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

Covenant Living West

Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

RE: Covenant Living West License # 958

Dear Administrator:

This letter addresses Compliance Determination(s) 48085 (Completion Date 10/04/2024) and 44945 (Completion Date 08/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/04/2024 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-2466-1-a, WAC 388-78A-2474-1, WAC 388-78A-2474-2-c, WAC 388-78A-2480-1, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:

Alma Duran, Licensor
Keiko Kitano, Licensor

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

Sincerely,

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 #: 958	Compliance Determination # 44945
Plan of Correction	Covenant Living West	Completion Date
Page 1 of 7	Licensee: Covenant Living West	08/07/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 07/29/2024 and 07/30/2024 of:

Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

This document references the following SOD dated: 08/07/2024

The following sample was selected for review during the unannounced on-site visit: 5 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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

08/20/2024
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.

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

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 07/29/2024 and 07/30/2024 of:

Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

This document references the following SOD dated: 08/07/2024

The following sample was selected for review during the unannounced on-site visit: 5 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

WAC 388-78A-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

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 1 of 5 sampled staff (Staff D) was renewed before the two-year expiration. This resulted in 38 of 38 residents receiving services from staff whose criminal background history was unknown.

Findings included…

Review of a staff list showed the ALF hired Staff D (Dining Services Aide) on 04/27/2020. Record review showed Staff D's BGI expired as of 06/14/2022.

In an interview, on 07/30/2024 at 9:40 AM, Staff H (Human Resources Manager) stated she missed Staff D's BGI and confirmed it had not been renewed.

This is an uncorrected deficiency previously cited on 06/03/2024 and recurring deficiency previously cited on 08/04/2022.

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, Covenant Living West 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-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled staff (Staff A) received specialty training for dementia and mental health. This failure placed 32 residents, identified with cognitive impairment or mental health diagnosis, at risk of harm due to an untrained care staff.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Record review of a Resident Characteristics Roster (RCR), dated July 2024, showed 24 (eight in a Memory Care Unit) residents with diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) or other cognitive impairment. One sampled resident (Resident 4) had a mental health diagnosis and the RCR identified seven other residents with behavior or psychosocial health issues.

Review of a staff list showed the ALF hired Staff A (Licensed Practical Nurse) on 01/17/2024. Record review showed Staff A had not completed the dementia and mental health specialty training.

In interview, on 08/06/2024 at 1:45 PM, Staff F (Assisted Living Director) confirmed Staff A did not complete the specialty training for dementia and mental health.

This is an uncorrected deficiency previously cited on 06/03/2024.

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, Covenant Living West is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure tuberculosis (TB) screening was initiated for 1 of 5 sampled staff (Staff C) within three days of employment. This placed 38 residents at risk for contracting TB, a communicable disease.

Findings included…

Record review of a Resident Characteristic Roster, dated July 2024, showed the ALF provided care and services for 38 residents.

Review of a staff list showed the ALF hired Staff C (Activities Coordinator) on 07/18/2024. Review of Staff C's record showed no documentation they were screened for TB within three days from date of employment.

During an interview, on 07/30/2024 at 10:15 AM, Staff H (Human Resources Manager) acknowledged Staff C had not been screened for TB within three days of employment.

This is an uncorrected deficiency previously cited on 06/03/2024.

Plan/Attestation Statement

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_____ _____

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 federal, and state regulated standards of a Respiratory Protection Program (RPP) to include implementing respirator mask fit-testing for healthcare workers. This placed 38 of 38 residents, ALF staff, and visitors at potential risk for exposure to COVID-19 (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 stated all long term-care facilities were 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 was 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 was required to provide gowns, gloves, and eye protection to staff who are providing care to residents.

Record review of the ALF's policy, "Respiratory Protection Protocol", dated 11/17/2020, showed required employees would be fit tested prior to being allowed to wear any respirator mask with a tight fitting facepiece; annually; and when there were changes in the employee's physical condition that could affect respiratory fit (obvious changes in body weight, facial scarring, etc). The employees would be fit tested with the make model, style, and size of respirator that they would actually wear in the facility.

Review of the Department's Secured Tracking and Reporting System database, on 05/29/2024, showed that the ALF reported an outbreak of residents and staff that were positive for COVID-19. At the time, the ALF reported the COVID-19 outbreak to the Department of Health, and notified physicians, residents and family members.

