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

Sunrise Senior Living Management Inc
SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS, WA 98020

RE: SUNRISE OF EDMONDS License # 2162

Dear Administrator:

This letter addresses Compliance Determination(s) 30606 (Completion Date 10/05/2023) and 27921 (Completion Date 09/05/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/05/2023 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-2483-1, WAC 388-78A-2484-2, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Scottie Sindora, ALF 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

09/07/2023

Licensee: Sunrise Senior Living Management Inc
SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS, WA 98020

RE: SUNRISE OF EDMONDS License # 2162

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 09/05/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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 (425)670-6070.

Sincerely,

Jamie Singer

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

Enclosure

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

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 and complaint investigation on 08/30/2023 and 09/01/2023 of:
SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS, WA 98020

This document references the following complaint numbers: 95953.

The following sample was selected for review during the unannounced on-site visit: 9 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Scottie Sindora, ALF Licensor
Faith Le, NCI

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

9/7/2023
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.

Wendy Klepp
Administrator (or Representative)

9-12-2023
Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and staff record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff A and Staff D) completed the required one-step tuberculin skin test (TST) when they had history of a two-step TST. This placed 64 residents at risk of exposure to a communicable disease.

Findings Included...

Record review of a Resident Characteristic Roster, dated 08/13/2023, showed the ALF provided care and services for 64 residents.

Record review showed the ALF hired Staff A (Executive Director) on 05/31/2022. Record review showed Staff A had prior documentation of a two-step negative TST that was completed on 04/04/2022. There were no records of a one-step TST for Staff A.

Record review showed the ALF hired Staff D (Lead Care Manager) on 06/16/2017. Record review showed Staff D had prior documentation of a two-step negative TST that was completed on 04/26/2017. There were no records of a one-step TST for Staff D.

During an interview, on 08/31/2023 at 12:50 PM, Staff F (Business Office Coordinator) confirmed Staff A and Staff D did not complete a one-step TST.

During an interview, on 08/31/2023 at 1:10PM, Staff A stated they were unaware a one-step TST was required when she had a prior two-step negative TST.

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, SUNRISE OF EDMONDS is or will be in compliance with this law and / or regulation on (Date) 9-30-23 .

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

Wendy Kupre — Administrator (or Representative)

9-12-2023 — 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:

(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 Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) completed the required second tuberculin skin test (TST) done one to three weeks after the first test. This placed 64 residents at risk of exposure to a communicable disease.

Findings included...

Record review of a Resident Characteristic Roster, dated 08/13/2023, showed the ALF provided care and services for 64 residents.

Record review showed the ALF hired Staff C (Dishwasher) on 12/09/2021. Record review showed Staff C completed the first TST at the time of hire on 12/09/2021. Record review showed Staff C completed the second TST on 02/10/2022, nine weeks after initial TST.

During an interview, on 08/31/2023 at 12:55 PM, Staff F (Business Office Coordinator) confirmed Staff C did not complete the second TST within one to three weeks after the first test.

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, SUNRISE OF EDMONDS is or will be in compliance with this law and / or regulation on (Date) 9-30-23 .

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

Wendy Kupe
Administrator (or Representative)

9-12-2023
Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their Respiratory Protection Program (RPP) and ensure that 2 of 4 sampled staff (Staff B and Staff D) had a medical evaluation before getting fit-tested for the appropriate respirator mask to wear during an infectious outbreak. This failure placed 64 residents at risk for exposure to COVID-19 (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).

Findings included...

Note: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health (DOH) as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19. The ALF were required to provide gowns, gloves, and eye protection to staff who are providing care to residents.

Note: Washington Administrative Code 296-842-12005 is a Washington State Department of Labor and Industries (L&I) rule that requires employers to develop a written RPP to safeguard employees from airborne hazards.

Review of the ALF's RPP Policy showed a medical clearance for respirator fit testing must be obtained before fit testing for all HCW in the ALF.

Record review of a Resident Characteristic Roster, dated 08/13/2023, showed the ALF provided care and services for 64 residents.

Record review showed Staff B (Care Manager) completed their mask fitting on 02/02/2023. Record review showed Staff B did not complete the medical clearance until 08/30/2023, the day the records were requested by the Department Representative.

Record review showed Staff D (Lead Care Manager) completed the mask fitting on 03/31/2023. Record review showed Staff D did not complete the medical clearance until 08/30/2023, the day the records were requested by the Department Representative.

During an interview, on 08/31/2023 at 1:00 PM, Staff F (Business Office Coordinator) could not produce medical clearance records that occurred before they were fit-tested for Staff B and Staff D.

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, SUNRISE OF EDMONDS is or will be in compliance with this law and / or regulation on (Date) 9-30-23 .

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

Wendy K Dyps — 9-12-2023

Administrator (or Representative) — Date