STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

EASTSIDE RETIREMENT ASSOCIATION
EMERALD HEIGHTS
10901 176TH CIRCLE NE
REDMOND, WA 98052

RE: EMERALD HEIGHTS License # 994

Dear Administrator:

This letter addresses Compliance Determination(s) 41571 (Completion Date 05/21/2024) and 36663 (Completion Date 02/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/21/2024 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-2610-2-d, WAC 388-78A-2610-1, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2

The Department staff who did the on-site verification:
Steven Garrett, LTC Licensor
Claudia Allis, Community Complaint Investigator

If you have any questions, please contact me at (360)651-6971.

Sincerely,

Jayne Hill

Jayne Hill, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 994	Compliance Determination # 36663
Plan of Correction	EMERALD HEIGHTS	Completion Date
Page 1 of 6	Licensee: EASTSIDE RETIREMENT ASSOCIATION	02/27/2024

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

The department completed data collection for the unannounced on-site full inspection on 02/14/2024 and 02/21/2024 of:
EMERALD HEIGHTS
10901 176TH CIRCLE NE
REDMOND, WA 98052

The following sample was selected for review during the unannounced on-site visit: 9 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Claudia Allis, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson — Residential Care Services

02/27/2024 — 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.

Administrator (or Representative) 3/7/2024 Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement infection control policies and requirements to protect 38 of 38 residents (Resident 1 through Resident 38) from an infectious illness. This failure placed all 38 residents at risk of contracting and spreading a potentially life-threatening infectious disease.

The Centers for Disease Control and Prevention (CDC), the national public health agency for the United States, developed guidelines for infection prevention and control practices in healthcare settings including assisted living facilities. The Washington State Governor's Office, the Washington State Department of Social and Health Services (DSHS), the Washington State Department of Health (DOH), and the Washington State Department of Labor and Industries (L&I), established the current infection control standards to prevent and control the spread of respiratory infections, such as coronavirus disease 2019 (COVID-19), in healthcare settings

Review of the CDC website "Transmission-Based Precautions" at (https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html), showed that the CDC recommended the use of personal protective equipment (PPE) to prevent infection transmission including a fit-tested National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher level respirator for healthcare personnel.

Review of the DOH publication, "Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings", dated October 31, 2022, showed specific guidelines for a Respiratory Protection Program (RPP) that included medical evaluation and fit testing for respirator use. The publication showed that facilities were required to provide initial and annual fit tests for any employee identified as potentially being exposed to respiratory hazard. The publication showed that facilities were required to provide each employee with the properly fit-tested respirator identified during the fit-test process.

Review of the DSHS Dear Provider Letter, "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and changes to Department of Health RPP Resources", dated 09/14/2023, showed the guidelines for long-term care facilities (LTCF) and employer responsibilities for respiratory protection and RPP. The letter showed that LTCF providers were required to supply PPE to staff who provided care to residents with known or suspected communicable disease. The letter also showed that employers were responsible to identify respiratory hazards in the workplace, provide appropriate PPE and follow regulations pertaining to respiratory protection.

Review of the Department's Secure Tracking and Reporting System (STARS) showed that on 08/27/2023 and 12/28/2023, the facility experienced an infectious disease outbreak after several residents tested positive for COVID-19. Further review showed that the facility took isolation precautions for residents who tested positive for COVID-19.

Review of the facility's policy titled, "IC – Personal Protective Equipment (PPE)", dated March 2020, showed that facility staff used appropriate standard precautions which included the use of PPE, when applicable, to prevent the spread of contamination or infection. The policy showed that prior to the use of an N95 respirator, each staff member passed medical clearance and fit testing. The policy showed that fit testing was required annually, and that staff only used the respirator model and size approved by fit test.

During an interview on 02/16/2024 at 1:30 PM, Staff A, Health Services Administrator, stated that staff were last fit tested in 2021. Staff A stated that there was no documentation of staff fit testing from 2021. Staff A stated they were aware not all staff who were required to be fit tested completed their medical evaluation or fit tests.

