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

Aegis Senior Communities LLC
AEGIS OF MADISON
2200 E Madison St
Seattle, WA 98112

RE: AEGIS OF MADISON License # 2241

Dear Administrator:

This letter addresses Compliance Determination(s) 50362 (Completion Date 11/21/2024) and 46850 (Completion Date 09/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2024 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-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

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

Licensee: Aegis Senior Communities LLC
AEGIS OF MADISON
2200 E Madison St
Seattle, WA 98112

RE: AEGIS OF MADISON License # 2241

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 09/27/2024 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 (253)312-1446.

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

Statement of Deficiencies	License #: 2241	Compliance Determination # 46850
Plan of Correction	AEGIS OF MADISON	Completion Date
Page 3 of 9	Licensee: Aegis Senior Communities LLC	09/27/2024

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 and complaint investigation on 09/10/2024 and 09/12/2024 of:
AEGIS OF MADISON
2200 E Madison St
Seattle, WA 98112

This document references the following complaint numbers: 145324.

The following sample was selected for review during the unannounced on-site visit: 9 of 84 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
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 Seigen
Residential Care Services

9/30/2024
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.

C. Saul
Administrator (or Representative)

10/3/24
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to ensure ready-to-eat foods were safe for Memory Care Unit (MCU) residents to consume and 1 of 9 sampled staff (Staff B) had valid food handler's permits (FHP) on file with the facility. These failures placed 84 of 84 residents at risk for illness and increased health issues.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-215-03235 Specifications for receiving—Temperature (Food and Drug Administration ((FDA)) Food Code 3-202.11). (5) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked to a temperature and for a time specified under 03400 through 03410 and received hot must be at a temperature of 135°F (57°C) or above.

NOTE: WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Record review of an undated Characteristic Roster showed the ALF provided care and services for 84 residents. Nineteen of the residents resided in the MCU.

Observation and record review during lunch service in the MCU, on 09/11/2024 at 11:55 AM, showed Staff B (Care Manager 1) serving chili along with white rice and cooked broccoli. The food temperature record log for the MCU dining room showed the temperature of the rice had been logged at 105 degrees F and the cooked broccoli had been logged at 98.4 degrees F.

In interview, 09/11/2024 at 12:04 PM, Staff B stated the rice and broccoli were served hot and temperatures logged were sufficient to serve to residents.

In interview, on 09/11/2024 at 12:10 PM, Staff H (Culinary Services Director) reported the temperature logged for rice and broccoli were in, "the danger zone" and that the hot food should be at least 145 degrees F.

In interview, on 09/11/2024 at 12:05 PM, Staff J (Medication Care Manager) confirmed that all care staff were required to obtain a FHP.

Review of staff record, on 09/11/2024 at 1:40 PM, showed the facility hired Staff B on 07/29/2024. Staff B did not have a FHP on file until the day a FHP was requested by the Department. Review of the staff schedule, from 08/18/2024 through 09/10/2024, showed Staff B worked 16 shifts.

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, AEGIS OF MADISON is or will be in compliance with this law and / or regulation on (Date) 11/11/24 .

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

C. Saul 10/3/24

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a medication was administered as ordered for 1 of 9 sample residents (Resident 7). This failure placed the resident at risk for compromised safety and health complications.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 7 on [redacted]/2024 with multiple health conditions including type 2 diabetes mellitus (a condition characterized by high blood glucose blood sugar levels caused by either a lack of insulin or the body's inability to use insulin efficiently). Review of an Assessment, dated 08/07/2024, showed Resident 7 required facility assistance and support with medication management services.

Review of Medication Administration Records (MARs) for August 2024 and September 1-12, 2024, showed the prescribed insulin (used to treat high blood sugar) medication instructions: "Insulin Aspart 100 milligram/milliliter FLEXPEN (Novolog) inject 5 units subcutaneously twice daily with breakfast and dinner (HOLD IF BLOOD GLUCOSE <100)."

Review of the August 2024 MAR showed the ALF administered Resident 7's insulin when blood glucose was below 100 as follows on 18 occasions. Review of the September 1-12, 2024 MAR showed the ALF administered Resident 7's insulin when blood glucose was below 100 on two occasions.

In interview, on 09/12/2024 at 11:39 AM, Staff I (Health and Wellness Director) reported she reviewed the MARs with nursing staff and determined Resident 7 should not had received insulin when blood glucose was below 100.

This deficiency was previously cited on 02/23/2024.

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, AEGIS OF MADISON is or will be in compliance with this law and / or regulation on (Date) 11/11/24 .

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

C. Saul 10/3/24

Administrator (or Representative) 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 Assisted Living Facility (ALF) failed to ensure 2 of 6 sample staff (Staff B and D) were screened for tuberculosis (TB) within three days of employment. This failure placed all 84 residents living in the ALF at risk of exposure to tuberculosis.

Findings included...

Record review of a staff list, provided on 09/10/2024, showed Staff B was hired to work as a Care Manager on 07/29/2024. Review of Staff B's records showed no documentation of tuberculosis screening.

Record review of a staff list, provided on 09/10/2024, showed Staff D was hired to work as a Care Manager on 08/01/2024. Review of Staff D's records showed no documentation of tuberculosis screening.

In an interview, on 09/11/2024 at 10:45 AM, Staff A (Administrator) stated she was unable to locate TB records for Staff B and Staff D and would get them tested immediately.

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, AEGIS OF MADISON is or will be in compliance with this law and / or regulation on (Date) 11/11/24 .

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

Cj Saul — Administrator (or Representative)

10/3/24 — Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to identify and secure chemicals in a common living room in the ALF and an oxygen tank in a room of a resident. This failure placed 84 of 84 residents at risk for harm and poisoning.

Findings included...

Review of a Resident Characteristic Roster (undated), provided on 09/10/2024, showed 19 residents living in the memory care neighborhood, "Life's Neighborhood", 30 residents living in the ALF with dementia diagnoses and eight residents with mental health diagnoses.

Chemical Storage

Observation during the environmental tour with Staff A (Administrator) and Staff G (Maintenance Director), on 09/10/2024 at 11:38 AM, showed a kitchenette in the Sky Lounge on the sixth floor. There was a cabinet located underneath the sink. The lock to the cabinet was not secured and inside were opened chemical bottles that included Pledge stainless steel polish, ammonia glass cleaner and peroxide multi-surface spray cleaner. All bottles had a warning label to not ingest and to keep out of eyes.

In interview, on 09/10/2024 at 11:30 AM, Staff A stated the Sky Lounge is used by all residents.

Observation, on 09/10/2024 at 11:33 AM, showed memory care residents leaving the Sky Lounge following an activity.

In interview, on 09/10/2024 at 11:42 AM, Staff G acknowledged the cabinet should always be locked and chemicals secured away from residents.

Oxygen Storage
Observation, on 09/12/2024 at 10:00 AM, in "Life's Neighborhood" resident room [redacted],

showed two portable size D oxygen tanks unsecured by a metal stand or unchained to the wall. Observation showed one tank to be full and one tank to be empty.

In interview, on 09/13/2024 at 10:50 AM, Staff G stated full oxygen tanks must be secured by metal storage racks.

This deficiency was previously cited on 02/09/2023.

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, AEGIS OF MADISON is or will be in compliance with this law and / or regulation on (Date) 11/1/24 .

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

CG Saul — Administrator (or Representative)

10/3/24 — Date