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

Providence Health & Services - Washington
HERITAGE HOUSE AT THE MARKET
1533 WESTERN AVE
SEATTLE, WA 98101

RE: HERITAGE HOUSE AT THE MARKET License # 919

Dear Administrator:

This letter addresses Compliance Determination(s) 47049 (Completion Date 09/12/2024) and 43592 (Completion Date 07/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2024 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-2140-1-a-iii, WAC 388-78A-2150-1, WAC 388-78A-2730-1-b, WAC 388-78A-2730-2-b, WAC 388-78A-2730-2-b-iii, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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 #: 919	Compliance Determination # 43592
Plan of Correction	HERITAGE HOUSE AT THE MARKET	Completion Date
Page 1 of 12	Licensee: Providence Health & Services -	07/16/2024

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 the unannounced on-site full inspection on 07/08/2024 and 07/10/2024 of:
HERITAGE HOUSE AT THE MARKET
1533 WESTERN AVENUE
SEATTLE, WA 98101

The following sample was selected for review during the unannounced on-site visit: 7 of 44 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

7/22/2024
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.

Jayasra Chinn
Administrator (or Representative)

8/1/24
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;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document a plan to monitor and address potential side effects for 3 of 7 sampled residents (Resident 2, 3, and 7) who received routine anticoagulation and aspirin therapy. This placed the Resident 2, 3, and 7 at risk for compromised health.

Findings included...

Note: According to the Davis Drug Guide for Nurses, January 2023, aspirin (also known as Acetylsalicylic Acid or ASA), may be prescribed to reduce the risk of heart attacks in people with a history of heart attacks, ischemic strokes (when a blood clot blocks the flow of blood to the brain). Aspirin decreases platelet aggregation (causes red blood cells to be less sticky so they don't form blood clots). Adverse reactions include ringing in the ears, bloody vomit, unusual bleeding of the gums, bruising, and bright red or black, tarry stools.

Note: According to the Davis Drug Guide for Nurses, January 2023, apixaban (generic for Eliquis) decreases the risk of stroke or blood clots associated with atrial fibrillation. It works to prevent platelets (a type of blood cell responsible for clotting) from collecting and forming life-threatening clots. Adverse reactions may include unusual bruising, pink or brown urine, red or black, tarry stools, coughing up or vomiting blood, pain or swelling in a joint, and recurring nose or gum bleeds. Pay attention to head injury.

Resident 2

Record review of a Resident Characteristic Roster (RCR), updated 06/30/2024, showed the ALF admitted Resident 2 on [redacted]/2014 with disabling diagnoses to include

[redacted], and [redacted]. Record review of a Full Assessment-Negotiated Service Agreement (A/NSA), dated 06/19/2024, showed Resident 2 took prescription medications. The A/NSA also showed Resident 2 required assistance with all medication administration.

Record review of Medication Administration Records (MAR) for April, May and June 2024 showed Resident 2 took aspirin (a medication with blood thinning propertied) 81 milligrams (mg) daily at 8:00 AM.

Review of Resident 2's A/NSA showed no documentation of the long-term daily aspirin therapy or a safety plan for care staff to refer to if Resident 2 reported any signs of unusual bleeding or head injury, or if care staff noticed unusual bruising or other symptoms of internal bleeding on the resident.

Resident 3

Record review of a RCR, updated 06/30/2024, showed the ALF admitted Resident 3 on [redacted]/2023 with disabling diagnoses including [redacted] and [redacted]. Record review of an A/NSA showed Resident 3 took prescription medications. The A/NSA also showed Resident 3 required assistance with all medication administration.

Record review of MARs for April, May and June 2024 showed Resident 3 took a daily dose of aspirin, a medication with blood-thinning properties.

Review of Resident 3's A/NSA showed no documentation of the long-term daily aspirin therapy or a safety plan for care staff to refer to if Resident 3 reported any signs of unusual bleeding or head injury, or if care staff noticed unusual bruising or other symptoms of internal bleeding on the resident.

