STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

SH1 Olympics West LLC
Olympics West Senior Living
929 Trosper Rd SW
Tumwater, WA 98512

RE: Olympics West Senior Living License # 2494

Dear Administrator:

This letter addresses Compliance Determination(s) 55427 (Completion Date 02/25/2025) and 54181 (Completion Date 02/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/25/2025 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:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Olympics West Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2494
Intake ID: 165617
Compliance Determination #: 54181
Region/Unit #: RCS Region 3 / Unit E
Investigator: Phan Pham
Investigation Date(s): 02/03/2025 through 02/05/2025
Complainant Contact Date(s): 02/06/2025

Allegation(s):
Infection control - Two resident diagnosed with influenza.

Investigation Methods:

Sample:	Total residents: 69 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents, environment, infection control practices, staff interactions with residents, staff members providing care and services, and safety measures.
Interviews:	Residents and interdisciplinary team members.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:
Onsite investigation revealed the facility failed to ensure staff members implemented appropriate infection control practices to prevent the spread of infection.

Conclusion / Action:

- [x] 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 #: 2494	Compliance Determination # 54181
Plan of Correction	Olympics West Senior Living	Completion Date
Page 1 of 3	Licensee: SH1 Olympics West LLC	02/05/2025

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 02/03/2025 of:

Olympics West Senior Living
929 Trosper Rd SW
Tumwater, WA 98512

This document references the following complaint number(s): 163532, 165617

The following sample was selected for review during the unannounced on-site visit: 4 of 69 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 2494	Compliance Determination # 54181
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Page 2 of 3	Licensee: SH1 Olympics West LLC	02/05/2025

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.

Jody Just — Residential Care Services

02/07/2025 — 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.

Matt Crockett — Administrator (or Representative)

2-14-25 — 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 observation, interview and record review, the facility failed to ensure three of three staff members (Staff B, Staff C and Staff D) implemented appropriate infection control practices for Personal Protection Equipment (PPE) removal after exiting residents' rooms. This failure placed the residents and staff at risk for contracting and spreading infectious diseases.

Findings included...

Review of the Center for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 04/12/2024, under the Core Practices Table, showed category 5d(1d) documented to remove and discard PPE upon completing a task before leaving the patient's room or care area.

Review of the assisted living facility's Upper Respiratory Illness tracking record from 01/27/2025 to 02/03/2025 showed two residents were diagnosed with Influenza A and additional 28 residents had two or more of the following symptoms: fever, cough, sore throat, headache and muscle ache/pain.

On 02/03/2025 at 11:20 AM, carts of clean PPE were observed in the hallway outside resident rooms 141 and 145, and garbage containers were placed next to each cart.

Staff B, Caregiver, was observed to dispose of their PPE in one of the garbage containers.

In an interview on 02/03/2025 at 11:26 AM, Staff B said he had been trained on infection control. Staff B stated he wore full PPE when assisting residents diagnosed with a respiratory illness and removed the PPE right after he exited the residents' rooms.

In an interview at 1:47 PM, Staff C, Medication Tech, said the assisted living facility had two residents diagnosed with Influenza and a lot of residents had nausea, vomiting and diarrhea. Staff C stated she have been instructed to wear full PPE when entering symptomatic residents' rooms and remove the PPE after exiting the rooms.

In an interview at 1:55 PM, Staff A, Health Service Specialist, said staff members had been in-serviced on infection control and part of their annual continuing education. Staff A stated she had been updating staff members on infection control in daily stand-up huddles. Staff A said staff had been instructed to remove and dispose the contaminated PPE prior to exiting the residents' rooms.

In an interview at 2:19 PM, Staff D, Caregiver, said she had received training on infection control and assisted residents with confirmed Influenza diagnoses. Staff D stated she had been trained to remove the contaminated PPE after exited the residents' rooms.

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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 2-11-25

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

Administrator (or Representative) Matt Crockett Date 2-14-25