STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

01/10/2024

MILL CREEK SPECIAL CARE COMMUNITY LLC
THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

RE: THE COTTAGES AT MILL CREEK License # 1977

Dear Administrator:

This letter addresses Compliance Determination(s) 34077 (Completion Date 12/18/2023) and 29430 (Completion Date 09/28/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2023 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

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 #: 1977	Compliance Determination # 29430
Plan of Correction	THE COTTAGES AT MILL CREEK	Completion Date
Page 1 of 3	Licensee: MILL CREEK SPECIAL CARE COMMUNITY LLC	09/28/2023

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 09/13/2023 and 09/13/2023 of:
THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

This document references the following SOD dated: 09/28/2023

The following sample was selected for review during the unannounced on-site visit: 3 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Christine Banta, Community 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.

Kim Ripley — 10/10/2023

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.

Laura Williams
Administrator (or Representative)

10/10/2023
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.

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 infectious respiratory disease by ensuring that 17 of 17 staff (Staff A, B, C, E, F, G, H, I, J, K, L, M, N, O, P, Q, and R) were current on their fit testing for N95 respirators. This failure resulted in care staff not properly fitted for N95 respirator use and placed all residents, staff, and visitors at risk of contracting a respiratory infection.

Findings included...

Review of Washington Administrative Code 296-842-15005 (2)(a)(b) showed the ALF will provide fit testing (a fit test tests the seal between the respirator facepiece and the wearer's face) 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 Respiratory Protection Policy, dated 05/01/2023, showed the policy was designed to maximize protection afforded by respirators when they must be used. It establishes procedures necessary to meet the regulatory requirements described in OSHA's Respiratory Protection standard 29 CFR 1910.134. The policy showed the facility administrator is responsible for ensuring that each employee is fit tested annually or if other circumstances such as significant weight loss/gain require staff member to be refitted.

On 09/13/2023 at 11:35 AM, Staff A, Executive Director, stated that they have not been able to conduct any fit testing for all care staff (Staff A, B, C, D, E, F, G, H, I, J, K, L, M, O, P, Q and R). Staff A stated that they were still waiting to complete the hands-on portion of the fit testing training. Staff A stated that they did not find an outside source to conduct fit testing for the staff.

This is an uncorrected deficiency previously cited on 05/23/2023.

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, THE COTTAGES AT MILL CREEK is or will be in compliance with this law and / or regulation on (Date) 11/12/23 .

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

Laura Williams
Administrator (or Representative)

10/10/23
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MILL CREEK
Provider Type: Assisted Living Facility
License/Cert.#: 1977
Intake ID: 77193
Compliance Determination #: 22658
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 04/18/2023 through 05/23/2023
Complainant Contact Date(s): 04/12/2023

Allegation(s):

1. The Named Resident (NR) had blood in their brief. Staff failed to monitor, did not get a urine test, or notified the primary care doctor for more than a week.
2. There were no staff available for over 45 minutes.
3. The facility continued to give the NR dairy/lactose containing foods despite NR being lactose intolerant.
4. The NR's room was soiled on multiple occasions.
5. The NR lost approximately 20 pounds since they moved in in [redacted] 2022.
6. The rent was increased in November or December about 300 dollars a month, but they were not made aware.
7. The NR was always sleepy and doing nothing. They were all gathered where the TV was but were all doing nothing.
8. During an unannounced visit, the facility had a COVID-19 outbreak.

