on [REDACTED]/2019 with multiple diagnoses. Review of an SP, dated 08/30/2022, showed no signature of Resident 9 or their representative agreeing to the care and services.

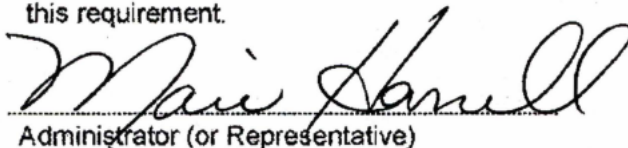
In an interview, on 06/12/2023 at 1:50 PM, Staff A (Wellness Director) stated she was still attempting to get signatures and could not provide signed SPs for Residents 3, 4, 6 or 9.

This is an uncorrected deficiency previously cited on 04/12/2023.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 7/30/2023.

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


Administrator (or Representative)

6/30/23
Date

This document was prepared by Residential Care Services for the Locator website.

RECEIVED

APR 26 REG J

DSHS/ALTS/RCS



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies

License #: 864

Compliance Determination # 21935

Plan of Correction

FRED LIND MANOR

Completion Date

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Licensee: FRED LIND MANOR

04/12/2023

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 04/03/2023 and 04/05/2023 of:

FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

The following sample was selected for review during the unannounced on-site visit: 10 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

4/17/2023

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.

This document was prepared by Residential Care Services for the Locator website.

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Administrator (or Representative)

4/20/2023
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to complete an Assessment for 1 of 2 sampled residents (Resident 9) that included their ability to safely use and the risks and benefits of side rails. This placed Resident 9 at risk for injury or harm.

Findings included...

NOTE: On 05/15/2013 a, "Dear Assisted Living Facility Administrator" letter was issued to ALF providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Review of Move-In Record showed the ALF admitted Resident 9 on [REDACTED]/2021.

Observation, on 04/05/2023 at 1:10 PM, showed half bed rail was installed on right side of Resident 9's bed.

Record review of an Assessment, dated 09/29/2022, showed Resident 9 had not been assessed of their ability to safely use side rails. There was no documentation to show Resident 9 was aware of the risks and benefits of side rail use.

During an interview, on 04/05/2023 at 3:25 PM, with Staff H (Wellness Director) stated

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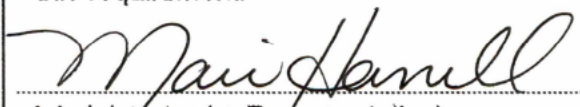
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they would look for the side rail safety assessment and the risks and benefits statement.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/29/2023.

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


Administrator (or Representative)

4/20/2023
Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

- (1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (2) Complete an assessment specifically focused on a resident's identified problems and related issues:
 - (a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
 - (b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to complete an ongoing assessment related to a change of condition for 1 of 1 sampled resident (Resident 2). This placed Resident 2 at risk for injury and unmet care needs.

Findings included...

Review of a Move in Record showed the ALF admitted Resident 2 on [REDACTED]/2020 with multiple diagnoses. Review of an Assisted Living Resident Assessment (ALRA), dated 02/01/2022, in the mobility and assistance section, showed Resident 2 required one-person staff assistance. Review of the meals and assistance category showed Resident 2 required minor assistance with meals and cutting up food but was mostly independent with eating.

Observation, on 04/04/2023 at 9:00 AM, showed a sign posted on Resident 2's door which

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indicated they required two-person staff assistance. At 9:05 AM, Resident 2 was observed lying in bed, with Staff P (Certified Nurse Assistant) raising the head of the bed and administering crushed medications mixed with applesauce from a spoon, into Resident 2's mouth.

In an interview, on 04/05/2023 at 9:45 AM, Staff O (Certified Nurse Assistant) confirmed Resident 2 was on Hospice (care provided to the terminally ill) and required two-person staff for assistance with turning and repositioning as he was on bedrest. Staff O stated Resident 2 required full staff assistance with feeding and his care needs had changed significantly since January.

Record review showed Resident 2's ALRA, dated 02/01/2022, had not been updated at least annually or updated to reflect a change in condition and care needs.

In an interview, on 04/05/2023 at 12:10 PM, Staff H (Wellness Director) stated she realized Resident 2's assessment was over a year old and needed to be updated due to change in the resident's condition.

This is a repeated deficiency previously cited on 04/26/2021.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/29/2023

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

Mari Hurrell

Administrator (or Representative)

4/20/2023

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:

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- (i) The resident's preadmission assessment;
- (ii) The resident's full assessments;
- (iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to document and identify bleeding precautions for 3 of 10 sample residents (Residents 7, 8, and 9) who were on blood thinning medication and an indwelling foley catheter plan of care for 1 of 10 sampled resident (Resident 8) on the Negotiated Service Agreement (NSA). This failure placed Residents 7, 8, and 9 at risk for harm and increased health issues.

Findings included...

Resident 7

Review of Move-In Record showed the ALF admitted Resident 7 on [REDACTED]/2020. Review of an Assessment, dated 12/01/2022, showed Resident 7 was ordered an anticoagulant (blood thinning) medication requiring specific monitoring. The Assessment stated Resident 7 had decreased safety awareness and was at risk for falls due to Hemiplegia/Hemiparesis (loss of strength on one side of the body) related to a stroke.

Review of the February, March, and April of 2023 electronic Medication Administration Records (eMARs) showed Resident 7 received an anticoagulant medication called Eliquis daily.

Review of a Service Agreement (SA) (equivalent to an NSA), dated 01/31/2023, showed no information and did not identify Resident 7 was taking an anticoagulant medication. There were no instructions for staff regarding what to observe, report, or monitor and the bleeding risks when caring for Resident 7 while taking an anticoagulant.

Resident 8

Review of Move-In Record showed the ALF admitted Resident 8 on [REDACTED]/2018. Review of an Assessment, dated 03/29/2023, showed Resident 8 was ordered an anticoagulant medication requiring specific monitoring. The Assessment stated Resident 8 was at risk for falls due to a history of Urinary Tract Infections (a finding of significant amounts of bacteria in the urinary tract, usually accompanied by symptoms such as increased bladder sensation, urgency, frequency, difficult urination, incontinence, and/or pain in the lower urinary tract) and required assistance with emptying, cleaning, and securing a urinary catheter.

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Review of a Home Health Care Certification and Plan of Care from a home health agency, dated 11/14/2022, showed orders to change foley catheter every 27-33 days.

Review of the February, March, and April of 2023 eMARs showed Resident 8 received an anticoagulant medication called warfarin daily. eMARs showed Resident 8 started receiving a medication called Sulfa on 03/29/2023 for bacteria in the blood, and a medication called Bactrim on 04/03/2023 for UTI.

Review of a SA, dated 07/07/2022, showed no information and did not identify Resident 8 was taking an anticoagulant medication. There were no instructions for staff regarding what to observe, report, or monitor and the bleeding risks when caring for Resident 8 while taking an anticoagulant. The SA showed staff would assist with catheter tubing during toileting and dressing but did not include information to identify that Resident 8 received services for catheter changes and management from a home health agency.

Resident 9

Review of Move-In Record showed the ALF admitted Resident 9 on [REDACTED]/2021.

Review of the February, March, and April of 2023 eMARs showed Resident 9 received an anticoagulation medication called Clopidogrel daily.

Review of an undated SA, showed no information and did not identify Resident 9 was taking an anticoagulant medication. There were no instructions for staff regarding what to observe, report, or monitor and the bleeding risks when caring for Resident 9 while taking an anticoagulant.

During an interview, on 04/05/2023 at 1:25 PM, Staff H (Wellness Director) confirmed there were no anticoagulant safety monitoring instructions for care staff on the SAs for Resident 7, 8, and 9. Staff H had no further documentation to show ALF is coordinating services with a home health provider for care of indwelling foley catheter for Resident 8.

Plan/Attestation Statement

Statement of Deficiencies	License #: 864	Compliance Determination # 21935
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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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/29/2023.

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


 Administrator (or Representative)

4/20/2023
 Date

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 reviews, the Assisted Living Facility (ALF) failed to ensure the residents' or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 9 of 10 sampled residents (Residents 1, 2, 3, 4, 5, 7, 8, 9, 10). This placed Residents 1, 2, 3, 4, 5, 7, 8, 9 and 10 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of a Move-In Record (MIR) showed the ALF admitted Resident 1 on [REDACTED]/2016 with multiple diagnoses. Review of Resident 1's Service Plan (SP – equivalent to a Negotiated Service Agreement, dated 03/27/2023, showed no signature from the resident or the resident representative.

Review of a MIR showed the ALF admitted Resident 2 on [REDACTED]/2020 with multiple diagnoses. Review of Resident 2's SP, dated 02/21/2022, showed no signature from the resident or the resident representative.

Review of a MIR showed the ALF admitted Resident 3 on [REDACTED]/2019 with multiple diagnoses. Review of Resident 3's SP, dated 03/31/2023, showed no signature from the resident or the resident representative.

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Review of a MIR showed the ALF admitted Resident 4 on [REDACTED]/2016 with multiple diagnoses. Review of Resident 4's SP, dated 11/18/2022, showed no signature from the resident or the resident representative.

Review of a MIR showed the ALF admitted Resident 5 on [REDACTED]/2023 with multiple diagnoses. Review of Resident 5's SP, dated 02/02/2023, showed no signature from the resident or the resident representative.

Review of a MIR showed the ALF admitted Resident 7 on [REDACTED]/2020 with multiple diagnoses. Review of Resident 7's SP, dated 01/31/2023, showed no signature from the resident or the resident representative.

Review of a MIR showed the ALF admitted Resident 8 on [REDACTED]/2018 with multiple diagnoses. Review of Resident 8's SP, dated 07/07/2022, showed no signature from the resident or the resident representative.

Review of a MIR showed the ALF admitted Resident 9 on [REDACTED]/2021 with multiple diagnoses. Review of Resident 9's SP, undated, showed no signature from the resident or the resident representative.

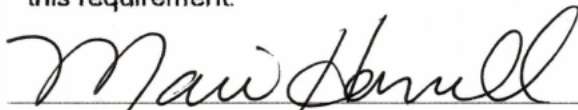
Review of a MIR showed the ALF admitted Resident 10 on [REDACTED]/2019 with multiple diagnoses. Review of Resident 10's SP, dated 08/30/2022, showed no signature from the resident or the resident representative.

In an interview, on 04/05/2023 at 12:40 PM, Staff A (Executive Director) stated they were in a transition period between systems for obtaining signatures on Resident SAs. Staff A was unable to provide SA signature pages completed within the last year for 9 of the 10 sampled residents.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/29/2023.

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


Administrator (or Representative)

4/20/2023
Date

Statement of Deficiencies	License #: 864	Compliance Determination # 21935
Plan of Correction	FRED LIND MANOR	Completion Date
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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
- (3) Ensure a resident obtains a food worker card according to chapter 246-217 WAC whenever:
 - (a) The resident is routinely or regularly involved in the preparation of food to be served to other residents;
 - (b) The resident is paid for helping to prepare food; or

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 13 kitchen staff (Staff K, Staff L, Staff M, Staff N) had a valid food handler's permit (FHP) from the jurisdictional health department. This placed 68 residents at risk for foodborne illness from improper food handling by an unqualified food service worker.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment. WAC 246-217-035 - Validity and form of food worker cards - (5) The card shall be approximately three inches by five inches in size and contain the following information: (b) The identity of the jurisdictional health department issuing the card.

