



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

Pacifica Kenmore LLC  
Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

RE: Kenmore Senior Living License # 2566

Dear Administrator:

This letter addresses Compliance Determination(s) 29857 (Completion Date 09/28/2023) and 27376 (Completion Date 08/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/28/2023 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-2620-2-b, WAC 388-78A-2620-2-a, WAC 388-78A-2703-2, WAC 388-78A-2160, WAC 388-78A-2480-1, WAC 388-78A-2450-2-h-i, WAC 388-78A-2450-2-h-ii, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-vii, WAC 388-78A-2450-2-h-vi, WAC 388-78A-2450-2-h, WAC 388-78A-2690-1, WAC 388-78A-2690-6-c, WAC 388-78A-2690-7, WAC 388-78A-2690-7-a, WAC 388-78A-2690-7-b, WAC 388-78A-2690-9, WAC 388-78A-2300-2-a, WAC 388-78A-2300-2-a-i, WAC 388-78A-2300-2-a-ii, WAC 388-78A-2300-2-a-iii

The Department staff who did the on-site verification:  
Sunny Kent, Licensors

If you have any questions, please contact me at (425)670-6070.

Sincerely,

*Jamie Singer*  
Jamie Singer, Field Manager



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 #: 2566                | Compliance Determination # 27376 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 1 of 11              | Licensee: Pacifica Kenmore LLC | 08/03/2023                       |

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 07/27/2023 and 07/27/2023 of:

Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

This document references the following SOD dated: 08/03/2023

The following sample was selected for review during the unannounced on-site visit: 2 of 75 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI  
Sunny Kent, Licensor

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.

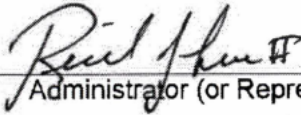
*Jamie Singer*  
Residential Care Services

08/14/2023  
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.

This document was prepared by Residential Care Services for the Locator website.





Administrator (or Representative)

Aug 23<sup>rd</sup>, 2023

Date

**WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:**

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 5 pets owned by residents (Pet 1, Pet 2, Pet 3, Pet 4 and Pet 5) received certification from a veterinarian to ensure they did not carry diseases that could infect the residents and that 3 of 5 resident pets (Pet 1, Pet 3, and Pet 5) were up-to-date with vaccinations. This placed 75 residents at risk for exposure to pets whose vaccination and health status was incomplete or unknown.

Findings included...

NOTE: The ALF's Pet Policy, dated November 2021, included a statement that showed all pets must have current vaccination records on file.

A review of pet records and an undated Characteristic Roster showed five ALF residents owned either a cat or a dog. Pet 1, Pet 2, Pet 3, Pet 4 and Pet 5 did not have a documented health statement showing a veterinarian examined the pets to ensure they were healthy and disease-free. Pet 1, Pet 3, and Pet 5 did not meet the regulation for vaccination status.

During an interview, on 07/27/2023 at 2:30 PM, Staff A (Executive Director) acknowledged that no pets cited in the prior Statement of Deficiencies received veterinarian services to update their health and vaccination records, as required by the facility policy. When asked about who bore responsibility for updating the pet records, Staff A replied, "both myself and Staff K (Business Office Manager).

This is an uncorrected deficiency previously cited on 05/31/2023.

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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Aug. 21, 2023.

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

  
Administrator (or Representative)

Aug. 23<sup>rd</sup>, 2023  
Date

**WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:**

(2) Maintaining nonskid surfaces on all stairways and ramps used by residents.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure an exterior ramp leading from the second floor to an outdoor resident area was kept free of hazards when the ramp showed evidence of damage. This placed 75 residents at risk for injury while accessing the outdoor area.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 75 residents. 67 of these residents resided in ALF apartments.

Observation, on 07/27/2023 at 11:18 AM, showed a second-floor outdoor area walking surface adjacent to an exterior wall at the northwest doors. The walking surface was white. The area flexed downward when stepped on. Two elongated sections of the walking surface, positioned at a 45-degree angle next to one another. The white walking surface was missing from both areas. The areas were depressed into the walking surface, rendering the surface uneven and unsafe to walk on. Two cones were placed on top of the damaged wood to discourage people from stepping on the damaged surface. Yellow "CAUTION" tape was wrapped around railings and draped to alert anyone walking out the northwest doors the adjacent area was unsafe to walk on.

During an interview, on 07/27/2023 at 10:40 AM, Staff A (Executive Director) stated that they acquired one bid to repair the area, and asked for two more. Staff A further stated it was important to find a contractor that specialized in the special rubberized coating used to cover the walking surface.



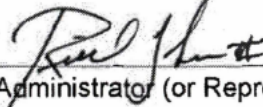
During an interview on 07/27/2023 at 2:25 PM, Staff A stated that they acquired a second bid to repair the damage that same day. Staff A further stated that they spoke to Staff O (Maintenance Director) about the damaged area and Staff A felt that "progress is being made".

This is an uncorrected deficiency previously cited on 05/31/2023.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Sept. 15, 2023.

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

  
\_\_\_\_\_  
Administrator (or Representative)

Aug. 23, 2023  
\_\_\_\_\_  
Date

**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreements (NSA) when call lights, requesting care and services, for 2 of 2 sampled residents (Resident 12 and 18) were not answered timely or responded to at all. This contributed to harm and discomfort to Resident 12 and Resident 18 and placed 75 residents at risk of not receiving needed care and services and a decreased quality of life.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services to 75 residents. Eight residents resided on the locked Memory Care Unit (MCU).

The ALF consisted of three floors. Six ALF residents were located on the 1st floor, 28 ALF



residents were located on the 2nd floor and 33 ALF residents were located on the 3rd floor. The MCU provided care and services for eight residents with primary diagnoses of [REDACTED]

Record review showed the ALF's call light system kept an electronic record of when a call for assistance was placed by a resident and when the call was responded to by care staff. If a call light was not responded to after 45 minutes, the call light system would document, "This alert was never responded to." An electronic record of calls placed by residents in need of assistance, from 07/15/2023 at 8:18 PM through 07/27/2023 at 7:59 AM, showed 51 recorded calls were answered as follows:

13 calls exceeded 45 minutes and were not answered by care staff.

1 call was not answered until between 40 through 45 minutes.

3 calls were not answered until between 35 through 39 minutes.

2 calls were not answered until between 30 through 34 minutes.

5 calls were not answered until between 25 through 29 minutes.

4 calls were not answered until between 20 through 24 minutes.

4 calls were not answered until between 15 through 19 minutes.

19 calls were not answered until between 10 through 14 minutes.

#### Resident 12

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 12 on [REDACTED]/2017 with diagnoses including [REDACTED] and [REDACTED]. A review of a Needs and Services Plan/NSP (equivalent to a Negotiated Services Agreement), effective 01/12/2023, showed Resident 12 used a sit-to-stand device (a type of lifting equipment used to help transfer residents from one seated surface to another). Resident 12 required the lift and one-person total assistance for all toileting and transfers. The NSP included a statement under the category of "Skin Integrity, impaired", documenting the facility was responsible to provide incontinent care to keep skin clean, at least every two hours.