Investigation Methods:

Sample:
Total residents: 38
Resident sample size: 5
Closed records sample size: 1

Observations:
Residents
Identified resident
Activities
Dining
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Nursing staff
Residents
Administrator
Family members

Record Reviews:
Facility policies
Incident investigation
Care Plan
MAR
Charting notes

Investigation Summary:

1. Interview and Record review showed the facility faxed the PCP for the collection of urine sample to rule out a urinary tract infection (UTI). The facility obtained an order and started the NR on antibiotic treatment. The NR was placed on alert charting and monitoring. No failed practice.
2. During an unannounced visit staff were observed to be available for residents' care. Each of the cottages had a caregiver and there was a Med Tech assigned. The facility had a communication system in place to ensure staff was present to keep an eye on residents.
3. The facility had resident's dietary requirements on signs in the kitchen by the fridge and on the bulletin board. The staff had a communication in place to ensure compliance with the diet order. The NR's care plan was being followed.
4. During an unannounced visit the NR's and the Sampled Residents' rooms were observed to be clean and organized. The bedding was clean. No similar findings during unannounced visit.
5. Record review showed that the facility began to address the NR's weight loss and notified the Primary care physician (PCP) regarding the NR's weight loss as early as 01/27/2023. The facility monitored and documented the NR's weight as ordered. The NR was ordered Lactaid as well as Lactose free supplement.
6. Record review showed that the NR was on [redacted] services. The facility does not process increases or changes in the rent for [redacted] Residents. Home and Community Services Social Services Supervisor stated that all correspondence about NR's financial responsibility has been sent to NR and POA. The increase in rent was based on the NR's monthly income.
7. The facility failed to provide independent or self-directed activities consistent with sampled residents' interest and the negotiated service agreement. Failed practice identified. WAC 388-78A-2180 Activities.
8. The facility failed to follow the Communicable Diseases Center's (CDC) recommended infection control practices. Failed practice identified. WAC 388-78A-2610 Infection Control.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MILL CREEK
Provider Type: Assisted Living Facility
License/Cert.#: 1977
Intake ID: 78507
Compliance Determination #: 22658
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 04/18/2023 through 05/23/2023
Complainant Contact Date(s): 04/17/2023, 05/19/2023

Allegation(s):

It was alleged:
1. The facility was discharging Named Resident (NR) immediately.
2. The facility was unable to meet the needs of NR. The facility was not doing any activity and residents were just sitting.
3. During unannounced visit, facility had a COVID-19 outbreak.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 5 Closed records sample size: 1
Observations:	Residents Resident to resident interactions Staff to resident interactions
Interviews:	Family members Residents Nursing staff Administrator
Record Reviews:	Incident investigation Facility policies Charting notes Care Plan MAR

Investigation Summary:

1. The facility issued a discharged notice to the NR due to the facility being unable to meet the NR needs. The NR has urgent medical needs that the facility cannot meet and the health and safety of other residents were endangered. Records show that the NR had previous behavioral issues that the facility communicated with the primary care physician and the family. The facility called 911 due to the NR breaking doors, boxes, forcibly entering into other residents room and throwing a cup of water to staff. The facility was not able to redirect NR to keep NR and other residents safe. The facility called 911 and NR was taken to the emergency room (ER). NR was transferred to a

geropsych unit and on restraint for further management of behavior. The facility stated that it will not be taking back the NR. The NR was given discharge notice on 4/12/2023. The discharged notice did not identify a location for placement once the NR becomes stable and predictable. The NR was admitted on the PACE program on 04/01/2023. In an interview and an email, PACE accepted full responsibility to locate for housing. Consultation done.
2. Interview and record showed that the facility was in contact with the primary care physician and the family regarding NR behavioral management. The facility made arrangement with the family for NR to transition with a new PCP for closer and better communication under the PACE (Program of All-inclusive Care for the Elderly) program. The facility were monitoring residents' behavior and safety. The facility failed to provide independent or self-directed activities consistent with sampled residents' interest and the negotiated service agreement. Failed practice identified. WAC 388-78A-2180 (1)(a)(b)(2), Activities.
3. The facility failed to follow the Washington State Department of Health's (DOH) recommended infection control practices. Failed practice identified. WAC 388-78A-2610 (1) , Infection Control.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 04/18/2023 and 05/23/2023 of:

THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

This document references the following complaint number(s): 77193, 78507

The following sample was selected for review during the unannounced on-site visit: 5 of 38 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community 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.