Resident 7

Record review of the RCR showed the ALF admitted Resident 7 on [redacted]/2024 with disabling diagnoses including [redacted], and [redacted]. Record review of an A/ASA showed Resident 7 took prescription medications. The A/NSA also showed Resident 7 required assistance with all medication administration.

Record review of MARs for May and June 2024 showed Resident 7 took a twice daily dose of Eliquis, a medication prescribed to keep blood from forming clots.

Review of Resident 7's A/NSA showed no documentation of the long-term daily Eliquis therapy or a safety plan for care staff to refer to if Resident 7 reported any signs of unusual bleeding or head injury, or if care staff noticed unusual bruising or other symptoms of internal bleeding on the resident.

During an interview on 07/10/2024 at 10:55 AM, Staff F (Registered Nurse) stated that blood thinner safety instructions should be part of an assessment and service plan. Staff F explained that the staff is responsible for reading the contents of resident service plans, and the ALF is responsible for providing the information.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 8/30/2024

SB confirmed ammended POC date with provider on 8/2/2024.

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

Jayasha Thurm — Administrator (or Representative)

8/1/24 — 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;

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 for 5 of 7 sample residents (Resident 1, 2, 3, 4, and 7), or their representatives, to sign their Assessment/Negotiated Service Plan (A/NSA), which indicates it had been reviewed and accepted as a plan of care. This failure placed Resident 1, 2, 3, 4, and 7 at risk for not agreeing to their care, or not receiving needed care.

Resident 1

Record review of a Resident Characteristic Roster (RCR), updated 06/30/2024, showed the ALF admitted Resident 1 on [redacted]/2018 with disabling diagnoses to include [redacted], and [redacted]. Record review of an A/NSA, dated 06/18/2024, did not show a signature indicating the Resident and/or their representative reviewed and signed the agreement.

In an interview, on 07/09/2024 at 9:40 AM, Resident 1 stated that he had not signed his care plan (A/NSA).

Resident 2

Record review of a RCR, updated 06/30/2024, showed the ALF admitted Resident 2 on [redacted]/2014 with disabling diagnoses to include [redacted], and [redacted]. Record review of an A/NSA, dated 06/19/2024, did not show a signature indicating the Resident and/or their representative reviewed and signed the agreement.

Resident 3

Record review of a RCR, updated 06/30/2024, showed the ALF admitted Resident 3 on [redacted]/2023 with disabling diagnoses including [redacted], and [redacted]. Record review of an A/NSA did not show a signature indicating the Resident and/or their representative reviewed and signed the agreement.

Resident 4

Record review of a RCR, updated 06/30/2024, showed the ALF admitted Resident 4 on [redacted]/2016 with disabling diagnoses including [redacted] Record review of an A/NSA, dated 07/04/2024, did not show a signature indicating the Resident and/or their representative reviewed and signed the agreement.

In an interview, on 07/10/2024 at 9:15 AM, Resident 4 stated that he had not signed his care plan.

Resident 7

Record review of the RCR showed the ALF admitted Resident 7 on [redacted]/2024 with disabling diagnoses including [redacted]

[redacted] and [redacted]. Record review of the A/NSA did not show a signature indicating the Resident and/or their representative reviewed and signed the agreement.

In an interview, on 07/10/2024 at 1:35 PM, Staff A (Administrator) stated the ALF was aware of the issue and working on a solution.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 8/30/2024.

SB confirmed ammended POC date with provider on 8/2/2024.

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

Layasha Chinn — Administrator (or Representative)

8/1/24 — 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

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to maintain a Medical Testing Site Waiver/Clinical Laboratory Improvement Amendments (MTSW/CLIA) waiver certificate and failed the previous Full Inspection by the Department was available for viewing by the residents and visitors. This placed 44 of 44 residents at risk for receiving waived tests, such as in-house COVID-19 tests, and blood glucose testing without the ALF having an unexpired certificate and not knowing results of previous inspections.