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, EMERALD HEIGHTS is or will be in compliance with this law and / or regulation on (Date) 4/11/2024 .

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

Administrator (or Representative) 3/1/2024 Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 38 of 38 residents (Resident 1 through Resident 38) with a copy of the facility's policy for acceptance of Medicaid as a payment source. This failure placed all residents at risk of being discharged and unable to reside in the facility on Medicaid.

Record review of the facility's Disclosure of Services document, showed that the facility provided assistance with activities of daily living (ADL's). The document showed that the facility did not accept Medicaid as a payment source.

During an interview on 02/14/2024 at 10:10 AM, Staff A, Health Services Administrator, stated that the facility did not have any Medicaid contracts. Staff A stated that the facility did not accept Medicaid as a payment source.

During an interview on 02/21/2024 at 1:25 PM, Staff A stated that the facility had no separate document for the required Medicaid policy. Staff A stated that they were unaware of any current residents' records that contained this type of documentation.

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, EMERALD HEIGHTS is or will be in compliance with this law and / or regulation on (Date) 4/11/2024 .

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

Administrator (or Representative) 3/1/2024 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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff A, Staff B, and Staff C) were screened for tuberculosis (TB), a serious respiratory disease, within three days of employment. This placed all the residents at risk of contracting a contagious and serious illness.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Health Services Administrator, on 11/01/2023, Staff B, Bus Driver, on 01/03/2024, and Staff C, Caregiver, on 12/04/2023.

Review of Staff A's personnel records showed from 11/01/2023 through 02/21/2024, Staff A worked at the facility. Staff A supervised staff who provided care and services for residents. There was no documentation in Staff A's records that showed the facility screened Staff A for TB within three days of employment. The records showed documentation that Staff A completed the first step of the two-step skin test on 11/06/2023, five days after Staff A's date of employment.

Review of Staff B's personnel records showed from 01/03/2024 through 02/21/2024, Staff B worked at the facility. Staff B provided services for residents. There was no documentation in Staff B's records that showed the facility screened Staff B for TB within three days of employment.

Review of Staff C's personnel records showed from 12/04/2023 through 02/21/2024, Staff C worked at the facility. Staff C provided care and services for residents. There was no documentation in Staff C's records that showed the facility screened Staff C for TB within three days of employment. The records showed documentation that Staff C completed a chest x-ray on 08/01/2023, 125 days prior to Staff C's date of employment.

During an interview on 02/21/2024 at 1:30 PM, Staff A confirmed that when Staff A, Staff B, and Staff C were hired, they were not screened for tuberculosis. Staff A stated that they were aware that testing for tuberculosis was required for all facility staff within three days of employment.

Plan/Attestation Statement

Statement of Deficiencies	License #: 994	Compliance Determination # 36663
Plan of Correction	EMERALD HEIGHTS	Completion Date
Page 6 of 6	Licensee: EASTSIDE RETIREMENT ASSOCIATION	02/27/2024

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, EMERALD HEIGHTS is or will be in compliance with this law and / or regulation on (Date) 4/11/2024 .

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

Administrator (or Representative) [signature] Date 3/1/2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

02/27/2024

EASTSIDE RETIREMENT ASSOCIATION
EMERALD HEIGHTS
10901 176TH CIRCLE NE
REDMOND, WA 98052

RE: EMERALD HEIGHTS # 994

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/27/2024 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:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

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

The facility sent notification to the department of a change in administrator within 10 days of the change. Notification to the department of a change in administrator was sent on department's Nursing Home Information Change document. During the inspection, the facility administrator sent a follow-up email notification to the department of a change in administrator on the department's Assisted Living Facility Information Change document. The licensors confirmed the department's Secure Tracking and Reporting (STARS) database showed the change of administrator.

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)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure