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

PARK PLACE RHF HOUSING
PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

RE: PARK PLACE License # 1532

Dear Administrator:

This letter addresses Compliance Determination(s) 29116 (Completion Date 09/07/2023) and 26099 (Completion Date 07/19/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/07/2023 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-24642-1, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2140-1-a-iii

The Department staff who did the on-site verification:

Steven Garrett, LTC Licensor
Thomas Forkgen, ALF Licensor
Claudia Machado, Community Complaint Investigator
Angelica Rios, ALF Licensor
Jane Hermano, NCI

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, 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

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 07/05/2023 and 07/11/2023 of:

PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

The following sample was selected for review during the unannounced on-site visit: 19 of 138 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Steven Garrett, LTC Licensor
Jane Hermano, NCI
Claudia Machado, Community Complaint Investigator
Angelica Rios, ALF Licensor

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.

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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a national fingerprint background check for 1 of 6 staff (Staff A, Administrator). This failure placed all facility Residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included….

A review of Staff A's facility employee records showed the facility hired Staff A on 01/17/2023. Further review of the employee records showed no documentation that Staff A completed a national fingerprint background check.

During an interview on 07/05/2023 at 1:55 PM, Staff G, Business Office Manager, stated that the facility had not submitted the request for a national fingerprint background check for Staff A when Staff A was hired as the Administrator.

During an interview on 07/11/2023 at 10:35 AM, Staff A stated that they had not completed a national fingerprint background check when they were hired as the facility Administrator.

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, PARK PLACE 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-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.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 6 staff, (Staff D, Caregiver) was screened for Tuberculosis (TB) as required. This failure placed all residents at risk of exposure to Tuberculosis, an infectious disease.

Findings Included…

Review of the facility's personnel staff records showed that the facility hired Staff D Caregiver on 07/22/2022. Review of Staff D's personnel records showed no documentation that Staff D was screened for tuberculosis within three days of hire.

During an interview on 07/11/2023 at 3:00 PM, Staff A, Administrator, confirmed that when Staff D was hired, Staff D was not screened for tuberculosis.

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, PARK PLACE 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-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 observation, interview and record review, the facility failed to document in 4 of 6 sampled residents (Resident 1, Resident 3, Resident 8, and Resident 19) Negotiated Service Agreements (NSA), the care needs and interventions for physician ordered medical treatments. This failure placed the residents at risk for unmet care needs and worsening of medically diagnosed conditions.

Findings included…

RESIDENT 1
Observation of Resident 1's room on 07/05/2023 at 11:51 AM, showed a portable oxygen concentrator and three oxygen cylinders in the room. Observation showed Resident 1 seated on their power wheelchair. There was a medium sized oxygen cylinder strapped to the wheelchair, between Resident 1's leg. Observation of the oxygen tank showed the oxygen flow rate was set at five liters. During an interview at the same time, Resident 1 stated they were unaware of the oxygen flow rate that was ordered by the physician. Resident 1 reported that the portable oxygen concentrator did not work.

Record review of Resident 1's June 2023 and July 2023 Medication Administration Records (MAR) showed Resident 1 was diagnosed with [redacted] The MARs showed a physician order for continuous oxygen, two liters per nasal cannula (a lightweight tube with two prongs inserted in the nose to provide supplemental oxygen). The order did not document if Resident 1's oxygen saturation level should be monitored and when the flow rate should be adjusted.

Review of Resident 1's "Assisted Living Assessment and Service Plan", dated 03/15/2023, showed R 1 had an oxygen supplement. The service plan provided no instructions for staff related to Resident 1's oxygen use and monitoring requirements. Further review of the service plan showed no documentation of the company that supplied the oxygen cylinders and serviced the oxygen concentrator.

RESIDENT 3
Review of Resident 3's June 2023 and July 2023 MAR showed a physician's order that Resident 3 received five milligrams (mg) Eliquis (anticoagulant medication used to treat and prevent blood clots and to prevent stroke), one tablet daily, by mouth for atrial fibrillation (irregular, rapid heart rate that caused poor blood flow).

Review of Resident 3's "Assisted Living Assessment and Service Plan", dated 09/01/2022, showed no documentation that Resident 3 received Eliquis. Further review of the service plan showed no guidance for the care staff about the possible side effects from the use of Eliquis, such as an increased risk of bleeding. The service plan showed no instructions for staff about what actions were needed for such side effects.

During an interview on 07/07/2023 at 11:04 AM, Staff H, Licensed Practical Nurse, Resident Care Manager, confirmed that Resident's 3's service plan did not have a safety plan for taking a blood thinner medicine.

RESIDENT 8
Review of Resident 8's May 2023, June 2023, and July 2023 MAR showed a physician's order that Resident 8 received 81 mg of chewable Aspirin, by mouth once a day. Review of the MARs showed Resident 8 was diagnosed with [redacted]) and [redacted]

Review of Resident 8's "Assessment and Service Plan," dated 10/01/2022, showed no guidance for the care staff about the possible side effects from the use of aspirin, such as an increased risk of bleeding. The service plan showed no instructions for staff about what actions were needed for such side effects or to report any signs and symptoms of side effects to the nurse.

RESIDENT 19
Review of Resident 19's May 2023, June 2023, and July 2023 MAR showed a physician's order that Resident 19 received 81 mg of Enteric Coated Aspirin (a coating around the tablet to allow the medication to pass through the stomach to the small intestine before dissolving) daily, by mouth. Further review of the MAR showed Resident 19 was diagnosed with [redacted]

Review of Resident 19's Assessment and Service Plan, dated 06/23/2023, showed no guidance for the care staff about the possible side effects from the use of EC aspirin, such as an increased risk of bleeding. The service plan showed no instructions for staff about what actions were needed for such side effects or to report any signs and symptoms of side effects to the nurse.

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, PARK PLACE 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

07/31/2023

PARK PLACE RHF HOUSING
PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

RE: PARK PLACE # 1532

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/19/2023 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-2730 Licensee's responsibilities.

(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:

(i) A current assisted living facility license, including any related conditions on the license;

The facility license posted expired 05/31/2022. During the inspection, facility Business Office/Admissions Director removed the expired license. Business Office/Admissions Director posted the current facility license.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(f) Make sure first-aid supplies are appropriate for:

(i) The size of the assisted living facility;

The location of first aid kits throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

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:

(r) When receiving and responding to resident grievances consistent with RCW 70.129.060 ; and

The facility did not respond to resident grievance regarding availability of dinner entrees. Dining services director stated that this issue was brought up before and needed to be

addressed. During the time of the inspection, the Dining Services Director and Administrator initiated a plan to correct the issue.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

The facility failed to ensure prompt, professional treatment to eliminate bed bugs. The Executive Director was aware of the potential health risks to residents from bed bug bites and a diminished quality of life. In April 2023, the bed bug infested the first room. Months later, the following three rooms were soon infested. The facility did not seek professional treatment until July 2023, three months after identifying the presence of the bed bugs. During the inspection, the professional pest control operator (PCO) performed their initial chemical treatment to one room with significant bed bugs. The PCO scheduled three additional chemical treatments for the bed bug and a follow-up inspection after 14 days from the completion of the third chemical treatment. The facility's document "Bed Bug Treatment Protocol", revised on 07/12/2023, included a preventive maintenance by trained staff or professional pest service to control any potential bed bug return.

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, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure