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

NORTHAVEN DEVELOPMENT
NORTHAVEN II ASSISTED LIVING
531 NE 112TH ST
SEATTLE, WA 98125

RE: NORTHAVEN II ASSISTED LIVING License # 980

Dear Administrator:

This letter addresses Compliance Determination(s) 28369 (Completion Date 08/21/2023) and 27549 (Completion Date 08/09/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/21/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466-2, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466, WAC 388-78A-2480-1

The Department staff who did the off-site verification:
Sunny Kent, Licensor

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

Sincerely,

Jamie Singer

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

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 #: 980	Compliance Determination # 27549
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 1 of 4	Licensee: NORTHAVEN DEVELOPMENT	08/09/2023

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 08/02/2023 and 08/02/2023 of:
NORTHAVEN II ASSISTED LIVING
531 NE 112TH ST
SEATTLE, WA 98125

This document references the following SOD dated: 08/09/2023

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

The department staff that inspected the Assisted Living Facility:

Sunny Kent, 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

08/15/2023
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) 8/18/23 Date

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

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

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

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

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

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 C) obtained a fingerprint background check (FBGC). This placed 38 residents at risk for receiving care and services from a staff person whose criminal background was unknown.

Findings included...

Record review of a Resident Characteristic Roster, dated 07/05/2023, showed the ALF provided care and services for 38 residents.

Record review showed the ALF hired Staff C (Certified Nursing Assistant) on 08/04/2022. Review of the file showed Staff C did not complete a FBGC. The ALF had employed Staff C for one year without a FBGC.

During an interview, on 08/03/2023 at 3:17 PM, Staff G (Director of Operations) confirmed that Staff C did not complete a FBGI.

This is an uncorrected deficiency previously cited on 07/10/2023 for subsection (2).

Statement of Deficiencies	License #: 980	Compliance Determination # 27549
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 3 of 4	Licensee: NORTHAVEN DEVELOPMENT	08/09/2023

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 8/18/23 .

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

Carey McCoy — Administrator (or Representative)

8/18/23 — 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 6 sampled staff (Staff A) initiated tuberculosis (TB) screening 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 07/05/2023, showed the ALF provided care and services for 38 residents.

Record review of a chest x-ray (CXR) report, dated 07/08/2022, showed Staff A (Licensed Practical Nurse, Wellness Nurse) had history of a positive TB skin test (a type of skin test to determine if a person is infected with mycobacterium tuberculosis), and receipt of a Bacille Calmette-Guérin (BCG) vaccine (a vaccine for TB disease, used in many countries with a high prevalence of TB) as a child. Staff A's file did not contain evidence of a positive skin or blood test to support the CXR.

During an interview, on 08/02/2023 at 11:20 AM, Staff G (Director of Operations) stated that Staff A had not obtained a TB test.

This is an uncorrected deficiency previously cited on 07/10/2023.

Plan/Attestation Statement

Statement of Deficiencies	License #: 980	Compliance Determination # 27549
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 4 of 4	Licensee: NORTHAVEN DEVELOPMENT	08/09/2023

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 8/18/23 .

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

Carey McCoy — Administrator (or Representative)

8/18/23 — 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 # 980	Compliance Determination # 26391
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 1 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

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

The department completed data collection for the unannounced on-site full inspection on 07/06/2023 and 07/07/2023 of:
NORTHAVEN II ASSISTED LIVING
531 NE 112TH ST
SEATTLE, WA 98125

The following sample was selected for review during the unannounced on-site visit: 7 of 36 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

7/12/2023
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.

Statement of Deficiencies	License # 960	Compliance Determination # 26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 2 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

Administrator (or Representative) 7/19/23 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to update the Resident Plan of Services and Care (RPSC, equivalent to Negotiated Service Agreement) for 4 of 7 sample residents (Residents 2, Resident 5 Resident 6 and Resident 7) with chronic health issues requiring additional monitoring. This failure placed the residents at risk for emergent care

Findings included...

Resident 2

Record review of the Resident Characteristic Roster (RCR), updated on 07/06/2023, showed the ALF admitted Resident 2 on [redacted]2017. The RCR indicated that Resident 2 received insulin injections for diabetes mellitus and had "behaviors."

Record review of Resident 2's Assessment, dated 06/20/2023, showed the resident's diagnoses to include, "[redacted]." Further review indicated Resident 2 was a fall risk requiring "Safety checks Around the clock," and had a problem with depression and sociability.

In an interview, on 07/07/2023 at 8:20 AM, Staff G (Medication Technician) stated that the

information for all residents was located in the RPSC.

Record review of Resident 2's RPSC, dated 08/20/2023, showed no information regarding the resident's diabetes or the signs of high/low blood sugar. Additional review showed no mention of the resident's long-term use of Warfarin, blood thinner precautions, or increased fall risks with the use of the medication. Further review indicated no instructions for Resident 2's depression, or any interventions for fall precautions. There were no instructions for the care staff regarding what to observe and report.

Resident 5

Record review of a Face Sheet, dated 07/06/2023, showed the ALF admitted Resident 5 on [redacted] 2022 with disabling diagnoses including [redacted] and [redacted].

Record review of electronic Medication Administration Records for April through July, 2023 showed Resident 5 took a daily dose of aspirin, 81 milligrams (mg).

Review of a RPSC, dated 07/17/2022, showed Resident 5 ambulated with an unsteady gait, and received six safety checks per day. The RPSC also showed Resident 5 was at an increased risk for falls. Interventions included Resident 5's demonstrated ability to use an emergency call pendant. There was no other documentation to show how the ALF determined Resident 5 was a fall risk. There were no other interventions documented in the RPSC for staff to follow in the instance Resident 5 showed signs of weakness or inability to ambulate or transfer independently.

Resident 6

Record review of a Face Sheet, dated 07/06/2023, showed the ALF admitted Resident 6 on [redacted] 2021 with disabling diagnoses including [redacted] and [redacted].

Review of a RPSC, dated 06/22/2022, showed the ALF determined Resident 6 was at an increased risk for falls, depended on staff to provide total lift assistance if they experienced a fall, and that a Fall Prevention Program was in place. Staff were instructed by the RPSC to follow the Fall Prevention Program. Resident 6 would sometimes require two-person assistance with transfers during a "freezing" episode, a symptom of Parkinson's disease. The facility also determined Resident 6 required round-the-clock safety checks.

Further record review found no documents to show the ALF developed a Fall Prevention Program for Resident 6.

Statement of Deficiencies	License # 980	Compliance Determination # 26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 4 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

Resident 7

Record review of a Face Sheet, dated 07/06/2023, showed the ALF admitted Resident 7 on [redacted] 2021 with disabling diagnoses including [redacted], and [redacted].

Observation on 07/07/2023 at 3:09 PM showed Resident 7 ambulated independently with a walker. Review of a RPSC, dated 07/17/2022, showed Resident 7 required extensive assistance with bathing, and stand-by assistance with toileting. The RSPC also showed the ALF determined Resident 7 was at an increased risk for falls, depended on staff to provide total lift assistance if they experienced a fall, that a Fall Prevention Program was in place, and that staff were to follow the Fall Prevention Program.

Further record review found no documents to show the ALF developed a Fall Prevention Program for Resident 7.

During an interview on 07/07/2023 at 3:30 PM, with Staff F (RN, Clinical Director), they acknowledged the lack of a documented Fall Prevention Program and safety instructions for blood-thinning 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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/22/23

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

Administrator (or Representative) — Date: 7/19/23

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

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

(e) Other safety considerations that may pose a danger to the individual or others, such as

use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure an Assessment included the use of a mobility device and the safety risks associated for of 1 of 7 residents (Resident 5) who used a bed side rail. This placed Resident 6 at risk of bodily harm and injuries.

Findings included...

NOTE: Note: Washington Administrative Code (WAC) 388-78A-2700 - Emergency and disaster preparedness. (1) The assisted living facility must: (a) Maintain the premises free of hazards.

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

NOTE: Review of the United States Food and Drug Administration (FDA) website showed the FDA developed a document regarding side bed rail use in health care facilities titled, "A Guide to Bed Safety." The document outlined the importance of frequent assessment to monitor for resident's physical and mental status, monitoring high risk residents, and ensuring side bed rail safe installation. The document outlined risks of using side rails including strangling, suffocating, bodily injury, or death when a person can get caught, increased fall risk if not used properly, feelings of isolation and unnecessary restriction and prevention of completing activities of daily living.

Record review of a Face Sheet, dated 07/08/2023, showed the ALF admitted Resident 5 on [redacted] 2022 with disabling diagnoses including [redacted] and [redacted] Review of an Assessment dated 07/17/2022, showed Resident 5 transferred independently

Observation, on 07/07/2023 at 4:05 PM, showed a quarter side rail attached to the right side (facing) of Resident 5's bed. The side rail measured approximately 19 inches wide by 18.5 inches long. The side rail was tight up against the mattress, but the rail moved when pulled on. The side rail had no cover to prevent entrapment.

Statement of Deficiencies	License #: 980	Compliance Determination # 26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 6 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

During an interview, on 07/07/2023 at 4:05 PM, Resident 5 stated that they purchased the side rail independently. They used it to move around and transfer in and out of their bed.

During an interview, on 07/07/2023 at 4:50 PM, Staff F (Registered Nurse, Clinical Director) stated that they did not know Resident 5 installed their own side rail on the bed.

Record review showed Resident 5's Assessment did not include documentation to show Resident 5 used a side rail as a transferring and mobility device or the safety risks associated with its use.

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/19/23

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

Carly McCoy — Administrator (or Representative)

7/19/23 — Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff B) renewed their Food Worker Card (FWC) before the expiration date. This left 38 of 38 residents at risk of foodborne illness.

Findings included..

NOTE: WAC 246-215-02120 of the Washington State Retail Food Code shows that the permit holder and the person in charge of the food establishment shall ensure that all food employees are in compliance with the provisions of chapter 69.06 010 RCW and Chapter 246-217-045 WAC for obtaining and reviewing food worker cards

Statement of Deficiencies	License #: 980	Compliance Determination # 26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 7 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

Record review of a Resident Characteristic Roster, dated 07/05/2023, showed the ALF provided care and services for 38 residents.