In interview, on 07/27/2023 at 11:25 AM, Resident 12 stated that pendant and wall pull cord wait times had not improved. Resident 12 stated that they depended on staff to get them into the restroom, in and out of bed, and dressed. Resident 12 explained they used their call light pendant around 1:00 AM to request assistance getting into bed. Resident 12 stated that they sometimes waited up to two hours for care staff to respond to their request for assistance.

Review of Resident 12's call light response times, from 07/15/2023 through 07/27/2023 showed 20 call response time met or exceeded 20 minutes as follows:

07/16/2023 – 12:25 PM – 44 minutes

07/16/2023 – 12:42 PM – 27 minutes

07/17/2023 – 6:37 AM – 31 minutes

07/17/2023 – 12:51 PM – 38 minutes  
07/18/2023 – 10:12 AM – 28 minutes  
07/19/2023 – 3:37 PM – 26 minutes  
07/24/2023 – 1:57 AM – 33 minutes  
07/24/2023 – 10:05 AM – 28 minutes  
07/25/2023 – 1:37 AM – 22 minutes  
07/25/2023 – 7:20 AM – 26 minutes  
07/26/2023 – 3:24 AM – 37 minutes  
07/26/2023 – 3:24 AM – 26 minutes  
07/27/2023 – 7:59 AM – 23 minutes

Of these 20 calls, seven exceeded a 45-minute wait and went unanswered.

#### Resident 18

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 18 on [REDACTED]/2022, with diagnoses including [REDACTED].

Review of an NSP, effective 10/03/2022, showed Resident 18 required stand-by assistance with toileting. The NSP showed their skin was to be clean and dry at all times. Under "Transfer Assistance", the NSP showed Resident 18 was to ask for assistance with transfers.

In interview, on 07/27/2023 at 11:40 AM, Resident 18 stated responses to the call light have not improved since 07/15/2023. Resident 18 continues to rely on their spouse to help them at night.

Review of Resident 18's call pendant response times, from 07/16/2023 through 07/27/2023, showed seven call response time met or exceeded 20 minutes as follows:

07/16/2023 – 2:01 AM – 20 minutes

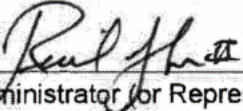
Of these seven calls, six exceeded a 45-minute wait and went unanswered.

This is an uncorrected deficiency previously cited on 05/31/2023.

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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Sept. 1, 2023.

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

  
\_\_\_\_\_  
Administrator (or Representative)

Aug. 23, 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 2 of 3 sampled staff (Staff B and Staff C) were screened for tuberculosis (TB) within three days of employment. This placed 75 residents at risk for contracting TB, a communicable disease.

**Findings included:**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 75 residents. Seven of the residents resided on a locked Memory Care unit.

Record review showed the ALF hired Staff B (Housekeeper) on 02/18/2021. Staff B had not completed TB testing.

Record review showed the ALF hired Staff C (Medical Technician) on 02/18/2021. Staff C had not completed TB testing.

During an interview, on 07/27/2023 at 2:25 PM, Staff A (Executive Director) acknowledged TB tests were not done for Staff B and Staff C.

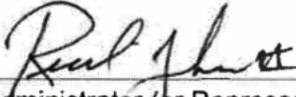
This is an uncorrected deficiency previously cited on 05/31/2023.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Sept. 1, 2023.

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

  
Administrator (or Representative)

Aug. 23<sup>rd</sup>, 2023  
Date

**WAC 388-78A-2450 Staff.**

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff C) had completed orientation to the facility. This placed the residents at risk of receiving care from staff who did not have the training and knowledge to perform their hired duties.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 75 residents. Seven of the residents resided on a locked Memory Care unit.

Record review showed Staff C (Medical Technician), hired on 02/18/2021, had not completed facility orientation.

During an interview, on 07/27/2023 at 2:20 PM, Staff A (Executive Director) acknowledged facility orientation had not been completed for Staff C.

This is an uncorrected deficiency previously cited on 05/31/2023.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Sept. 1, 2023

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

  
\_\_\_\_\_  
Administrator (or Representative)

Aug. 23<sup>rd</sup>, 2023  
\_\_\_\_\_  
Date

**WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.**

- (1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.
- (6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:
- (c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.
- (7) The assisted living facility must:
- (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and
- (b) Have each reevaluation in writing, signed and dated by the resident.
- (9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled resident (Resident 4), who had video monitoring in their apartment, had an evaluation or signed consent. This placed the Resident 4 at risk of violation of privacy rights.

Findings included...

Record review of a Face Sheet, dated 05/02/2023, showed the ALF admitted Resident 4 on [REDACTED] 2021 with a diagnosis of [REDACTED].

In an interview, on 05/01/2023 at 10:00 AM, Staff A (Executive Director) reported Resident 4 had a Ring brand video camera inside their apartment.

In a telephone interview, on 05/09/2023 at 10:00 AM with Collateral Contact 1 (CC1), Resident 4's Power of Attorney confirmed they installed a Ring brand video camera in Resident 4's apartment.

Record review showed the ALF had not completed documentation that specified the duration of use of the video camera, an evaluation for the video cameras need, nor consent. There was nothing signed by Resident 4 or CC1 regarding the use of video monitoring.

During an interview, on 07/27/2023 at 10:00 AM, Staff A confirmed the ALF had not completed evaluations or obtained consent for the use of video monitoring for Resident 4.

This is an uncorrected deficiency previously cited on 05/31/2023.

#### 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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Sept. 1, 2023.

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

Ralph #  
Administrator (or Representative)

Aug. 23<sup>rd</sup>, 2023  
Date

#### WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;



(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to have a diet manual, approved by a dietitian, and reviewed and updated at least every five years. This placed 75 residents at risk of not receiving food that met nutritional standards.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 75 residents, including three meals per day and snacks as needed. Records showed several residents required specialty diets.

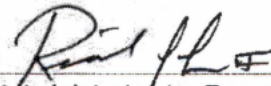
During an interview, on 07/27/2023 at 2:25 PM, Staff A (Executive Director) acknowledged the ALF did not have an approved dietary manual.

This is an uncorrected deficiency previously cited on 05/31/2023.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) Aug. 8, 2023.

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

  
\_\_\_\_\_  
Administrator (or Representative)

Aug. 23<sup>rd</sup>, 2023  
\_\_\_\_\_  
Date



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

06/12/2023

Licensee: Pacifica Kenmore LLC  
Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

RE: Kenmore Senior Living License # 2568

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 05/31/2023 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:

This document was prepared by Residential Care Services for the Locator website.



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

06/12/2023

Licensee: Pacifica Kenmore LLC  
Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

RE: Kenmore Senior Living License # 2566

Dear Administrator:

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**The Department:**

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Pacifica Kenmore LLC  
Kenmore Senior Living #2566  
05/31/2023  
Page 2 of 21

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:**

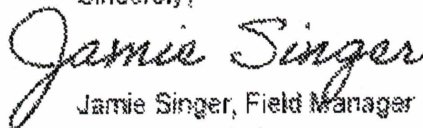
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- 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, Field Manager  
Region 2, Unit J  
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.

Pacifica Kenmore LLC  
Kenmore Senior Living # 2566  
05/31/2023  
Page 2 of 21

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

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**In Addition, You May:**

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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, 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 #: 2556                | Compliance Determination #23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                 |
| Page 3 of 21              | Licenses: Pacifica Kenmore LLC | 05/31/2023                      |

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 the unannounced on-site full inspection and complaint investigation on 05/01/2023 and 05/04/2023 of:

Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

This document references the following complaint numbers: 78253.

The following sample was selected for review during the unannounced on-site visit: 20 of 77 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licenser  
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

6/12/2023  
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.

This document was prepared by Residential Care Services for the Locator website.





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 #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 3 of 21              | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

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 the unannounced on-site full inspection and complaint investigation on 05/01/2023 and 05/04/2023 of:

Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

This document references the following complaint numbers: 78253.

The following sample was selected for review during the unannounced on-site visit: 20 of 77 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensors  
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.

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.

|                           |                                |                                  |
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| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 4 of 21              | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

  
Administrator (or Representative)

6/12/2023  
Date

**WAC 386-78A-2306 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;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure dairy products stored in 1 of 1 refrigerator on the Memory Care Unit (MCU) and 1 of 1 refrigerator in the Activity Room were unexpired and safe for consumption by vulnerable residents. This placed 10 of 10 MCU residents and 67 ALF residents with access to the activity room at risk for foodborne illness.

**Findings included...**

Note: Washington Administrative Code (WAC) 246-215-03520 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17) (2) Except as specified in subsections (5) through (7) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant must be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than twenty-four hours, to indicate the date or day by which the food must be consumed on the premises, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the food establishment is counted as day one; and (b) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on the MCU.

**MCU Refrigerator**

Observation during the environmental tour, on 05/01/2023 at 11:15 AM, showed a white refrigerator in the kitchenette area of the MCU. Observation of the contents of the refrigerator showed a can of aerosol whipping cream. The can bore a "best by" date of 12/14/2022.

**Activity Room Refrigerator**

This document was prepared by Residential Care Services for the Locator website.

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
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;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure dairy products stored in 1 of 1 refrigerator on the Memory Care Unit (MCU) and 1 of 1 refrigerator in the Activity Room were unexpired and safe for consumption by vulnerable residents. This placed 10 of 10 MCU residents and 67 ALF residents with access to the activity room at risk for foodborne illness.

Findings included...

Note: Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17) (2) Except as specified in subsections (5) through (7) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant must be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than twenty-four hours, to indicate the date or day by which the food must be consumed on the premises, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the food establishment is counted as day one; and (b) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on the MCU.

**MCU Refrigerator**

Observation during the environmental tour, on 05/01/2023 at 11:15 AM, showed a white refrigerator in the kitchenette area of the MCU. Observation of the contents of the refrigerator showed a can of aerosol whipping cream. The can bore a "best by" date of 12/14/2022.

**Activity Room Refrigerator**



|                           |                                |                                  |
|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 6 of 21              | Licenses: Pacifica Kenmore LLC | 05/31/2023                       |

Observation, on 05/01/2023 at 11:35 AM, showed a white refrigerator in the Activity Room. Observation of the contents of the refrigerator showed a container of sour cream. The sour cream bore an expiration date of 12/2022.

During an interview, on 05/04/2023 at 3:00 PM with Staff A (Executive Director) and Staff F (Resident Care Director), Staff A stated that there was a routine to check the refrigerators, but the staff assigned to each one was not keeping up with the checks.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

**WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:**

- (b) Medical and nursing services provided by the assisted living facility for a resident, including:
  - (a) A record of providing medication assistance and medication administration, which contains:
    - (i) The medication name, dose, and route of administration;
    - (ii) The time and date of any medication assistance or administration;
    - (iii) The signature or initials of the person providing any medication assistance or administration; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure doses of a PRN (as-needed) medication were appropriately documented for 1 of 12 sampled residents (Resident 3). This left Resident 3 at risk of an increase in symptoms from chronic health issues.

Observation, on 05/01/2023 at 11:35 AM, showed a white refrigerator in the Activity Room. Observation of the contents of the refrigerator showed a container of sour cream. The sour cream bore an expiration date of 12/2022.

During an interview, on 05/04/2023 at 3:00 PM with Staff A (Executive Director) and Staff F (Resident Care Director), Staff A stated that there was a routine to check the refrigerators, but the staff assigned to each one was not keeping up with the checks.

**Plan/Attestation Statement**

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

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date

**WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:**

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(i) The medication name, dose, and route of administration;

(ii) The time and date of any medication assistance or administration;

(iii) The signature or initials of the person providing any medication assistance or administration; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure doses of a PRN (as-needed) medication were appropriately documented for 1 of 12 sampled residents (Resident 3). This left Resident 3 at risk of an increase in symptoms from chronic health issues.

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| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 6 of 21              | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

Findings included...

Record review of a Face Sheet, dated 05/02/2023, showed the facility admitted Resident 3 on [REDACTED] /2017 with diagnoses including [REDACTED]

Record review of an electronic Medication Administration Record (eMAR) for April of 2023 showed Resident 3's Primary Care Provider (PCP) prescribed a PRN medication to treat excess swelling from fluid accumulation. The fluid accumulation was measured with daily weights. The medication was ordered as, "Take one tablet by mouth once a day as needed if weight is greater than 220 pounds." A review of daily weight measurements showed Resident 3's weight exceeded 220 pounds ten times from 04/18/2023 through 04/30/2023. Review of the eMAR for April 2023 showed no documentation regarding the PRN medication on 04/23/2023, 04/24/2023, and 04/30/2023.

During an interview, on 05/12/2023 at 2:00 PM, with Staff A (Executive Director) and Staff H (Resident Care Director) both stated that they interviewed Medication Technicians (MTs) about the missing documentation for the PRN medication. The MTs explained that after they weighed Resident 3 and realized the PRN medication was required, they could not find Resident 3. Staff H also stated that their eMAR software did not provide a place document on PRN medications that were held because the resident was unavailable.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

**WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:**

- (2) Ensure animals living on the assisted living facility premises:
  - (a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;
  - (b) Are certified by a veterinarian to be free of diseases transmittable to humans;



## Findings included...

Record review of a Face Sheet, dated 05/02/2023, showed the facility admitted Resident 3 on [REDACTED] /2017 with diagnoses including [REDACTED].

Record review of an electronic Medication Administration Record (eMAR) for April of 2023 showed Resident 3's Primary Care Provider (PCP) prescribed a PRN medication to treat excess swelling from fluid accumulation. The fluid accumulation was measured with daily weights. The medication was ordered as, "Take one tablet by mouth once a day as needed if weight is greater than 220 pounds." A review of daily weight measurements showed Resident 3's weight exceeded 220 pounds ten times from 04/18/2023 through 04/30/2023. Review of the eMAR for April 2023 showed no documentation regarding the PRN medication on 04/23/2023, 04/24/2023, and 04/30/2023.

During an interview, on 05/12/2023 at 2:00 PM, with Staff A (Executive Director) and Staff H (Resident Care Director) both stated that they interviewed Medication Technicians (MTs) about the missing documentation for the PRN medication. The MTs explained that after they weighed Resident 3 and realized the PRN medication was required, they could not find Resident 3. Staff H also stated that their eMAR software did not provide a place document on PRN medications that were held because the resident was unavailable.

**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, Kenmore Senior Living 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.

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Administrator (or Representative)

\_\_\_\_\_  
Date

**WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:**

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

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| Plan of Correction        | Kenmore Senior Living          | Completion Date                 |
| Page 7 of 21              | Licensee: Pacifica Kenmore LLC | 05/31/2023                      |

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 5 pets owned by ALF Residents (Pet 1, Pet 2, Pet 3, Pet 4 and Pet 5) received certification from a veterinarian to ensure they did not carry diseases that could infect the residents and that 3 of 5 resident pets (Pet 1, Pet 3, and Pet 5) were up-to-date with vaccinations. This placed 77 residents at risk for exposure to pets whose vaccination and health status was incomplete or unknown.

**Findings included...**

NOTE: The ALF's Pet Policy, dated November 2021, included a statement that showed all pets must have current vaccination records on file.

A review of pet records and an undated Characteristic Roster showed 5 ALF residents owned either a cat or a dog. Pet 1, Pet 2, Pet 3, Pet 4 and Pet 5 had not received regular well-pet visits to ensure they were healthy and disease-free. Pet 1, Pet 3, and Pet 5 were not kept up-to-date with their vaccination status.

Observation inside an apartment, on 05/04/2023 at 10:25 AM, showed Pet 4 resided with Resident 4. Observation inside an apartment, on 05/11/2023 at 1:50 PM, showed Pet 3 resided with Resident 12.

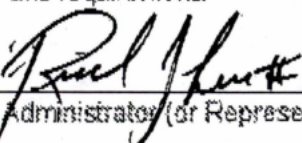
During an interview, on 05/04/2023 at 3:00 PM, Staff A (Executive Director) stated that they would check with residents to see if updated pet records were available from the veterinarians.

As of 05/12/2023, no updated pet records were forwarded to the Department.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

This document was prepared by Residential Care Services for the Locator website.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 5 pets owned by ALF Residents (Pet 1, Pet 2, Pet 3, Pet 4 and Pet 5) received certification from a veterinarian to ensure they did not carry diseases that could infect the residents and that 3 of 5 resident pets (Pet 1, Pet 3, and Pet 5) were up-to-date with vaccinations. This placed 77 residents at risk for exposure to pets whose vaccination and health status was incomplete or unknown.

Findings included...

NOTE: The ALF's Pet Policy, dated November 2021, included a statement that showed all pets must have current vaccination records on file.

A review of pet records and an undated Characteristic Roster showed 5 ALF residents owned either a cat or a dog. Pet 1, Pet 2, Pet 3, Pet 4 and Pet 5 had not received regular well-pet visits to ensure they were healthy and disease-free. Pet 1, Pet 3, and Pet 5 were not kept up-to-date with their vaccination status.

Observation inside an apartment, on 05/04/2023 at 10:25 AM, showed Pet 4 resided with Resident 4. Observation inside an apartment, on 05/11/2023 at 1:50 PM, showed Pet 3 resided with Resident 12.

During an interview, on 05/04/2023 at 3:00 PM, Staff A (Executive Director) stated that they would check with residents to see if updated pet records were available from the veterinarians.

As of 05/12/2023, no updated pet records were forwarded to the Department.

**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, Kenmore Senior Living 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



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| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 8 of 21              | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

**WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:**

(2) Maintaining nonskid surfaces on all stairways and ramps used by residents.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure an exterior ramp leading from the second floor to an outdoor resident area was kept free of hazards when the ramp showed evidence of damage. This placed 67 ALF residents at risk for injury while accessing the outdoor area.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. 67 of these residents resided in ALF apartments.

Staff A (Executive Director) conducted the environmental tour. The ALF consisted of three floors. The second floor included an outdoor area for resident use, accessed by double doors and a ramp. Observation, on 05/01/2023 at 11:25 AM, showed a deteriorated section of the outdoor walking surface, adjacent to an exterior wall at the northwest doors. The walking surface was white. The area flexed downward when stepped on. Two elongated sections of the walking surface, positioned at a 45-degree angle next to one another, showed signs of damage. The white walking surface was missing from both areas. The areas were depressed into the walking surface, rendering the surface uneven and unsafe to walk on. Damaged wood was clearly visible where the white walking surface had deteriorated. There were leftover ends of caution tape still tied to the ramp's railing.

During an interview, on 05/01/2023 at 1:25 AM, Staff A stated that the walking surface consisted of marine grade plywood. Staff A stated that they acquired bids to repair the area, and was waiting for corporate leadership to approve the bids.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

**WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:**

(2) Maintaining nonskid surfaces on all stairways and ramps used by residents.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure an exterior ramp leading from the second floor to an outdoor resident area was kept free of hazards when the ramp showed evidence of damage. This placed 67 ALF residents at risk for injury while accessing the outdoor area.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. 67 of these residents resided in ALF apartments.

Staff A (Executive Director) conducted the environmental tour. The ALF consisted of three floors. The second floor included an outdoor area for resident use, accessed by double doors and a ramp. Observation, on 05/01/2023 at 11:25 AM, showed a deteriorated section of the outdoor walking surface, adjacent to an exterior wall at the northwest doors. The walking surface was white. The area flexed downward when stepped on. Two elongated sections of the walking surface, positioned at a 45-degree angle next to one another, showed signs of damage. The white walking surface was missing from both areas. The areas were depressed into the walking surface, rendering the surface uneven and unsafe to walk on. Damaged wood was clearly visible where the white walking surface had deteriorated. There were leftover ends of caution tape still tied to the ramp's railing.

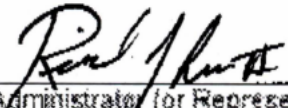
During an interview, on 05/01/2023 at 1:25 AM, Staff A stated that the walking surface consisted of marine grade plywood. Staff A stated that they acquired bids to repair the area, and was waiting for corporate leadership to approve the bids.

**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, Kenmore Senior Living 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.

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| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 9 of 21              | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

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|------------------------------------------------------------------------------------------------------------------------|------------------------|
| <br>Administrator (or Representative) | <u>6/20/23</u><br>Date |
|------------------------------------------------------------------------------------------------------------------------|------------------------|

**WAC 388-78A-2160** Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreements (NSA) when call lights, requesting care and services, for 3 of 9 sampled residents (Resident 12, 17 and 18) and 77 of 77 Assisted Living residents were not answered timely or responded to at all. This contributed to harm and discomfort to Resident 12, Resident 17 and Resident 18 and placed 77 residents at risk of not receiving needed care and services and a decreased quality of life. The ALF also failed to implement the NSA for 1 of 2 sample resident with special diets (Resident 14). This placed the resident at risk for aspiration (when something you swallow goes into your airway or lungs) and weight loss.

**Findings included...**

**Special Diets**

Record review of a Face Sheet, dated 05/02/2023, showed the facility admitted Resident 14 on [REDACTED] /2021 with a diagnosis of [REDACTED]. A hospice (end of life care) order, dated 03/01/2023, showed an order for a pureed diet with nectar thick liquids due to difficulty swallowing. Resident 14's Needs and Services Plan (Equivalent to a NSA), last updated 03/01/2023, showed she required a pureed diet.

Observation, on 05/03/2023 at 4:30 PM, showed Resident 14's name was not on the list in the kitchen that named the residents who required altered diets.

During an interview, on 05/03/2023 at 4:35 PM, Staff H (Cook) stated Resident 14 was on a mechanical soft diet. Staff H stated the meals prepared for Resident 14 were mechanical soft and not a pureed diet.

During an interview, on 05/04/2023 at 11:05 AM, Staff I and Staff J (Personal Care



\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date

**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreements (NSA) when call lights, requesting care and services, for 3 of 3 sampled residents (Resident 12, 17 and 18) and 77 of 77 Assisted Living residents were not answered timely or responded to at all. This contributed to harm and discomfort to Resident 12, Resident 17 and Resident 18 and placed 77 residents at risk of not receiving needed care and services and a decreased quality of life. The ALF also failed to implement the NSA for 1 of 2 sample resident with special diets (Resident 14). This placed the resident at risk for aspiration (when something you swallow goes into your airway or lungs) and weight loss.

Findings included...

**Special Diets**

Record review of a Face Sheet, dated 05/02/2023, showed the facility admitted Resident 14 on [REDACTED] /2021 with a diagnosis of [REDACTED]. A hospice (end of life care) order, dated 03/01/2023, showed an order for a pureed diet with nectar thick liquids due to difficulty swallowing. Resident 14's Needs and Services Plan (Equivalent to a NSA), last updated 03/01/2023, showed she required a pureed diet.

Observation, on 05/03/2023 at 4:30 PM, showed Resident 14's name was not on the list in the kitchen that named the residents who required altered diets.

During an interview, on 05/03/2023 at 4:35 PM, Staff H (Cook) stated Resident 14 was on a mechanical soft diet. Staff H stated the meals prepared for Resident 14 were mechanical soft and not a pureed diet.

During an interview, on 05/04/2023 at 11:05 AM, Staff I and Staff J (Personal Care

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| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 10 of 21             | Licenses: Pacifica Kenmore LLC | 05/31/2023                       |

Assistants) both stated that Resident 14 was on a mechanical soft diet.

#### Call Pendant Wait Times

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 Assisted Living (AL) residents. Ten residents resided on the locked Memory Care Unit (MCU). The ALF consisted of three floors. Seven ALF residents were located on the 1st floor, 27 ALF residents were located on the 2nd floor and 33 ALF residents were located on the 3rd floor. The MCU provided care and services for 10 residents with primary diagnoses of [REDACTED].

During an entrance interview, on 05/01/2023 at 9:20 AM, Staff A (Executive Director) stated that the ALF had sufficient staffing level to provide the care and services the 77 AL residents. Staff A stated that day shift staff Monday through Friday consisted of Staff H (Resident Care Director), two to three Medication Technicians (MT - a long-term care worker that receives additional training from a Registered Nurse Delegator [RND] to perform medication administration tasks that require RN oversight), and three to four caregivers (CGs). The evening shift staff consisted of two to three MTs and three to four CGs, and the night shift consisted of one MT and one to two CGs. Staff A also stated that the MTs were expected to contribute to resident care tasks as needed.

Record review showed the ALF's call light system kept an electronic record of when a call for assistance was placed by a resident and when the call was responded to by care staff. If a call light was not responded to after 45 minutes, the call light system would document, "This alert was never responded to." An electronic record of calls placed by residents in need of assistance, from 04/16/2023 at 2:03 PM through 05/16/2023 at 1:50 PM, showed 827 recorded calls were answered as followed:

309 calls exceeded 45 minutes and were not answered by care staff.  
39 calls were not answered until between 40 through 45 minutes.  
53 calls were not answered until between 35 through 39 minutes.  
35 calls were not answered until between 30 through 34 minutes.  
52 calls were not answered until between 25 through 29 minutes.  
85 calls were not answered until between 20 through 24 minutes.  
114 calls were not answered until between 15 through 19 minutes.  
140 calls were not answered until between 10 through 14 minutes.

#### Resident 12

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 12 on [REDACTED] 2017 with diagnoses including [REDACTED] and [REDACTED]. A review of a Needs and Services Plan/NSP (equivalent to a Negotiated Services Agreement), effective 01/12/2023, showed Resident 12 used a sit-to-stand device (a type of lifting equipment used to help transfer residents from one seated

Assistants) both stated that Resident 14 was on a mechanical soft diet.

#### Call Pendant Wait Times

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 Assisted Living (AL) residents. Ten residents resided on the locked Memory Care Unit (MCU). The ALF consisted of three floors. Seven ALF residents were located on the 1st floor, 27 ALF residents were located on the 2nd floor and 33 ALF residents were located on the 3rd floor. The MCU provided care and services for 10 residents with primary diagnoses of [REDACTED].

During an entrance interview, on 05/01/2023 at 9:20 AM, Staff A (Executive Director) stated that the ALF had sufficient staffing level to provide the care and services the 77 AL residents. Staff A stated that day shift staff Monday through Friday consisted of Staff H (Resident Care Director), two to three Medication Technicians (MT - a long-term care worker that receives additional training from a Registered Nurse Delegator [RND] to perform medication administration tasks that require RN oversight), and three to four caregivers (CGs). The evening shift staff consisted of two to three MTs and three to four CGs, and the night shift consisted of one MT and one to two CGs. Staff A also stated that the MTs were expected to contribute to resident care tasks as needed.

Record review showed the ALF's call light system kept an electronic record of when a call for assistance was placed by a resident and when the call was responded to by care staff. If a call light was not responded to after 45 minutes, the call light system would document, "This alert was never responded to." An electronic record of calls placed by residents in need of assistance, from 04/16/2023 at 2:03 PM through 05/16/2023 at 1:50 PM, showed 827 recorded calls were answered as followed:

309 calls exceeded 45 minutes and were not answered by care staff.  
39 calls were not answered until between 40 through 45 minutes.  
53 calls were not answered until between 35 through 39 minutes.  
35 calls were not answered until between 30 through 34 minutes.  
52 calls were not answered until between 25 through 29 minutes.  
85 calls were not answered until between 20 through 24 minutes.  
114 calls were not answered until between 15 through 19 minutes.  
140 calls were not answered until between 10 through 14 minutes.

#### Resident 12

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 12 on [REDACTED]/2017 with diagnoses including [REDACTED] and [REDACTED]. A review of a Needs and Services Plan/NSP (equivalent to a Negotiated Services Agreement), effective 01/12/2023, showed Resident 12 used a sit-to-stand device (a type of lifting equipment used to help transfer residents from one seated



|                           |                                |                                  |
|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 11 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

surface to another). Resident 12 required the lift and one-person total assistance for all toileting and transfers. The NSP included a statement under the category of "Skin Integrity, impaired", documenting the facility was responsible to provide incontinent care to keep skin clean, at least every two hours.

In interview, on 05/11/2023 at 1:50 PM, Resident 12 stated they were dependent on staff to get them into the restroom, in and out of bed, and dressed. Resident 12 explained they used their call light pendant to ask for assistance getting in and out of the bathroom. Resident 12 stated that, on several occasions they had to wait a long period of time for care staff to respond to their call light request for assistance. Resident 12 stated that they've urinated in their bed when staff did not answer the call light, and that they've been left on the toilet up to an hour at a time. Resident 12 described the experience as painful because sitting on the toilet for that long cut off the circulation in their legs.

Review of Resident 12's call light response times, from 04/28/2023 through 05/04/2023, showed 26 call response time exceeded 20 minutes as follows:

04/28/2023 - 01:36 AM - 36 minutes  
04/28/2023 - 09:48 AM - 31 minutes  
04/28/2023 - 12:31 PM - 29 minutes  
04/29/2023 - 06:58 AM - 21 minutes  
04/29/2023 - 06:52 AM - 25 minutes  
04/29/2023 - 06:15 AM - 21 minutes  
04/29/2023 - 11:29 PM - 38 minutes  
04/30/2023 - 03:04 PM - 44 minutes  
05/01/2023 - 08:49 PM - 20 minutes  
05/03/2023 - 11:59 AM - 42 minutes  
05/03/2023 - 12:57 AM - 33 minutes  
05/03/2023 - 01:05 PM - 27 minutes  
05/04/2023 - 07:14 AM - 22 minutes  
05/04/2023 - 08:05 AM - 23 minutes.

Of these 26 calls, 12 exceeded a 45-minute wait and went unanswered.

#### Resident 17

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 17 on [REDACTED] 2015, with multiple [REDACTED] diagnoses. Review of an NSP, effective 01/18/2023, showed Resident 17 was incontinent of urine, wore protective underwear, and required total assistance with toileting. The NSP showed Resident 17 preferred a female caregiver and required changing of her protective underwear two times during the night. The NSP showed under the "Toileting" section that Resident 17 was to ask for help every time they needed to use the restroom and skin was to be clean and dry at all times. Under the "Transfer Assistance" section, the NSP showed Resident 17 was to ask for assistance with transfers.

surface to another). Resident 12 required the lift and one-person total assistance for all toileting and transfers. The NSP included a statement under the category of "Skin Integrity, impaired", documenting the facility was responsible to provide incontinent care to keep skin clean, at least every two hours.

In interview, on 05/11/2023 at 1:50 PM, Resident 12 stated they were dependent on staff to get them into the restroom, in and out of bed, and dressed. Resident 12 explained they used their call light pendant to ask for assistance getting in and out of the bathroom. Resident 12 stated that, on several occasions they had to wait a long period of time for care staff to respond to their call light request for assistance. Resident 12 stated that they've urinated in their bed when staff did not answer the call light, and that they've been left on the toilet up to an hour at a time. Resident 12 described the experience as painful because sitting on the toilet for that long cut off the circulation in their legs.

Review of Resident 12's call light response times, from 04/28/2023 through 05/04/2023, showed 26 call response time exceeded 20 minutes as follows:

04/28/2023 – 01:36 AM – 36 minutes  
04/28/2023 – 09:46 AM – 31 minutes  
04/28/2023 – 12:31 PM – 29 minutes  
04/29/2023 – 06:58 AM – 21 minutes  
04/29/2023 – 06:52 AM – 25 minutes  
04/29/2023 – 06:15 AM – 21 minutes  
04/29/2023 – 11:29 PM – 38 minutes  
04/30/2023 – 03:04 PM – 44 minutes  
05/01/2023 – 06:49 PM – 20 minutes  
05/03/2023 – 11:59 AM – 42 minutes  
05/03/2023 – 12:57 AM – 33 minutes  
05/03/2023 – 01:05 PM – 27 minutes  
05/04/2023 – 07:14 AM – 22 minutes  
05/04/2023 – 08:05 AM – 23 minutes.

Of these 26 calls, 12 exceeded a 45-minute wait and went unanswered.

## Resident 17

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 17 on [REDACTED]/2015, with multiple [REDACTED] diagnoses. Review of an NSP, effective 01/19/2023, showed Resident 17 was incontinent of urine, wore protective underwear, and required total assistance with toileting. The NSP showed Resident 17 preferred a female caregiver and required changing of her protective underwear two times during the night. The NSP showed under the "Toileting" section that Resident 17 was to ask for help every time they needed to use the restroom and skin was to be clean and dry at all times. Under the "Transfer Assistance" section, the NCP showed Resident 17 was to ask for assistance with transfers.

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|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 12 of 21             | Licensor: Pacifica Kenmore LLC | 05/31/2023                       |

In interview, on 05/04/2023 at 10:55 AM, Resident 17 stated that they could not understand why the midnight shift did not answer their call light. Resident 17 explained that they wore an incontinence brief, and could not get out of bed without assistance. Resident 17 stated that if staff did not answer their calls for help, then they wet the bed and had to remain "soaked" in a wet brief until help arrived. Resident 17 stated they could not control their urine and that, "it just runs out without any warning, I have no control over it". Resident 17 described feeling "anxious", and that when they go to bed for the night, "that's the end of service" and "I just figure they (staff) went home to sleep and think I don't need anything".

#### Resident 17 Call Pendant Response Time

Review of Resident 17's call light response times, from 04/28/2023 through 05/04/2023, showed 24 call response time exceeded 20 minutes as follows:

04/28/2023 - 12:24 AM - 38 minutes  
04/28/2023 - 05:47 AM - 28 minutes  
04/28/2023 - 08:04 AM - 34 minutes  
04/28/2023 - 04:52 PM - 22 minutes  
04/29/2023 - 10:08 AM - 24 minutes  
05/01/2023 - 02:24 PM - 22 minutes  
05/02/2023 - 04:41 AM - 21 minutes  
05/02/2023 - 06:25 PM - 33 minutes  
05/03/2023 - 09:11 AM - 22 minutes  
05/03/2023 - 02:54 PM - 25 minutes

Of these 24 calls, 14 exceeded a 45-minute wait and went unanswered.

#### Resident 18

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 18 on [REDACTED] 2022 with diagnoses including [REDACTED]

Review of an NSP, effective 10/03/2022, showed Resident 18 required required stand-by assistance with toileting. The NSP showed their skin was to be clean and dry at all times. Under "Transfer Assistance", the NSP showed Resident 18 was to ask for assistance with transfers.

In interview, on 05/03/2023 at 09:00 AM, Resident 18 stated that during the night/early morning of 05/03/2022, they pressed their call light pendant for assistance with getting up to use the bathroom. After 90 minutes, no staff responded to the call, so Resident 18



In interview, on 05/04/2023 at 10:55 AM, Resident 17 stated that they could not understand why the midnight shift did not answer their call light. Resident 17 explained that they wore an incontinence brief, and could not get out of bed without assistance. Resident 17 stated that if staff did not answer their calls for help, then they wet the bed and had to remain "soaked" in a wet brief until help arrived. Resident 17 stated they could not control their urine and that, "it just runs out without any warning, I have no control over it". Resident 17 described feeling "anxious", and that when they go to bed for the night, "that's the end of service" and "I just figure they (staff) went home to sleep and think I don't need anything".

#### Resident 17 Call Pendant Response Time

Review of Resident 17's call light response times, from 04/28/2023 through 05/04/2023, showed 24 call response time exceeded 20 minutes as follows:

04/28/2023 – 12:24 AM – 38 minutes  
04/28/2023 – 05:47 AM – 28 minutes  
04/28/2023 – 09:04 AM – 34 minutes  
04/28/2023 – 04:52 PM – 22 minutes  
04/29/2023 – 10:08 AM – 24 minutes  
05/01/2023 – 02:24 PM – 22 minutes  
05/02/2023 – 04:41 AM – 21 minutes  
05/02/2023 – 06:25 PM – 33 minutes  
05/03/2023 – 09:11 AM – 22 minutes  
05/03/2023 – 02:54 PM – 25 minutes

Of these 24 calls, 14 exceeded a 45-minute wait and went unanswered.

#### Resident 18

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 18 on [REDACTED]/2022, with diagnoses including [REDACTED].

Review of an NSP, effective 10/03/2022, showed Resident 18 required required stand-by assistance with toileting. The NSP showed their skin was to be clean and dry at all times. Under "Transfer Assistance", the NSP showed Resident 18 was to ask for assistance with transfers.

In interview, on 05/03/2023 at 09:00 AM, Resident 18 stated that during the night/early morning of 05/03/2022, they pressed their call light pendant for assistance with getting up to use the bathroom. After 90 minutes, no staff responded to the call, so Resident 18

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|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 13 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

woke up their spouse to ask for help.

Review of Resident 18's call pendant response times, for the period from 04/29/2023 through 05/04/2023, showed two pendant calls, on 05/03/2023 at 02:03 and 02:50 AM, that were unanswered. These calls corresponded with Resident 18's reported missed pendant call earlier in the morning.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

**WAC 388-76A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:**

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff D and Staff E) initiated a Washington State name and date of birth

woke up their spouse to ask for help.

Review of Resident 18's call pendant response times, for the period from 04/28/2023 though 05/04/2023, showed two pendant calls, on 05/03/2023 at 02:03 and 02:50 AM, that were unanswered. These calls corresponded with Resident 18's reported missed pendant call earlier in the morning.

**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, Kenmore Senior Living 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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:**

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff D and Staff E) initiated a Washington State name and date of birth



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|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2565                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 14 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

background inquiry (BGI) within one business day of hire. This placed the ALF's 77 residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Review of the Department's Facilities Management System database, on 05/09/2023, showed the ALF had a change of ownership on 02/17/2021.

Record review showed the ALF hired Staff D (Personal Care Assistant) on 08/14/2022. Staff D's BGI was completed on 02/07/2023, 177 days after the hire date.

Record review showed the ALF hired Staff E (Activities Director) on 03/09/2022. Staff E had no BGI on file.

During an interview, on 05/03/2022 at 9:15 AM, Staff A (Executive Director) acknowledged Staff D and Staff E's BGIs were not done within one business day of hire to this licensed facility.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(f) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

background inquiry (BGI) within one business day of hire. This placed the ALF's 77 residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Review of the Department's Facilities Management System database, on 05/09/2023, showed the ALF had a change of ownership on 02/17/2021.

Record review showed the ALF hired Staff D (Personal Care Assistant) on 08/14/2022. Staff D's BGI was completed on 02/07/2023, 177 days after the hire date.

Record review showed the ALF hired Staff E (Activities Director) on 03/08/2022. Staff E had no BGI on file.

During an interview, on 05/03/2022 at 9:15 AM, Staff A (Executive Director) acknowledged Staff D and Staff E's BGIs were not done within one business day of hire to this licensed facility.

#### 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, Kenmore Senior Living 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

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|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 15 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 5 sampled staff (Staff C) was renewed before the two-year expiration. This placed 77 residents at risk for receiving care from staff whose criminal background history was unknown.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

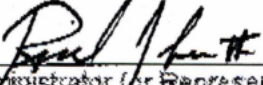
Record review showed the ALF hired Staff C (Medical Technician) on 02/19/2021. Staff C's record showed their BGI expired as of 02/24/2023.

In an interview, on 05/02/2023 at 2:50 PM, Staff K (Business Office Manager) stated the ALF was unable to produce an updated BGI for Staff C.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

**WAC 368-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:**

- (1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.



(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 5 sampled staff (Staff C) was renewed before the two-year expiration. This placed 77 residents at risk for receiving care from staff whose criminal background history was unknown.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Record review showed the ALF hired Staff C (Medical Technician) on 02/18/2021. Staff C's record showed their BGI expired as of 02/24/2023.

In an interview, on 05/02/2023 at 2:50 PM, Staff K (Business Office Manager) stated the ALF was unable to produce an updated BGI for Staff C.

**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, Kenmore Senior Living 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-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:**

- (1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

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|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2565                | Compliance Determination # 23509 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 16 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 4 sampled staff (Staff C and Staff D), whose positions required a national fingerprint background check (FBGI), were completed within 120 days of their date of hire. This placed the ALF's 77 residents at risk for receiving care and services from staff whose criminal background history was unknown.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Record review showed the ALF hired Staff C (Medical Technician) on 02/19/2021. Staff C had no FBGI on file.

Record review showed the ALF hired Staff D (Personal Care Assistant) on 08/14/2022. Staff D had no FBGI on file.

During an interview, on 05/03/2022 at 9:20 AM, Staff A (Executive Director) acknowledged FBGI for Staff C and Staff D were not done.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
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 4 of 5 sampled staff (Staff A, Staff B, Staff C and Staff D) initiated tuberculosis (TB) testing within three days of employment. This placed the ALF's 77 residents at risk for contracting

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 4 sampled staff (Staff C and Staff D), whose positions required a national fingerprint background check (FBGI), were completed within 120 days of their date of hire. This placed the ALF's 77 residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Record review showed the ALF hired Staff C (Medical Technician) on 02/18/2021. Staff C had no FBGI on file.

Record review showed the ALF hired Staff D (Personal Care Assistant) on 08/14/2022. Staff D had no FBGI on file.

During an interview, on 05/03/2022 at 9:20 AM, Staff A (Executive Director) acknowledged FBGI for Staff C and Staff D were not done.

**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, Kenmore Senior Living 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-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 4 of 5 sampled staff (Staff A, Staff B, Staff C and Staff D) initiated tuberculosis (TB) testing within three days of employment. This placed the ALF's 77 residents at risk for contracting



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|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 17 of 21             | Licenses: Pacifica Kenmore LLC | 05/31/2023                       |

TB, a communicable disease.

Findings included:

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Review of the Department's Facilities Management System database, on 05/09/2023, showed the ALF had a change of ownership on 02/17/2021.

Record review showed the ALF hired Staff A (Executive Director) on 08/29/2022. Staff A had completed a two-step TB test on 02/25/2023, however it was done 180 days after his hire date.

Record review showed the ALF hired Staff B (Housekeeper) on 02/18/2021. Staff B had no TB testing on file.

Record review showed the ALF hired Staff C (Medical Technician) on 02/18/2021. Staff B had no TB testing on file.