Review of staff records showed the ALF hired Staff K on 09/02/2022 as a dishwasher. Staff K did not have a valid FHP on file. Review of the staff schedule from 03/12/2023 through 04/04/2023 showed Staff K worked 18 shifts.

Review of staff records showed the ALF hired Staff L on 08/10/2020 as a dining service supervisor. Staff L did not have a FHP on file. Review of the staff schedule from 03/12/2023 through 04/04/2023 showed Staff L worked 18 shifts.

Review of staff records showed the ALF hired Staff M on 02/21/2023 as a dishwasher. Staff M did not have a FHP on file. Review of the staff schedule from 03/12/2023 through 04/04/2023 showed Staff M worked 16 shifts.

Review of staff records showed the ALF hired Staff N on 03/06/2023 as a server. Staff N did not have a FHP on file. Review of the staff schedule from 03/20/2023 through 04/04/2023 showed Staff N worked 11 shifts.

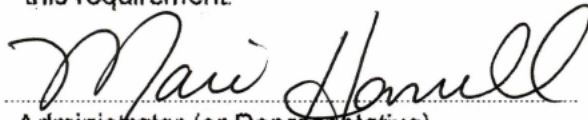
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In an interview, on 04/05/2023 at 12:30 PM, with Staff G (Business Office Manager) stated they could not produce a FHP for Staff K, Staff L, Staff M, or Staff N.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/29/2023.

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


 Administrator (or Representative)

4/20/2023
 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 2 of 6 sampled staff (Staff A and E) was renewed before the two-year expiration. This placed 68 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Executive Director), hired on 07/11/2017, showed their BGI expired as of 03/08/2022.

Review of records for Staff E (Cook) hired on 03/03/2021, showed their BGI expired as of 03/03/2023.

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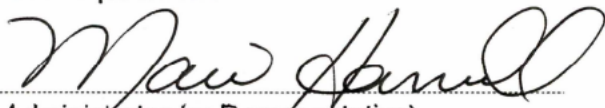
In an interview, on 04/04/2023 at 1:10 PM, Staff G (Business Office Manager) stated if the BGI was not in the staff file, it had not been completed.

In an interview, on 04/04/2023 at 2:50 PM, Staff A (Administrator) stated the ALF was going to sync BGI renewals for all staff at the next all staff monthly meeting, in order to get everyone on the same renewal schedule, but that had not yet happened.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/29/2023.

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


Administrator (or Representative)

4/20/2023
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Background checks- National fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff F) was completed within 120 days of hire. This placed 68 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff F (Certified Nurse Assistant), hired on 01/08/2019, did not show Staff F completed a NFBC.

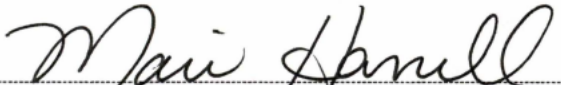
In an interview, on 04/04/2023 at 1:10 PM, Staff G (Business Office Manager) stated if the NFBC was not in the staff file, it had not been completed.

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Plan/Attestation Statement

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 Administrator (or Representative)

4/20/2023
 Date

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.

This requirement was not met as evidenced by:

Based on interview and staff record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff members (Staff C) completed the required one step tuberculin skin test (TST). This placed 68 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff C (Certified Nurse Assistant) on 03/22/2023. Record review showed Staff C had prior documentation of a negative skin test on 11/03/2022. Staff C did not have a second step TST within three days of hire date.

In interview, on 04/04/2023 at 1:10 PM, Staff G (Business Office Manager) stated if the TB test was not in the staff record, it was not completed. Staff G stated, in a follow up interview on 04/04/2023 at 2:19 PM, the ALF had been unable to obtain TB testing supplies and did not have a backup testing plan.

Plan/Attestation Statement

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 Administrator (or Representative)

4/20/2023
 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 Assisted Living Facility (ALF) failed to ensure 3 of 6 staff members (Staff D, E and F) completed the required two-step tuberculin skin test (TST). This placed 68 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff D (Server) on 03/19/2023. Record review showed Staff D did not have the two-step TST completed.