Findings included...

Note: A "Dear Assisted Facility Administrator" letter, issued by the Department on 08/03/2022, showed that ALFs were informed about state and federal regulations related to COVID-19 (an infectious disease which can result in illness with symptoms including cough, fever, malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) and other medical tests done on site. A MTSW certificate is required in Washington state to conduct these tests. The MTSW meets both federal and state requirements and includes a federally- issued CLIA number.

Observation during the environmental tour with Staff A (Administrator) on 07/08/2024 at 12:18 PM, did not show a MTSW/CLIA certificate posted anywhere in the ALF.

Record review showed the ALF had no documentation of MTSW/CLIA certification.

During an interview, on 07/10/2024 at 10:50 AM, Staff F (Registered Nurse) stated that the MTSW/CLIA certificate "may have expired", and Staff A was working on it.

During the exit interview on 07/10/2024 at 1:22 PM, Staff A stated that they were in the process of completing the application to renew the certificate.

Observation, on 07/08/2024 at 2:40 PM, showed a display table in the lobby of the ALF. The display table, and bulletin board above it, posted business items for the ALF. There was no evidence of the results of the previous Full Inspection.

In an observation, and interview, on 07/19/2024 at 2:03 PM, Staff A (Administrator) stated that usually a binder sat on the shelf of the display table, but acknowledged no book was there.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 8/1/24. 8/30/2024

SB confirmed ammended POC date with provider on 8/2/2024.

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

Kayasha Thorn
Administrator (or Representative)

8/1/24
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 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place for safe medication services when staff providing medication management or administration for 4 of 4 of residents (Resident 3, 5, 6, 7), failed to record vital signs (blood pressures) before passing medications prescribed to control blood pressure, did not ensure staff consistently documented medications as missed, refused, passed, or held; and did not ensure staff identified their initials and signatures. These failures placed Resident 3, 5, 6, 7 at risk for harm and medication errors when it was unknown if they received their medications as ordered or who assisted with their medications.

Findings included...

NOTE: Washington Administrative Code 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following: (a) A record of providing medication assistance and medication administration, which contains: (i) The medication name, dose, and route of administration; (ii) The time and date of any medication assistance or administration; (iii) The signature or initials of the person providing any medication assistance or administration; and (iv) Documentation of a resident choosing to not take his or her medications. (9) Documentation consistent with WAC 388-78A-2120 Monitoring resident well-being.

Record review of the ALF's Medication Documentation Policy and Procedure showed, "All medication being assisted or administered by Heritage House Staff will be documented as either given or omitted with a reason given." Under Section 2, "Documentation of Assisting/Administering Medication to Resident", subsection c, the policy and procedure also showed, "Each month, at the beginning of the month, all staff who are giving meds will sign the back of each MAR including first initial, last name and

credential".

Written or paper Medication Administration Records (MARS) include the name of each medication, dosing instructions, and small squares for staff to document their initials. The back side of each MAR includes spaces for staff to write their initials and add their full signature and staff title. Anyone reviewing the MAR can then identify who documented each medication's administration. The back side of the MAR should also include a statement identifying if a medication was missed, refused, passed, or held.

Resident 3

Record review of the Resident Characteristic Roster (RCR), updated 06/30/2024, showed the ALF admitted Resident 3 on [redacted]/2023 with disabling diagnoses including [redacted] and [redacted] Record review of a Full Assessment-Negotiated Service Agreement (A/NSA), dated 11/02/2023, showed Resident 3 took prescription medications. The A/NSA also showed Resident 3 required assistance with all medication administration.