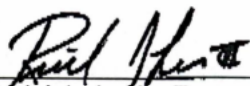
Record review showed the ALF hired Staff D (Personal Care Assistant) on 08/14/2022. Staff B had no TB testing on file.

During an interview, on 05/03/2022 at 9:30 AM, Staff A (Executive Director) acknowledged TB tests were not done for himself, Staff B, Staff C, 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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

TB, a communicable disease.

Findings included:

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Review of the Department's Facilities Management System database, on 05/09/2023, showed the ALF had a change of ownership on 02/17/2021.

Record review showed the ALF hired Staff A (Executive Director) on 08/29/2022. Staff A had completed a two-step TB test on 02/25/2023, however it was done 180 days after his hire date.

Record review showed the ALF hired Staff B (Housekeeper) on 02/18/2021. Staff B had no TB testing on file.

Record review showed the ALF hired Staff C (Medical Technician) on 02/18/2021. Staff B had no TB testing on file.

Record review showed the ALF hired Staff D (Personal Care Assistant) on 08/14/2022. Staff B had no TB testing on file.

During an interview, on 05/03/2022 at 9:30 AM, Staff A (Executive Director) acknowledged TB tests were not done for himself, Staff B, Staff C, 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, Kenmore Senior Living 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

|                           |                                |                                  |
|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2568                | Compliance Determination # 23809 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 18 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

**WAC 388-78A-2450 Staff.**

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 sampled staff (Staff A, Staff B, Staff C, Staff D, and Staff E) had completed orientation to the facility. This placed the residents at risk of receiving care from staff who did not have the training and knowledge to perform their hired duties.

**Findings included...**

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents. Ten of the residents resided on a locked Memory Care unit.

Review of the Department's Facilities Management System database, on 05/09/2023, showed the ALF had a change of ownership on 02/17/2021.

Record review showed the following staff had not completed facility orientation: Staff A (Executive Director) hired on 02/18/2021, Staff B (Housekeeper) hired on 02/18/2021, Staff C (Medical Technician) hired on 02/18/2021, Staff D (Personal Care Assistant) hired on 08/14/2022, and Staff E (Activities Director) hired on 03/08/2022.

During an interview, on 05/03/2022 at 9:30 AM, Staff A (Executive Director) acknowledged facility orientation had not been completed for himself, Staff B, Staff C, Staff D, and Staff E.

**Plan/Attestation Statement**



**WAC 388-78A-2450 Staff.**

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(h) Provide staff orientation and appropriate training for expected duties, including:

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During an interview, on 05/03/2022 at 9:30 AM, Staff A (Executive Director) acknowledged facility orientation had not been completed for himself, Staff B, Staff C, Staff D, and Staff E.

**Plan/Attestation Statement**

|                           |                                |                                  |
|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2568                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 19 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

Rachel J. Hunt  
Administrator (or Representative)

6/20/23  
Date

**WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.**

- (1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.
- (6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:
- (c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.
- (7) The assisted living facility must:
- (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly, and
- (b) Have each reevaluation in writing, signed and dated by the resident.
- (9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled resident (Resident 4), who had video monitoring in their apartment, had an evaluation or signed consent. This placed the Resident 4 at risk of violation of privacy rights.

Findings include...

Record review of a Face Sheet, dated 05/02/2023, showed the ALF admitted Resident 4 on [REDACTED] /2021 with a diagnosis of [REDACTED]

In an interview, on 05/01/2023 at 10:00 AM, Staff A (Executive Director) reported Resident

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, Kenmore Senior Living 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

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(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

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(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

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**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled resident (Resident 4), who had video monitoring in their apartment, had an evaluation or signed consent. This placed the Resident 4 at risk of violation of privacy rights.

Findings include...

Record review of a Face Sheet, dated 05/02/2023, showed the ALF admitted Resident 4 on [REDACTED] /2021 with a diagnosis of [REDACTED].

In an interview, on 05/01/2023 at 10:00 AM, Staff A (Executive Director) reported Resident



|                           |                                |                                  |
|---------------------------|--------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 20 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

4 had a Ring brand video camera inside their apartment.

In a telephone interview, on 05/09/2023 at 10:00 AM with Collateral Contact 1 (CC1), Resident 4's Power of Attorney confirmed they installed a Ring brand video camera in Resident 4's apartment.

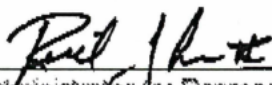
Record review showed the ALF had not completed documentation that specified the duration of use of the video camera, an evaluation for the video cameras need, nor consent. There was nothing signed by Resident 4 or CC1 regarding the use of video monitoring.

During an interview, on 05/04/2023 at 4:20 PM, Staff A confirmed the ALF had not completed evaluations or obtained consent for the use of video monitoring for Resident 4.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
Administrator (or Representative)

6/20/23  
Date

**WAC 388-78A-2300 Food and nutrition services.**

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

- (i) Available to and used by staff persons responsible for food preparation;
- (ii) Approved by a dietitian; and
- (iii) Reviewed and updated as necessary or at least every five years.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to have a diet manual, approved by a dietitian, and reviewed and updated at least every five years. This placed 77 residents at risk of not receiving food that met nutritional standards.

4 had a Ring brand video camera inside their apartment.

In a telephone interview, on 05/09/2023 at 10:00 AM with Collateral Contact 1 (CC1), Resident 4's Power of Attorney confirmed they installed a Ring brand video camera in Resident 4's apartment.

Record review showed the ALF had not completed documentation that specified the duration of use of the video camera, an evaluation for the video cameras need, nor consent. There was nothing signed by Resident 4 or CC1 regarding the use of video monitoring.

During an interview, on 05/04/2023 at 4:20 PM, Staff A confirmed the ALF had not completed evaluations or obtained consent for the use of video monitoring for Resident 4.

**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, Kenmore Senior Living 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

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(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to have a diet manual, approved by a dietitian, and reviewed and updated at least every five years. This placed 77 residents at risk of not receiving food that met nutritional standards.

|                           |                                |                                  |
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| Statement of Deficiencies | License #: 2566                | Compliance Determination # 23609 |
| Plan of Correction        | Kenmore Senior Living          | Completion Date                  |
| Page 21 of 21             | Licensee: Pacifica Kenmore LLC | 05/31/2023                       |

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents, including three meals per day and snacks as needed. Records showed several residents required specialty diets.

During an interview, on 05/09/2023 at 4:40 PM, Staff H (Cook) stated she does not have a dietary manual.

During an interview, on 05/04/2023 at 4:15 PM, Staff A (Executive Director) stated the ALF did not have a dietary manual.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/14/23.

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

  
\_\_\_\_\_  
Administrator (or Representative)

6/20/23  
\_\_\_\_\_  
Date

This document was prepared by Residential Care Services for the Locator website.



## Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 77 residents, including three meals per day and snacks as needed. Records showed several residents required specialty diets.

During an interview, on 05/03/2023 at 4:40 PM, Staff H (Cook) stated she does not have a dietary manual.

During an interview, on 05/04/2023 at 4:15 PM, Staff A (Executive Director) stated the ALF did not have a dietary manual.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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Administrator (or Representative)

\_\_\_\_\_  
Date