Kim Ripley — Residential Care Services

05/30/2023 — 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) 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.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to follow required infection prevention control measures to prevent COVID-19 (COVID 19 is a respiratory disease caused by SARS-CoV-2), by not ensuring that 17 of 17 care staff (Staff B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q, and R), who were directly involved in resident care, were updated with and properly fit tested for the use of N-95 masks. This failure placed all residents, staff, and visitors at risk of contracting SARS-CoV-2, the virus responsible for COVID-19.

Findings included...

Review of WAC 296-842-15005 Conduct fit testing, showed the ALF is to provide, at no cost to the employee, fit test for all tight fitting respirators on the following schedule: Before employees are assigned duties that may require the use of respirators.

Facility policy titled, "Infection Control COVID-19: Mask Use" dated 04/03/2023 showed the ALF, in order to protect residents and staff from infectious disease, staff, residents, and/or guests may be asked to wear a mask in certain conditions and facility will continue to have infection prevention policies consistent with local DOH/CDC.

Facility policy titled, "COVID-19 Infection Control and Prevention" dated 05/01/2023 showed staff are required to wear a fit tested N95 mask or similar when providing general resident personal care when COVID is present or presumed.

Review of Washington State Department of Health's (DOH) Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings dated 04/23/2022 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 that seal between the respirator facepiece and the wearer's face). Health care personnel must wear appropriate personal protective equipment including gloves, gown, eye protection and National Institute of Occupational Health and Safety (NIOSH) approved respirator.

In an interview on 04/18/2023 at 1:55 PM, Staff A, Executive Director, stated that they have 9 residents who tested positive with COVID-19 starting on 04/13/2023.

On 4/25/2023 at 12:13 PM, Staff A emailed copies of the ALF's reports titled "Online Incident Report" dated 4/14/23 and 4/17/2023 showing a total of 7 residents and 3 care staff who tested positive for COVID-19. In an email on 4/25/2023 at 12:13 PM, Staff A sent copies of the ALF's reports titled "Online Incident Report" dated 4/21/23 and 4/24/2023 showing 7 additional cases of COVID-19 positive residents.

On 04/18/2023 two staff were observed in the Cottage where 9 residents tested positive with COVID-19. Staff F, MedTech, was in and out of the Cottage that had COVID-19 positive residents.

Review of an undated staff schedule titled, "Full Staff Schedule" showed 17 care staff were directly involved in resident's care and were scheduled to work from the period of 04/16/2023 to 04/22/2023.

In an interview on 04/18/2023 at 1:55 PM, Staff A stated that the staff were not fit tested for the appropriate N95 mask.

In an interview on 04/18/2023 at 2:40 PM, Staff B, caregiver stated that she was not fit tested with the appropriate N95 mask.

In an interview on 04/18/2023 at 3:42 PM, Staff E, caregiver stated that he was not fit tested for the appropriate N95 mask.

In an email on 04/24/2023 at 3:17 PM, Staff A stated that she was not able to find any fit testing documentation. Staff A stated that she was not sure what the RPP (Respiratory Protection Program Policy) was.

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, THE COTTAGES AT MILL CREEK 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-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

(2) Make available routine supplies and equipment necessary for activities described in subsection (1) of this section.

This requirement was not met as evidenced by:

Based on observations, interview, and record review, the Assisted Living Facility (ALF) failed to provide activities to 4 (Residents 2,3,4, and 5) of 5 Sampled residents. This failure placed the 4 Sampled residents at risk for a decreased quality of life.

Findings included...

Review of the ALF's undated Disclosure of Services showed the ALF will provide resident centered activities and an activity calendar updated monthly.

Review of the ALF's activity calendar for April showed activities were scheduled every day from Monday to Saturday except Sundays. There was no activity calendar for the Month of May.

Resident 2

A face sheet showed that Resident 2 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] Review of an Individualized care plan dated 04/10/2023 showed that Resident 2 needed moderate assistance with activities or social engagement and for staff to help Resident 2 with activity participation.

