STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Edgewood Special Care Community LLC
The Cottages at Edgewood
2510 Meridian Ave E
Edgewood, WA 98371

RE: The Cottages at Edgewood License # 2360

Dear Administrator:

This letter addresses Compliance Determination(s) 31207 (Completion Date 10/19/2023) and 26313 (Completion Date 06/23/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/19/2023 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-2480-1

The Department staff who did the on-site verification:
Lisa Mason, NCI ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages at Edgewood **Provider Type:** Assisted Living Facility

License/Cert.#: 2360
Intake ID: 88559
Compliance Determination #: 26313
Region/Unit #: RCS Region 3 / Unit D
Investigator: Lisa Mason
Investigation Date(s): 06/15/2023 through 06/23/2023
Complainant Contact Date(s):

Allegation(s):
A staff did not have TB testing

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 0 Closed records sample size: 0
Observations:	General environment
Interviews:	Administration staff
Record Reviews:	Staff records

Investigation Summary:
One staff added to the most recent licensing inspection. A caregiver hired in 2022 was found to have no TB tests records.
WAC-388-78A-2480-1 TB test requirements

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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2360	Compliance Determination # 26313
Plan of Correction	The Cottages at Edgewood	Completion Date
Page 1 of 2	Licensee: Edgewood Special Care Community LLC	06/23/2023

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 06/15/2023 and 06/15/2023 of:

The Cottages at Edgewood
2510 Meridian Ave E
Edgewood, WA 98371

This document references the following complaint number(s): 88559

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:

Lisa Mason, NCI ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

07/12/2023
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) 7.20.2023 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.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled staff was tested for tuberculosis (TB) (a communicable disease) after the state mandate was lifted. This failure placed all 47 residents at risk for harm when a staff continued to work with residents without TB test results.

Findings included...

On 06/15/2023 review of requested staff records showed Staff A, Caregiver, was hired on 05/05/2022. There was no documentation available showing results from the TB testing.

On 06/23/2023 an interview with the Office Manager said they had checked the records and did not locate any test documentation on file and the employee did not have any records available.

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 Edgewood is or will be in compliance with this law and / or regulation on (Date) 8.04.2023

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

Administrator (or Representative) 7.20.2023 Date

Plan of Correction

Agency Name: Cottages at Edgewood	Citation Date 6-23-2022
Submitted by: Marissa Canada Executive Director	**Date of POC Submission**
	7/20/2023
☐ **Complaint Citation** ☐ Certification Citation	

Citation: (list WAC) WAC 388-78A-2660	
	WAC 388-78A-2480 TESTING REQUIRED The Assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within 3 days of employment
How will you apply the correction to all clients you support?	**Staff Retraining. All new hires will be TB checked within 3 days of hire Rcc will schedule DNS to complete first step for TB test at paperwork signing.**
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Marissa Canada Executive Director, Danielle Bravo LPN DNS, Casey Rabe RCC
Date by which lasting correction will be achieved	8/4/2023
Additional Information	SOD received on 7/12/2023

Submit to RCS within 10 calendar days of receipt of letter to

Manfay Chan, Field Manager

Residential Care Services
Region 3, Unit D
PO Box 99250
Lakewood, WA 98496