Record review showed the ALF hired Staff B as the Director of Dining Services on 04/23/2023. A review of Staff B's FWC showed it was renewed 07/07/2023, during the inspection. Staff B worked for 78 days as a Director of Dining Services without a valid FWC.

During an interview, on 07/10/2023 at 3:00 PM, Staff B stated that renewing the FWC slipped his mind

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/19/23.

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

Carey McCoy — Administrator (or Representative)

7/19/23 — Date

WAC 388-76A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

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

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

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

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

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 C) renewed their name and date of birth background check (BGC)

Statement of Deficiencies	License # 980	Compliance Determination # 26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 8 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

every two years and obtained a fingerprint background check (FBGC). This placed the ALF's 38 residents at risk for receiving care and services from a staff person whose current background history was unknown secondary to an expired BGC, and a missing FBGC.

Findings included...

Record review of a Resident Characteristic Roster, dated 07/05/2023, showed the ALF provided care and services for 38 residents.

Record review showed the ALF hired Staff C (Certified Nursing Assistant) on 06/04/2022. Staff C's file contained a BGC. The BGC expired on 06/18/2023. Documents received via email on 07/10/2023 showed Staff C completed a new BGC the same day, 07/10/2023. The ALF employed Staff C for 24 days without a valid BGC.

Review of the file also showed Staff C did not complete a FBGC. The ALF employed Staff C for 10 months and 14 days without a FBGC.

During an interview, on 07/07/2023 at 1:35 PM, Staff F (Registered Nurse, Clinical Director acknowledged the expired BGC and missing FBGC for Staff C.

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/22/23

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

Administrator (or Representative) — Date: 7/19/23

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

Statement of Deficiencies	License #: 980	Compliance Determination #:25381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page 9 of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

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 A) initiated a name and date of birth background inquiry (BGI) within 1 business day of hire. This placed the ALF's 38 residents at risk for receiving care and services from staff whose background history was unknown.

Findings included...

Record review of a Resident Characteristic Roster, dated 07/05/2023, showed the ALF provided care and services for 38 residents.

A review of staff records showed the ALF hired Staff A (Licensed Practical Nurse, Wellness Nurse) on 03/01/2023. The BGI was completed on 03/28/2023, 27 days after the hire date.

During an interview, on 07/06/2023 at 1:35 PM, Staff F (Registered Nurse, Clinical Director) stated that Staff A worked at the ALF as a travel nurse, then the ALF hired Staff A as a permanent employee. The ALF did not obtain a copy of the background check conducted by staffing agency. They thought that the agency's background check would be sufficient.

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/22/23

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

Carey McCoy — Administrator (or Representative)

7/19/23 — 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:

Statement of Deficiencies	License #: 980	Compliance Determination #26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

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

Findings included...

Record review of a Resident Characteristic Roster, dated 07/05/2023, showed the ALF provided care and services for 38 residents.

Record review of a chest x-ray (CXR) report, dated 07/08/2022, showed Staff A (Licensed Practical Nurse, Wellness Nurse) had history of a positive TB skin test (a type of skin test to determine if a person is infected with Mycobacterium tuberculosis), and receipt of a BCG vaccine (A vaccine for tuberculosis (TB) disease, used in many countries with a high prevalence of TB) as a child. Staff A's CXR on 07/08/2022 showed they were negative for any evidence of prior or active TB infection. There was no documentation of the prior positive TB skin test results available in Staff A's employee file.

During an interview, on 07/07/2023 at 1:35 PM, Staff F (Registered Nurse, Clinical Director) acknowledged the missing TB testing records. Additional records, received by the department via email on 07/10/2023, were duplicate copies of documents reviewed at the ALF. There was no additional information available to verify Staff A's TB skin test history.

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/22/23

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

Carey McCo — Administrator (or Representative)

7/19/23 — Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

Statement of Deficiencies	License #: 980	Compliance Determination # 26381
Plan of Correction	NORTHAVEN II ASSISTED LIVING	Completion Date
Page of 11	Licensee: NORTHAVEN DEVELOPMENT	07/10/2023

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) completed two-step tuberculosis (TB) skin testing (a type of skin test to determine if a person is infected with Mycobacterium tuberculosis) within the time frame allotted by the regulation. This placed the ALF's 38 residents at risk for contracting TB, a communicable disease.

Findings included...

Record review of a Resident Characteristic Roster, dated 07/05/2023, showed the ALF provided care and services for 39 residents.

Record review showed the ALF hired Staff B, (Director of Dining Services) on 04/04/2023. Staff B did not initiate two-step TB testing within three days of hire.

During an interview, on 07/07/2023 at 1:38 PM, Staff F (Registered Nurse, Clinical Director) acknowledged the incomplete TB status for Staff B.

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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/22/23.

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

Casey McCa — Administrator (or Representative)

7/19/23 — Date