Resident 3

A face sheet showed Resident 3 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] Review of an Assessment dated 12/08/2022 showed Resident 3's interest were jazz music and sports. It showed that staff will set up activity and allow resident to participate.

Resident 4

A face sheet showed Resident 4 was admitted on [redacted]/2020 with multiple diagnoses including [redacted] Review of an Assessment dated 11/03/2022 showed Resident 4's interest was playing cards, games and dancing. It showed that staff will set up and cue activity and allow resident to participate.

Resident 5

A face sheet showed Resident 5 was admitted on [redacted]/2021 with multiple diagnoses including [redacted] Review of an Individualized care plan dated 05/25/2023 showed Resident 5 did not have an identified activities of interest and preferences.

Review of the ALF's April Activity calendar showed Picture Puzzle was the activity for 04/18/2023 which was to start at 2:00 PM.

On 04/18/2023 at 2:37 PM in cottage D showed there were 4 residents in the common area seated and observed sad, staring and bored. Residents 2 and 3 were observed seated on the couch and leaning on each other with their eyes closed. Resident 4 was walking around the hallway to the kitchen. None were engaged in any activities. There was no schedule of activities posted.

In an interview on 04/18/2023 at 2:40 PM, Staff B, caregiver, stated that they do not do a lot of activities. Staff B stated that they do coloring and music, besides that, there is nothing. Staff B stated that nobody told her to do activities.

In an interview on 04/18/2023 at 2:54 PM, Staff C, residential care coordinator, stated that she is supposed to be doing the activities for the residents but not at that moment. Staff C stated that she is not the activity director, but there is supposed to be one. Staff C stated it is hard to coordinate activities because the residents are sleeping and do not keep still. Staff C stated that they have coloring and music only for that day.

In an interview on 04/18/2023 at 3:26 PM and 05/23/2023 at 2:03 PM, Staff D, caregiver, stated that the Residents in Cottage D, including Residents 2, 3 and 4, were not doing activities because the residents cannot and do not respond. Staff D stated most of the time the residents are not doing anything. Staff D stated that they used to have a calendar but does not know why they do not have one anymore.

On 04/18/2023 at 3:40 PM in Cottage A, 8 residents were observed in the common area. 5 were seated; 2 walking around, and 1 appeared to be watching TV. A staff was at the Kitchen preparing food. No activity was occurring.

In an interview on 04/18/2023 at 3:42 PM and 05/23/2023 at 3:35 PM, Staff E, caregiver

stated that the residents are not doing activities because they cannot focus. Staff E stated that residents refused to do activities and do not know what they are doing. Staff E stated that they mostly let the residents sit and watch TV.

In an interview on 05/11/2023 at 2:38 PM, Collateral contact 4 (CC4) stated that she visited one of the cottages in the afternoon for about 4 hours and observed that the staff were not doing any activities. CC4 stated that residents were just staring at the TV, others were just walking and wandering.

On 05/23/2023, an undated April Activity Calendar was posted in Cottages A and B. There was no observed Activity calendar for the month of May.

In an interview on 05/23/2023 at 3:15 PM, Collateral Contact 6 (CC6) stated that they visit the ALF 2 times a week. CC6 stated not observing any activities during any of the visits.

On 05/23/2023 at 1:59 PM and 2:03 PM with Cottages C and D respectively showed the residents were not doing any activity. Residents were observed seated, sleeping, walking, wandering and staring at each other.

On 05/23/2023 at 3:55 PM of Cottage B showed there were 5 residents in the common area. The residents were not doing any activity and were just seated. There was a staff observed washing dishes at the kitchen.

In an interview on 05/23/2024 at 3:57 PM, Staff F, Caregiver, stated that they do not do activities most of the time because the resident's refuse. Staff F stated that there is no schedule of activities.

In an interview on 05/23/2024 at 4:03 PM, Resident 5 stated that he is not doing anything because he already solved the puzzle. Resident 5 stated that he asked for more puzzles, but the staff were not giving him any more puzzles.

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, THE COTTAGES AT MILL CREEK 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