Record review of MARs for April, May and June 2024 showed all blocks for identifying staff initials was left blank. Further review of the April 2024 MAR showed Resident 3 took a daily dose of medication used to control blood pressure. The prescriber ordered blood pressure parameters (instructions to guide staff whether to hold or administer a medication) that showed, "Hold for HR (heart rate) less than 60 (beats per minute) or systolic (top number of blood pressure) less than 100." There were no heart rates or blood pressure readings recorded on 04/16/2024 or 04/24/2024 and there was no documentation to show whether the blood pressure medication was missed, refused, passed, or held on those dates. There was no documentation to show completed medication administration on 04/16/2024 for an oral supplement and a medication used to treat heart failure.

Record review of the MAR for May 2024 showed Resident 3 had a physician's order for insulin (used to treat high blood sugar) and four times daily blood sugar checks. Staff used Resident 3's continuous glucose monitor (CGM) (CGMs continually monitor blood sugar, providing real-time updates through a device attached to the body) to record blood sugar readings at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM. The MAR showed no documentation of a blood sugar reading or indication of a missed, refused, passed, or held dose of insulin at 12:00 PM on 05/30/2024. Review of a progress note, dated 05/30/2024, showed Resident 3 became "upset" the noon blood sugar reading was missed, as the resident was "very concerned" about their blood sugar levels.

The May 2024 MAR showed for no heart rates or blood pressure readings were recorded prior to Resident 3's blood pressure medication on 05/06/2024, 05/15/2024, or 05/16/2024. There was no documentation to show whether the blood pressure

medication was missed, refused, passed, or held.

Other May 2024 MAR dates showing missed documentation included 05/18/2024, 05/25/2024, 05/30/2024 and 05/31/2024 for a stomach acid medication. The MAR showed missed documentation for morning medications and a topical pain patch on 05/06/2024. Documentation for the topical pain patch was also incomplete on 05/16/2024 and 05/29/2024.

Record review of the MAR for June 2024 showed initials but no blood sugar readings or administration of insulin on 06/03/2024 and 06/06/2024.

Resident 5

Record review of the RCR, updated 06/30/2024, showed the ALF admitted Resident 5 on [redacted]/2016 with disabling diagnoses including [redacted]. Record review of an A/NSA, dated 07/04/2024, showed Resident 5 took prescription medications. The A/NSA also showed Resident 5 required assistance with all medication administration.

Record review of MARs for April, May and June 2024 showed one to three staff identified their initials and signatures to the back of the MARs, according to which page was signed. There were more initials than signatures, which indicated all initials did not have a corresponding matching signature. The April 2024 MAR showed missed documentation included 04/30/2024 for a sleep aid, an antidepressant, a calcium chew, and a topical powder. The calcium chew also showed no documentation on 04/15/2024 and 04/27/2024. A topical skin lotion, prescribed for daily application, showed no documentation on 04/10/2024 through 04/15/2024, and 04/22/2024.

Record review of the MAR for May 2024 showed Resident 5 took a daily dose of medication used to control blood pressure. The prescriber added blood pressure parameters that showed, "Hold for (blood pressure) systolic (top number) less than 110." There was no blood pressure reading recorded on 05/30/2024. There was no documentation to show whether the blood pressure medication was missed, refused, passed, or held. Other May dates showing missed documentation included 05/26/2024 for a sleep aid, an anti-depressant, and a topical powder. The calcium chew showed missing or incomplete documentation on 05/01/2024 through 05/05/2024, 05/07/2024 through 05/11/2024, 05/16/2024, 05/17/2024, 05/24/2024 through 05/26/2024, and 05/31/2024.

Record review of the MAR for June 2024 showed Resident 5 took a second daily dose of medication used to control blood pressure. The prescriber added blood pressure parameters that showed, "hold for (blood pressure) systolic (top number) less than 120." There was no blood pressure reading recorded on 06/03/2024. There was no documentation to show whether the blood pressure medication was missed, refused,

passed, or held. Other June dates showing missed documentation included 06/15/2024 for a sleep aid, an anti-depressant, a topical powder, and two doses of the calcium chew on 06/16/2024 and 06/29/2024. A topical skin lotion, prescribed for daily application, showed no documentation on 06/21/2024 and 06/29/2024.

Resident 6

Record review of the RCR showed the ALF admitted Resident 6 on [redacted]/2021 with disabling diagnoses including [redacted], [redacted], and [redacted]. Record review of an A/NSA, dated 06/19/2024, showed Resident 6 took prescription medications. The A/NSA also showed Resident 6 required assistance with all medication administration.

Record review of MARs for April, May and June 2024 showed one to three staff identified their initials and signatures to the back of the MARs, according to which page was signed. There were more initials than signatures, which indicated all initials did not have a corresponding matching signature.

Record review of the MAR for April 2024 showed Resident 6 took a daily dose of medication used to control blood pressure. The prescriber added blood pressure parameters that showed, "Hold if (blood pressure) systolic (top number) less than 110." There was no blood pressure reading recorded on 04/12/2024, 04/16/2024 and 04/24/2024. There was no documentation to show whether the blood pressure medication was missed, refused, passed, or held. A topical barrier cream, prescribed for twice daily application, showed missing or incomplete documentation on 04/01/2024, 04/06/2024 through 04/09/2024, 04/11/2024 through 04/17/2024, 04/20/2024 through 04/22/2024, 04/25/2024, 04/26/2024, and 04/30/2024.

Record review of the MAR for May 2024 showed Resident 6 took a daily dose of medication used to control blood pressure with parameters that showed, "Hold if (blood pressure) systolic (top number) less than 110." There was no blood pressure reading recorded on 05/06/2024 and 05/31/2024. There was no documentation to show whether the blood pressure medication was missed, refused, passed, or held. Other May dates showing missed documentation included 05/06/2024 for three topical skin treatments. The twice daily barrier cream showed missing or incomplete documentation on 05/02/2024 through 05/09/2024, 05/11/2024, and 05/31/2024.

Record review of the June 2024 MAR for Resident 6 showed a missing blood pressure reading for 06/29/2024. There was no documentation to show whether the blood pressure medication was missed, refused, passed, or held. The twice daily barrier cream showed undocumented evening doses on 06/07/2024, 06/08/2024, 06/14/2024, 06/15/2024, 06/21/2024, and 06/22/2024.

Resident 7

Record review of the RCR showed the ALF admitted Resident 7 on [redacted]/2024 with disabling diagnoses including [redacted], and [redacted]. Record review of an A/ASA, dated 04/30/2024, showed Resident 7 took prescription medications. The A/NSA also showed Resident 7 required assistance with all medication administration.

Record review of MARs for May and June 2024 showed one to three staff identified their initials and signatures to the back of the MARs, according to which page was signed. There were more initials than signatures, which indicated all initials did not have a corresponding matching signature.

Record review of May 2024 MAR for Resident 7 showed a lotion prescribed for daily application. Documentation to show application of the lotion was missing for 05/06/2024, 05/11/2024, 05/14/2024, 05/25/2024, and 05/31/2024.

During an interview on 05/10/2024 at 12:40 PM, Staff F (Registered Nurse) stated that staff are trained to add their signature and initials to the back of the MARs while passing medications.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 8/1/24 . 8/30/2024

SB confirmed ammended POC date with provider on 8/2/2024.

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

Yayasra Thomas — Administrator (or Representative)

8/1/24 — 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

Providence Health & Services - Washington
HERITAGE HOUSE AT THE MARKET
1533 WESTERN AVE
SEATTLE, WA 98101

RE: HERITAGE HOUSE AT THE MARKET # 919

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/16/2024 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:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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-2489 Tuberculosis Test records. The assisted living facility must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the assisted living facility;

The Assisted Living Facility failed to ensure Tuberculosis (TB) testing records were stored on-site. This placed the residents at risk of exposure to staff whose TB status was unknown.

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)312-1446.

Sincerely,

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

Jamie Singer

Enclosure