In interview, on 07/30/2024 at 11:15 PM, Staff A (Licensed Nurse) and Staff E (Certified Nursing Assistant), who worked day shift, stated that they had not been fit tested for a respirator mask.

Review of the ALF's fit test list for "N95 Medical Evaluation Questionnaire Submission," showed five licensed nurses and 11 certified nursing assistants had not completed the respiratory mask fit test.

In interview, on 07/30/2024 at 2:15 PM, Staff F (Assisted Living Director) confirmed that fit testing of HCWs were not completed as of 07/15/2024.

This is an uncorrected deficiency previously cited on 06/03/2024.

Plan/Attestation Statement

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

Administrator (or Representative) Date

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 #: 958	Compliance Determination # 41363
Plan of Correction	Covenant Living West	Completion Date
Page 1 of 12	Licensee: Covenant Living West	06/03/2024

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 05/14/2024 and 05/16/2024 of:

Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

The following sample was selected for review during the unannounced on-site visit: 8 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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

6/6/2024 — 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Assisted Living Facility (ALF) failed to develop a system to ensure prescribed medications were available for 3 of 8 sampled residents (Residents 3, 7, and 8), who required staff assistance with medication services. This caused Residents 3, 7, and 8 to go without prescribed medications and placed them at risk medical health complications.

Findings included...

RESIDENT 3
Records review showed that the ALF admitted Resident 3 on [redacted]/2024 with multiple diagnoses including [redacted] ([redacted]), [redacted] ([redacted]), and [redacted] ([redacted]). Review of Resident 3's Service Plan (SP-equivalent to Negotiated Service Agreement), dated 04/05/2024, showed that Resident 3 required a licensed nurse (LN) to administer their medications.

Review of the April 2024 electronic Medication Administration Records (eMARs) showed that a physician prescribed Resident 3 to take multiple medications. The April 2024 eMARs showed, on 04/25/2024 at 9:00 AM, a LN documented that amlodipine (used to treat high blood pressure) was not administered because it was unavailable. The April 2024 eMARs showed, on 04/30/2024 at 5:00 PM, a LN documented that atorvastatin (used to treat high cholesterol) and melatonin (a supplement used for insomnia and improving sleep) were not administered because the medications were unavailable.

In an interview, on 05/16/2024 at 2:00 PM, Staff G (Nursing Supervisor) stated that a LN was supposed to reorder a medication refill from a pharmacy at least five days before the medication runs out. Staff G acknowledged that Resident 3 had not received those medications on the days noted in the eMARS.

RESIDENT 7
Record review showed the ALF admitted Resident 7 on [redacted]/2024 with multiple disabling diagnoses including [redacted] ([redacted]

[redacted]). Review of Resident 7's SP dated 01/26/2022, showed Resident 7 required a Licensed Nurses (LNs) to administer medications.

Review of March 2024 eMAR, showed on 03/01/2024, 03/08/2024, 03/15/2024, and 03/22/2024 at bedtime, the LN documented ciclopirox 1% shampoo (used to treat seborrheic dermatitis - is a common skin condition that mainly affects the scalp) was not administered because the medicated shampoo was unavailable. The March 2024 eMAR showed, on 03/08/2024 and 03/26/2024 at bedtime, brimonidine eye drops (used for macular degeneration - to reduce pressure inside the eyes), the LN documented the medication were not administered because the medications were unavailable.

Review of April 2024 eMAR, on 04/15/2024 at bedtime, showed the LN documented metformin (used to treat diabetes) was not administered because the medication was unavailable. On 04/18/2024, 04/25/2024 and 04/30/2024, the LN documented folic acid (used for folate deficiency) was not administered because the medications were unavailable. On 04/30/2024, the LN documented Centrum Men (used for general health) was not administered because the medication was unavailable.

Review of May 2024 eMARs, on 05/07/2024 and 05/11/2024, showed the LN documented that Centrum Men was not administered because the medication was unavailable. On 05/11/2024, the LN documented Folic acid was not administered because the medication was unavailable.

In interview, on 05/15/2024 at 2:45PM, Staff A (Licensed Nurse) stated that when a medication was not available, they document the reason under the comment box in the eMARs.

RESIDENT 8
Records review showed that the ALF admitted Resident 8 on [redacted]/2024 with multiple diagnoses including [redacted] and [redacted]. Review of an SP, dated 04/23/2024, showed that Resident 8 required a LN to administer medications.

Review of the May 2024 eMARs showed that a physician prescribed Resident 8 to take atorvastatin once daily. The May 2024 eMARs showed that a LN documented, on 05/07/2024 at 5:00 PM, atorvastatin was not administered because it was unavailable.

In interview, on 05/16/2024 at 3:00 PM, Staff F (Assisted Living Director) and Staff G (AL Nurse Manager) stated the vitamins were readily available in the ALF's house pharmacy. When asked about the meaning of, "Not Administered (Other – see Administration Note)," from the eMAR, Staff F stated it is the same as medication unavailable. When questioned who was responsible to refill residents' medications, Staff F stated that the night LNs were to check and refill their medications. Staff F stated it was not proper for residents to run out of medications.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to secure toxic chemicals that were in an area accessible to residents. This placed 16 of 16 residents on the assisted living (AL) floor at risk for inadvertent ingestion of a toxic substance that could cause harm and compromise health.

Findings included…

Review of the Resident Characteristics Roster (RCR), dated May 2024, showed the ALF had been providing care and services for 28 residents on the second floor. The RCR showed that 15 residents were identified as having dementia (a group of symptoms that affects memory, thinking, and interferes with daily life) or other cognitive impairment. Records review showed that one resident was identified as having Mental Health issues.

Observation, on 05/16/2024 at 11:40 AM, showed an unattended housekeeping (HK) cart in the hallway in front of Room 6218 on the second floor. Observation showed that an accordion compartment on the HK cart was unlocked, and that two spray bottles of HK chemicals, including urine remover, were stored in the compartment. Precautionary labels for these products indicated they are hazardous to humans and animals if ingested or contacted skin. The labels also showed, “DO NOT DRINK” and “Keep Out of Reach of

Children". One unlabeled spray bottle was also observed in the compartment. It was unable to determine what kind of solution was inside of the bottle.

During observation and interview, on 05/16/2024 at 11:45 AM, Staff J (Housekeeper) who was in Room 6218 came out of the room. Staff J said, "I am sorry, I am supposed to lock it." Staff J then showed the key that was left in the keyhole of the compartment on the HK cart.

In an interview, on 05/16/2024 at 11:50 AM, Staff F (Administrator) acknowledged the HK carts should remain locked and the chemicals and cleaning agents should be secured and locked away from residents. Staff F asked Staff J to keep the key with them, and to not leave the key with the compartment.

This deficiency was previously cited on 08/04/2022.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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

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 2 sampled staff (Staff D and Staff E) were renewed before the two-year expiration. This placed 38 of 38 residents at risk for receiving care from staff whose criminal background history was

unknown.

Findings included…

Review of records for Staff D, an on-call Certified Nursing Assistant, hired on 11/15/2021, showed their BGI expired as of 11/30/2021.

Review of records for Staff E, a kitchen staff, hired on 05/02/2016, showed their BGI expired as of 02/08/2022.

In an interview, on 05/15/2024 at 9:40 AM, Staff H (Human Resources Manager) stated she was responsible to check all staffs' BGIs. Staff H stated she was not aware Staff D and Staff E's BGIs were expired.

This is a deficiency previously cited on 08/04/2022.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff A) received specialty training for dementia and mental health. This failure placed 32 residents, with cognitive loss or mental health diagnosis, at risk of harm due to an untrained care staff.

Findings included…

NOTE: Washington Administrative Code 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Record review of a Resident Characteristics Roster (RCR), dated May 2024, showed 25 (ten in the Memory Care Unit) residents with diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) or other cognitive impairment. Review of one sampled resident (Resident 7) showed with a mental health diagnosis and the RCR identified seven residents with behavior or psychosocial health issues.

Record review showed Staff A (Licensed Practical Nurse) was hired on 11/17/2023. Record review showed Staff A had not completed the dementia and mental health specialty training.

In interview, dated 01/26/2024 at 10:30 AM, Staff F (Director of Assisted Living) confirmed Staff A did not complete the specialty training for dementia and mental health.

Plan/Attestation Statement

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

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) initiated tuberculosis (TB) screening within three days of employment. This placed 38 residents at risk for contracting TB, a communicable disease.

Findings included…

NOTE: Washington Administrative Code 388-78A-2482 - Tuberculosis—No testing. The assisted living facility is not required to have a staff person tested for tuberculosis if the staff person has: (1) A documented history of a previous positive skin test, with ten or more millimeters induration; (2) A documented history of a previous positive blood test; or (3) Documented evidence of: (a) Adequate therapy for active disease; or (b) Completion of treatment for latent tuberculosis infection preventive therapy.
Record review of a Resident Characteristic Roster, dated May 2024, showed the ALF provided care and services for 38 residents.

Review of a staff list showed the ALF hired Staff B (Certified Nursing Assistant) on 02/14/2024.

Record review of a chest x-ray (CXR) report, dated 12/04/2014, showed Staff B obtained a CXR to rule out active TB. The ALF had no records to show Staff B had a documented history of a previous positive TB skin test, positive blood test, documented evidence of therapy or treatments of TB.

During an interview, on 05/15/2024 at 9:40 AM, Staff H (Human Resources Manager) stated that Staff B reported they had a history of positive TB tests. However, no documentation was provided by Staff B to confirm these findings.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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:

(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 1 of 5 staff members (Staff A) completed the required two-step tuberculin skin test (TST). This placed 38 residents at risk of exposure to a communicable disease.

Findings included…

Record review showed the ALF hired Staff A (Licensed Nurse) on 11/17/2023. Record review showed, Staff A had a one-step TST within three days of hired date but did not complete the two-step TST.

In interview, on 05/15/2024 09:40 AM Staff H (Human Resources Manager) stated, “I saw that.” When questioned, Staff H stated TB skin test was done by Health Center staff for new staff.

Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to develop a policy and procedures to direct staff on how to ensure prescribed medications were available for residents who receive medication assistance. This failure caused Residents 3, 7, and 8 to go without prescribed medications and placed these residents at risk for harm and compromised health conditions.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Review of a Resident Characteristics Roster showed the ALF managed and/or administered medications for 35 residents.

Review of the ALF's Policy and Procedure (P/P) titled "Medication Services" Policy #16, date revised 08/07/2007, included, Implementation: Determining Assistance or Administration Needs, Medication storage, Recording and Documenting Prescriber's Orders, Sending Medications When the Resident Leaves the Premises, Safe and Secure Storage of Medication, Disposal for Outdated and/or Discontinued Medications or Medications Left Behind When Resident Leaves Facility, and Family Assistance with Medications and Treatments. However, the Medication Services P/P did not include a section for staff to follow to ensure residents' prescribed medications were refilled timely and available.

Record review showed Residents 3, 7, and 8 did not receive medications as prescribed due to unavailability of medications. For details see WAC 388-78A-2240 in this Statement of Deficiencies.

In interview, on 05/16/2024 at 3:00 PM, Staff F (Assisted Living Director) stated, "We have

Medication Services P/P, but we do not have P/P on non-availability of 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, Covenant Living West 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:

(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 federal, and state regulated standards of a Respiratory Protection Program (RPP) to include implementing respirator mask fit-testing for 2 of 2 sampled staff (Staff A and B). This placed 38 of 38 residents, ALF staff, and visitors at potential risk for exposure to SARS-CoV-2, the virus responsible for 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).

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were 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 are providing care to residents.

Record review of the ALF's policy, "Respiratory Protection Protocol" dated 11/17/2020, showed required employees would be fit tested prior to being allowed to wear any respirator mask with a tight fitting facepiece; annually; and when there were changes in the employee's physical condition that could affect respiratory fit (obvious changes in body weight, facial scarring, etc). The employees would be fit tested with the make model, style, and size of respirator that they would actually wear in the facility.

Record review, showed Staff A (Licensed Nurse), hired on 11/17/2023, had no documentation of a completed respiratory mask fit-test.

Record review, showed Staff B, (Certified Nursing Assistant), hired 02/14/2024, worked night shift. Records showed no documentation Staff B completed respiratory mask fit-test.

Interview, on 05/15/2024 at 2:00 PM, Staff F (Assisted Living Director) stated, "That's on me. We did not know we were supposed to do that yearly, including a medical evaluation."

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, Covenant Living West 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

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

06/06/2024

Covenant Living West
Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

RE: Covenant Living West # 958

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/03/2024 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-2040 Other requirements.

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

The Assisted Living Facility failed to post the required signage to warn of oxygen being stored in a resident ’s room. This placed all residents, staff, and visitors at risk of an unsafe environment.

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

Enclosure

Sincerely,

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

Enclosure