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) 40280 (Completion Date 04/26/2024) and 36991 (Completion Date 02/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/26/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

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 # 36991
Plan of Correction	FRED LIND MANOR	Completion Date
Page 1 of 5	Licensee: FRED LIND MANOR	02/27/2024

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 off-site follow-up on 02/16/2024 and 02/16/2024 of:
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 02/27/2024

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

The department staff that inspected the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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 off-site verification(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

03/07/2024
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.

Mari Hamill 3/18/2024

Administrator (or Representative) Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow Medical Questionnaires (MQ) and Licensed Health Care Professional (LHCP) requirements prior to 3 of 3 sampled staff (Staff C, D, and E) being medically cleared for wearing fit-tested respirator masks. This failure placed 68 of 68 residents at risk, during an infectious illness outbreak, by requiring care from staff who were not medically cleared to provide it.

Findings included...

Review of Washington Administrative Code (WAC) 296-842-14005 'Provide medical evaluations' showed the ALF was required to:
Identify employees who need medical evaluations including employees required to use respirators.
Identify a LHCP to perform medical evaluations.
Make sure your LHCP has the following information before the evaluation is completed:

- Information describing the respirators employees may use including the weight and type
- How often and for how long the respirator will be worn
- Employee's expected physical work effort
- Personal protective equipment (PPE) to be worn
- Temperature and humidity extremes expected during use
- A copy of the facility's Respiratory Protection Program (RPP)

The facility should administer the questionnaire:

- At no cost to employees
- During normal working hours
- At a time and place that is convenient to the employee
- Maintaining confidentiality during questionnaire administration
- Do not view the employee's answers to the questionnaire
- Do not act in a manner that may be considered a breach of confidentiality

- Make sure employees understand the questionnaire
- Provide the employee with an opportunity to discuss the questionnaire or exam results with the LHCP

Obtain a written recommendation from the LHCP that contains only the following medical information:

- Whether or not the employee is medically able to use the respirator
- Any limitations of respirator use for the employee
- What future medical evaluations, if any, are needed
- A statement that the employee has been provided with a copy of the written recommendation

Record review showed the ALF had two separate RPP policies. One from the ALF and the other from the Corporate Entity (CE).

Review of the first policy 'RPP for Fred Lind Manor', dated 01/2024, showed that the ALF would:

- Give MQs to employees in private and send or give them to Staff F (Regional Director of Nursing).
- Completed questionnaires were confidential and would be sent directly to a medical provider without review by management.
- Employee written recommendations from the medical provider will be kept.

Review of the second policy 'Transforming Age (CE) RPP' for the ALF, dated 01/26/2024, showed:

- Employees are not permitted to wear respirators until a licensed physician has determined that they are medically able to do so.
- All employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the designated Transforming age physician.
- All examinations and questionnaires will remain confidential between the employee and the physician.
- The completed medical questionnaires and physician's documented findings are confidential and will remain at the physician's office.
- Copies of the physician's written recommendation regarding each employee's ability to wear a respirator will be retained.

In interview on 02/16/2024 at 1:46 ~~AM~~ PM, Staff A (Executive Director) stated that the ALF had completed fit testing of all ALF staff for N95 respirators.

Record review of both RPPs and WAC 296-842-14005 showed MQs were to be sent to a LHCP for a medical evaluation before fit testing of respirators was completed, MQs were to be kept confidential and copies of the LHCP's written recommendations were to be kept on file at the ALF.

Record review showed Staff C (CNA-Certified Nursing Assistant), Staff D (CNA) and Staff E, (CNA) had 'Filtering Facepiece Respirator Fit Test Records' that included a MQ. The 'Filtering Facepiece Respirator Fit Test Records' had a section to mark "Yes" or "No" as to whether the staff had been medically cleared by an LHCP. All three 'Filtering Facepiece Respirator Fit Test Records' showed Staff B (Associate Executive Director) marked 'Yes'. There was no signature or indication the MQ's had been reviewed by or the staff had been cleared by a LHCP.

Further review of Staff C, Staff D and Staff E's MQs showed they were not filled out completely, had medical conditions, or left the questions blank which would hinder a LHCPs ability to approve whether respirator masks were safe to wear for Staff C, D, or E.

Record review of the Washington State Department of Health Provider Credential Search, on 02/26/2024, showed Staff B did not have a LHCP certification or license.

In interview, on 02/21/2024 at 1:44 PM, Staff B stated, "I'm not a medical professional." Staff B confirmed they did not have the credentials to approve, review or even have access to MQ's.

In interview, on 02/21/2024 at 1:44 ~~AM~~ PM, Staff B stated the ALF scanned all the MQ's into a SharePoint secured file network for the company. Staff B stated the SharePoint file was accessible to Staff A and Staff B thus not maintaining confidentiality of employee's MQs.

In interview, on 02/22/2024 at 11:40 ~~AM~~, Staff F stated the ALF's fit testing process was done incorrectly. Staff F was unaware the ALF had a second RPP policy. Staff F was unaware that she was named as the LHCP in the ALF's RPP policy and she had not reviewed any ALF employees MQs or sent the ALF written recommendations regarding any employee's ability to wear a respirator.

This is an uncorrected deficiency previously cited on 12/22/2023.

Plan/Attestation Statement

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Statement of Deficiencies	License #: 864	Compliance Determination # 36991
Plan of Correction	FRED LIND MANOR	Completion Date
Page 5 of 5	Licensee: FRED LIND MANOR	02/27/2024

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) 4/12/2024

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

Mary Harrell — Administrator (or Representative)

3/14/2024 — Date

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 # 34071
Plan of Correction	FRED LIND MANOR	Completion Date
Page 1 of 3	Licensee: FRED LIND MANOR	12/22/2023

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 12/18/2023 and 12/18/2023 of:
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 12/22/2023

The following sample was selected for review during the unannounced on-site visit: 71 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

12/28/2023
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.

Administrator (or Representative) _____ Date _____

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement a Respiratory Protection Program (RPP) ensuring care staff were medically evaluated and fit-tested for respiratory masks. This failure placed 71 of 71 residents at risk for exposure to COVID -19 (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 states all long term-care facilities are required to develop and maintain a Respiratory Protection Program.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who were providing care to residents.

Record review of the ALF's policy, "Respiratory Protection Program", revision date 04/01/2023, showed that that HCWs would receive appropriate annual training, respiratory mask fit testing and annual medical evaluation.

Record review showed the facility did not have medical evaluations or respiratory mask fit testing completed for HCWs.

In interview, on 12/18/2023, when asked what the process was for obtaining medical evaluation for care staff at the ALF, Staff A (Administrator) replied, "We haven't done that yet." When asked if ALF HCWs had been fit tested for respiratory masks, Staff A stated they had not.

This is an uncorrected deficiency previously cited on 10/19/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: FRED LIND MANOR
Provider Type: Assisted Living Facility
License/Cert.#: 864
Compliance Determination #: 29983
Intake ID: 100736
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 09/25/2023 through 10/19/2023
Complainant Contact Date(s): 10/03/2023

Allegation(s):
The Assisted Living Facility (ALF) ran out of the Named Resident's (NR) 30-day supply of medications two times in less than 30 days.

Investigation Methods:

Sample:
Total residents: 74
Resident sample size: 3
Closed records sample size: 0

Observations:
Residents
Resident care equipment
Resident rooms
Common areas
Staff to resident interactions
Resident to resident interactions

Interviews:
Administrator
Nurse
Caregiver
Residents
Others not associated with the ALF

Record Reviews:
Characteristics Roster
Facility Policies
Incident Investigations
Resident Medical Records
Staff Roster
ALF communication emails with families and residents

Investigation Summary:
Interview and record review showed the ALF received a 30-day supply of the NR's medication. Staff at the ALF requested a refill from the pharmacy two times in less than 30 days. Staff at the ALF found the missing medications that had previously been delivered by the pharmacy and when counted, the medication delivery dates matched the request dates and the remaining medication added up to pills administered subtracted from pills dispensed. No violation of regulations identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: FRED LIND MANOR
Provider Type: Assisted Living Facility
License/Cert.#: 864
Compliance Determination #: 29983
Intake ID: 97854
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 09/25/2023 through 10/19/2023
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) had positive COVID-19 cases.

Investigation Methods:

Sample:
Total residents: 74
Resident sample size: 3
Closed records sample size: 0

Observations:
Residents
Resident care equipment
Resident rooms
Common areas
Staff to resident interactions
Resident to resident interactions

Interviews:
Administrator
Nurse
Caregiver
Residents
Others not associated with the ALF

Record Reviews:
Characteristics Roster
Facility Policies
Incident Investigations
Resident Medical Records
Staff Roster
ALF communication emails with families and residents

Investigation Summary:
Interview and record review showed the ALF had infection control policies and procedures in place. The ALF tested staff and residents and monitored for COVID-19 symptoms. The ALF met reporting requirements and followed Department of Health and Center for Disease Control guidance and Local Health Jurisdiction recommendations. The ALF failed to follow their Respiratory Protection Plan and did not fit test staff for required N95 use during a COVID-19 outbreak. See citation 388-78A-2730 (1)(b).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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 # 29983
Plan of Correction	FRED LIND MANOR	Completion Date
Page 1 of 5	Licensee: FRED LIND MANOR	10/19/2023

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 complaint investigation on 09/25/2023 and 09/25/2023 of:

FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following complaint number(s): 97854, 98022, 99967, 100736

The following sample was selected for review during the unannounced on-site visit: 3 of 74 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

10/26/2023
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.

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled residents (Resident 1) received newly prescribed medications as ordered. This failure contributed to Resident 1 to enduring prolonged skin irritation from a rash.

Findings included...

Record review of an Assessment, dated 08/31/2023, showed the ALF admitted Resident 1 on [redacted]/2016 with multiple[redacted] diagnoses. The Assessment showed Resident 1 received comfort-based care, was bed bound and required medication assistance.

Record review of a Progress Note, dated 09/13/2023, showed Staff D (Licensed Practical Nurse - LPN) documented that she left a message with Resident 1's Primary Care Physician (PCP) regarding a rash that was bleeding and spreading across Resident 1's back.

Record review of a pharmacy delivery sheet showed triamcinolone cream had been ordered by the PCP for Resident 1's rash and was delivered to the ALF on 09/14/2023. The delivery sheet was signed as received by Staff F (Certified Nursing Assistant).

In interview, on 09/28/2023 at 1:50 PM, Collateral Contact 1 (CC1 – Third Party Provider Case Manager) stated that a home health nurse (HHN) went to the ALF to visit Resident 1 on 09/22/2023. CC1 stated that Resident 1 complained to the HHN of increased itching to his back. The HHN asked the ALF staff about the prescribed triamcinolone cream. The HHN found Resident 1's triamcinolone cream unopened in the ALF's medication cart. The HHN noted the triamcinolone cream order had not been entered into Resident 1's Medication

Administration Record (MAR) or given as prescribed.

Record review of Resident 1's September MAR, showed a physician's order for triamcinolone 0.1% cream was added to the MAR on 09/26/2023, twelve days after the medication was delivered to the ALF.

In interview, on 10/11/2023 at 4:45 PM, Staff E, LPN, stated that normally, if the ALF received a medication from the pharmacy without a faxed order to accompany the med, staff at the ALF would follow-up with the PCP and ask for an order.

Record review showed no evidence of the ALF contacting the prescribing physician after the triamcinolone cream was delivered on 09/14/2023 or utilizing the prescription label on the medication as an order to ensure Resident 1 received the medication when it was prescribed.

This is a recurring citation previously cited on 05/01/2021 and 12/17/2021.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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

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

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living facility (ALF) failed to follow a Respiratory Protection Program (RPP) ensuring care staff wore fit-tested respiratory masks while providing care. This failure placed 74 of 74 residents at risk for exposure to COVID -19 (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting,

diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 states all long term-care facilities are required to develop and maintain a Respiratory Protection Program.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who were providing care to residents.

Record review of the ALF's "Respiratory Protection Program", revision date 04/01/2023, showed that the ALF had a policy in place that HCW received appropriate annual training, respiratory mask fit testing and annual medical evaluation.

Record review showed the facility did not have any fit testing documentation for HCW.

In interview, on 09/26/2023 at 2:28 PM, Staff C (Caregiver) stated that she had worked at the ALF since 2015. Staff C stated that she had filled out a medical questionnaire last year, but she had never been fit tested for a respirator mask.

In interview, on 09/26/2023 at 1:15 PM, when asked how medical clearance was obtained for HCW to be fit tested for a respirator masks, Staff A, (Administrator) stated, "I don't know. I've never heard of a medical questionnaire." When asked who conducts fit testing and what HCW had been fit tested for the correct respiratory mask, Staff A stated, "We don't have that in place."

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)_____ .

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

_____ _____

Administrator (or Representative) Date