STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

06/26/2023

OLYMPIC PLACE RETIREMENT AND ASSIST
OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
SALEM, OR 97317

RE: OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY License # 1712

Dear Administrator:

This letter addresses Compliance Determination(s) 25448 (Completion Date 06/15/2023) and 21641 (Completion Date 03/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/15/2023 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-2610-1, WAC 388-78A-2610-2-a, WAC 388-78A-2610-2-b, WAC 388-78A-2610-2-c, WAC 388-78A-2610-2-d

The Department staff who did the on-site verification:
Christine Banta, Community Complaint investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 1712	Compliance Determination # 21641
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	03/27/2023

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 03/27/2023 and 03/27/2023 of:

OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
20909 Olympic Pl NE
Arlington, WA 98223

This document references the following SOD dated: 03/27/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

04/03/2023
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)

5/8/2023
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:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(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 Assisted Living Facility (ALF) failed to ensure required infection control measures were followed by not fit testing 21 of 33 staff for respirator masks. This failure placed 46 residents, staff, and visitors at risk of contracting a communicable illness.

Findings included...

Record review of the ALF's "Community COVID-19 (COVID-19 is an infectious disease by a new 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) Infection Control Policy: Washington", dated 11/07/2022, showed the community would coordinate the completion of medical evaluations, education, and fit testing for employees in preparation for when N95 (respirator) mask utilization is required/recommended. Completion of medical evaluation results and fit testing will be routinely audited to assure ongoing compliance.

Review of the Assisted Living's Respiratory Protection Program, undated, showed fit testing would be in accordance with State and Federal guidance.

Review of the Department of Health's (DOH) Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings dated 04/22/2022 showed

healthcare personnel (HCP) who have close contact with residents who are confirmed COVID-19 positive, or in observation/quarantine, wear a fit tested N95 respirator (a fit test tests the seal between the respirator facepiece and the wearer's face). Per Washington Administrative Code (WAC) 296-842-15005 (2)(a)(b) the facility will provide fit testing before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

In an Interview on 03/27/2023 at 10:10 AM, Staff C, Executive Director, stated that a company had come in to do some of the fit testing. Staff C stated that not all staff had completed fit testing and dates had not been scheduled yet to fit test the remaining staff members.

On 03/27/2023 at 10:16 AM, Staff D, Assisted Living Director, stated that she had only completed the online training and the corporation had not ordered the supplies to do the fit testing. Staff D stated that fit testing will become part of the orientation process once they have all the supplies.

Record review of the ALF's fit testing results completed by the Columbia Safety dated 03/01/2023 showed 21 out of 33 employees had not completed fit testing.

This is an uncorrected deficiency previously cited on 02/06/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/31/2023.

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

Administrator (or Representative) — Date 5/8/2023.

Residential Care Services
Investigation Summary Report

Provider/Facility: OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
License/Cert.#: 1712
Compliance Determination #: 17946
Investigator: Karen Glover
Investigation Date(s): 12/30/2022 through 02/06/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 60819
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
1. Alleged the facility had one staff member test positive for COVID-19, an infectious disease.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 0 Closed records sample size: 0
Observations:	Dining Residents Dining Infection control practices
Interviews:	Nursing staff Receptionist Administration Regional staff
Record Reviews:	Facility policies

Investigation Summary:
1. The facility identified one staff member that tested positive for COVID-19. The Assisted Living Facility (ALF) took the appropriate action when the named staff tested positive for COVID-19. The ALF made the required notifications, including calls to the Department Hotline, the local health jurisdiction and all staff and resident representatives. The ALF followed the infection control and testing guidance of the local health jurisdiction. The ALF closely screened all residents and staff for signs/symptoms consistent with COVID-19. The facility failed to provide fit testing for N-95's for new staff. Citation written 388-78A-2610 (1)(2)(a)(b)(c)(d) Infection control

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 1712	Compliance Determination # 17946
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 1 of 4	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	02/06/2023

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 complaint investigation on 12/30/2022 and 01/30/2023 of:

OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
20909 Olympic Pl NE
Arlington, WA 98223

This document references the following complaint number(s): 60819

The following sample was selected for review during the unannounced on-site visit: 0 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator

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FEB 27 [illegible]
ALTSA/RCS ARLINGTON

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Jayne Hill
Residential Care Services

2/13/2023
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.

X Brenda Chambers
Administrator (or Representative)

X 2-25-2023
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:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(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 Assisted Living Facility (ALF) failed to follow required infection control measures to prevent COVID-19, by not ensuring 5 of 5 sampled staff (Staff C, D, E, F and H) were properly fit tested for N-95 masks. This failure placed all residents, staff, and visitors at risk of contracting COVID-19.

Findings included...

Review of the Assisted Living's Respiratory Protection Program, undated, showed fit testing would be in accordance with State and Federal guidance.

Review of the Department of Health's (DOH) Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings dated 04/22/2022 showed healthcare personnel (HCP) who have close contact with residents who are confirmed COVID-19 positive, or in observation/quarantine, wear a fit tested N95 respirator (a fit test tests the seal between the respirator facepiece and the wearer's face). Per Washington Administrative Code (WAC) 296-842-15005 (2)(a)(b) the facility will provide fit testing before employees are assigned duties that may require the use of respirators and at least every twelve months after the initial testing.

Record review of the ALF's Community COVID-19 Infection Control Policy: Washington, dated 11/07/2022, showed the community would coordinate the completion of medical evaluations, education and fit testing for employees in preparation for when N95 mask

utilization is required/recommended. Completion of medical evaluation results and fit testing will be routinely audited to assure ongoing compliance.

In an interview on 12/30/2022 at 12:25 PM, Staff C, Assistant Executive Director, stated that she was unsure of when the last fit testing had been completed and she would have to follow-up with Staff B, Regional Director of Operations regarding staff fit testing records. There was no evidence of any fit testing records available for review.

In an interview on 12/30/2022 at 12:30 PM, Staff E, Assisted Living Director, stated that she had not been fit tested.

In an interview on 12/30/2022 at 1:31 PM, Staff B stated that she was unsure of the last fit testing date and would follow up with Staff G, Regional Nurse Consultant.

In an interview on 02/02/2023 at 8:50 AM, Staff B stated that she would follow up with Staff G about the fit testing dates and the fit testing records for 3 staff as requested.

In an interview on 02/06/2023 at 10:39 AM, Staff B stated that the facility is in the process of getting fit testing set up and they are waiting for funding with the DOH. Staff B stated that she is not sure of the last fit testing date for the facility.

In an interview on 02/06/2023 at 10:47 AM, Staff G, stated that he was not sure when the last fit testing had been completed.

In an interview on 02/06/2023 at 11:19 AM, Staff D, Registered Nurse, had not received fit testing since her start date of 08/17/2022. Staff D was not aware of any fit testing records.

In an interview on 02/06/2023 at 11:36 AM, Staff H, Receptionist, stated that she had not received fit testing since she started on 07/20/2016.

In an email on 02/06/2023 at 12:09 PM, Collateral Contact 1 (CC1), company representative, stated their company had fit tested 5 employees on 06/14/2022 at the facility.

In an interview on 02/06/2023 at 4:22 PM, Staff F, medication technician, stated that she had been working at the facility since mid-December. Staff F stated that she had not had a fit test done since she started.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) X 3-15-2023.

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

X Brenda Chambers QS — Administrator (or Representative)

X 2-25-2023 — Date