Review of records showed the ALF hired Staff E (Cook) on 03/03/2021. Record review showed Staff E completed an initial skin test at the time of hire, on 03/03/2021. Record review showed Staff E did not have the 2nd step TST completed one to three weeks after the first test.

Review of records showed the ALF hired Staff F (Certified Nurse Assistant) on 01/08/2019. Record review showed Staff F did not have the two-step TST completed.

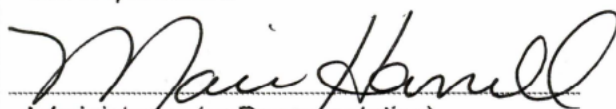
In interview, on 04/04/2023 at 2:19 PM, Staff G (Business Office Manager) confirmed Staff D and F did not complete the first or second TST. Staff G was unaware of Staff E's incomplete TST. Staff G stated tuberculosis testing is completed on site by the health services department and the ALF had been out of supplies for TST testing. Staff G was unaware of a backup testing plan.

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Administrator (or Representative)

4/20/2023
Date

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to notify the Department of a change in the ALF's Administrator. This failure prevented the department from reviewing the Administrator's qualifications.

Findings included...

Observation and interview, on 04/03/2023 at 12:10 PM, showed Staff A (Executive Director – equivalent to Administrator) in a common area of the facility. At 12:20 PM, Staff A confirmed she was the ALF's Administrator with a position start date of 12/12/2021.

Record review showed the ALF hired Staff A on 07/11/2017.

Record review of the Departments Facilities Management System Database, on 04/03/2023, showed the listed Administrator was not listed as Staff A.

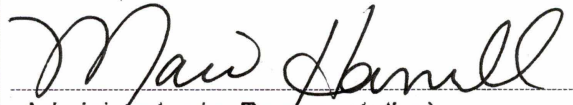
In an interview, on 04/03/2023 at 12:20 PM, Staff A stated she thought the previous Administrator had filed the change of administrator paperwork to the Department but could not locate any documentation.

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


Administrator (or Representative)

4/20/2023
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 6 pets (Pets 1, 2, 3, 4) living in the ALF and 1 of 1 pet (Pet 7) visiting the ALF had up-to-date immunizations by a licensed veterinarian. This failure placed 68 residents at risk of diseases transmitted by animals to humans.

Findings included...

Record review of the ALF's policy titled, Fred Lind Manor-Guidelines for Pet Owners (dated 01/01/2019), stated pets must be licensed, immunized and spayed/neutered, and resident must provide written confirmation. Immunizations must be current in accordance with city policy.

Observation during the environmental tour with Staff I (Director of Facilities), on 04/03/2023 at 10:40 AM, showed signage on apartment doors to indicate a pet lived on the premises.

Observation and interview, on 04/04/2023 at 8:20 AM, showed a dog in the reception area. Staff J (Concierge) confirmed she brought her dog to work with her most days.

Record review of the ALF's provided pet documentation showed 6 pets living in the ALF. Of the 6 pets listed, all required routine rabies vaccines, as appropriate for the species.

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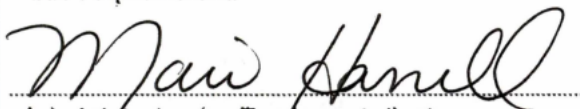
Record review of the provided pet documentation showed Pet 1, 2, 3, 4 had no current rabies vaccination records. There was no documentation regarding current vaccination records for Pet 7, Staff J's dog.

In an interview, on 04/04/2023 at 11:45 PM, Staff A (Administrator) stated the ALF's Administration Department maintained resident pet records. Staff A acknowledged the ALF's pet records on file were incomplete and stated she would follow up.

Plan/Attestation Statement

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Administrator (or Representative)

4/20/2023
Date