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

01/16/2025

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

RE: Kenmore Senior Living # 2566

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 52257 (Completion Date 01/16/2025) and 49479 (Completion Date 10/30/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/16/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

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.

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;

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

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.

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

The Department staff who did the On Site verification:

Alma Duran, Licensor
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Sincerely,

Jamie Singer

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

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

Statement of Deficiencies	License #: 2566	Compliance Determination # 49479
Plan of Correction	Kenmore Senior Living	Completion Date
Page 1 of 14	Licensee: Pacifica Kenmore LLC	10/30/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 10/23/2024 and 10/25/2024 of:
Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

The following sample was selected for review during the unannounced on-site visit: 7 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor
Alma Duran, 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

11/12/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Nov. 14, 2024 Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure an Assessment, for 1 of 2 sampled residents (Resident 2) showed the resident's ability to safely use a mobility device, and an Assessment for 1 of 2 sampled residents (Resident 7) addressed safety and use considerations for oxygen therapy. This placed Resident 2 and Resident 7 at risk for harm or injury.

Findings included...

NOTE: The ALF's undated Disclosure of Services showed, "MTs [Medication Technicians or Med Techs] are not allowed to change the [oxygen] litter (sic) setting only done by an LN [Licensed Nurse]."

NOTE: The ALF's policy, Assistance with Oxygen, dated 06/01/2024, showed:
1. "Residents who self-administer oxygen must be capable of self-administration, plus safe oxygen handling and storage",
4. "Safety precautions of oxygen use are reviewed with each resident on oxygen by the Resident Care Director or designee..."

Resident 2
Record review of a Characteristic Roster, updated 10/23/2024, showed the ALF admitted Resident 2 on [redacted]/2022 with diagnoses including [redacted], and [redacted].

Observation of Resident 2's apartment, on 10/25/2024 at 1:04 PM, showed a black half-side bed side rail attached to left side (facing) of the bed. The bed and side rail were

pushed up flush to the wall, with no space between the wall and the rail, and no space between the rail and the bed.

Review of an Assessment, dated 09/03/2024, showed Resident 2 as independent with transfers. The Assessment showed no information about the side rail, including the need for and the ability of Resident 2 to safely use the device. The was no information showing the resident was informed of the risks and benefits of the side rail. There was no documentation to show the ALF ensured the proper and safe installation of the side rail.

In an interview, on 10/25/2024 at 3:30 PM, Staff E (Resident Care Director) stated that they were unaware of the side rail on Resident 2's bed.

Resident 7
Record review of a Characteristic Roster, updated 10/23/2024, showed the ALF admitted Resident 7 on [redacted]/2023 with diagnoses including [redacted]

Review of an Assessment, dated 08/19/2024, showed no information about oxygen use. There was no documentation to show Staff E assessed Resident 7's ability to use oxygen independently or reviewed safety precautions, per the ALF's oxygen policy.

Observation of Resident 7's apartment, on 10/25/2024 at 1:45 PM, showed an oxygen concentrator and an oxygen tank.

During an interview with Resident 7 on 10/25/2024 at 1:45 PM, they stated that they used the oxygen at night, but they were unable to state what number to set the oxygen concentrator to while using it.

During an interview, on 10/24/2024 at 9:20 AM, Staff F (Executive Director) stated that residents must be able to self-manage their oxygen.

During an interview, on 10/25/2024 3:40 PM, Staff E stated that they did not document an assessment specific to Resident 7's ability to use oxygen without staff assistance.

Plan/Attestation Statement

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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) Dec. 13, 2024 .

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

Administrator (or Representative) Nov. 14, 2024 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 Agreement (NSA) for 1 of 1 sampled resident (Resident 3), who was prescribed to wear a compression stocking (TED hose) daily. This placed Resident 3 at risk for compromised health.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2350 Coordination of health care services. (1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

Record review of a Face Sheet, undated, showed the facility admitted Resident 3 on [redacted]/2023 with a diagnosis of [redacted]. Review of a Physician's Order, dated 04/17/2024, showed Resident 3 was to wear TED hose daily for (12 hours), on in the morning and off in the evening.

Review of the Needs and Service Plan (Equivalent to an NSA), dated 09/11/2024, showed Resident 3 required assistance with activities of daily living (ADLs – a term used in healthcare to refer to people's daily self-care activities such as dressing, grooming, bathing, ambulation, etc.). The NSA showed caregivers and Medication Technicians (MTs) were to put on Resident 3's TED hose in the morning and remove in the evening, encourage him to use his recliner and elevate his legs while resting during the day.

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Observation and interview, on 10/25/2024 at 1:15 PM with Staff D (MT), showed Resident 3 was in his apartment seated on his recliner, without his legs elevated, and wearing regular socks instead of his TED hose. Resident 3's legs were observed to be edematous (abnormally swollen). Staff D stated that Resident 3 used to have 5 pairs of TED hose. Staff D stated that when they put on Resident 3's TED hose, he took it off and threw them in the garbage.

In interview, on 10/25/2024 at 1:30 PM, Staff K (Personal Care Assistant) stated he did not put Resident 3's TED hose at 7:00 AM because he refused and would take it off. When asked if Resident 3's refusal to wear the TED hose was reported and documented, Staff K stated it should be in Resident 3's record.

In interview, on 10/25/2024 at 3:20 PM, Staff E (Resident Services Director) confirmed Resident 3 had edema on his legs and had to wear TED hose. Staff E stated Resident 3 had a history of taking his TED hose off, because it was uncomfortable for him, and he would throw them in the garbage.

Review of the Progress Notes, dated 06/29/2024, showed staff documented that Resident 3's legs were swollen. However, there was no documentation that Resident 3 had refused wearing the TED hose. There was no documentation Resident 3's physician was notified of his refusals.

This is recurring deficiency previously cited on 01/11/2024, 08/03/2023 and 05/31/2023.

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) Nov. 14, 2024 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 observations and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff I and G) properly washed their hands during food preparation and before serving meals to residents and failed to have a system in place to ensure sanitizing solution, to prevent cross contamination of clean equipment, kitchen counters and surfaces in the main kitchen was effective. This failure placed 53 of 53 residents at risk for acquiring foodborne illness.

Findings included...

HAND WASHING

NOTE: Washington Administrative Code (WAC) 246-215-02305 Hands and arms—Cleaning procedure (Food and Drug Administration Food Code 2-301.12). (1) Except as specified in subsection (4) of this section, food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using a cleaning compound in a handwashing sink that is equipped as specified under WAC 246-215-05210 and Part 6, Subpart C.

Review of the ALF's undated Policy and Procedure on Handwashing, showed, "All employees need to make sure to wash hands with soap and warm water for at least 20 seconds..."

During lunch observation and interview, on 10/24/2024 12:15 PM, Staff I washed his hands under running water, for 12 seconds, turned off the faucet with his bare hand, and then proceeded to dished up food from the steam table. When questioned about proper handwashing technique, Staff I stated, "I was in hurry and I'm very busy. Next time!"

Observation, on 10/24/2024 at 12:30 PM, Staff G (Food Services Director) left the main kitchen to obtain alcohol swabs for their food thermometer. Without handwashing or donning gloves, Staff G came back to the kitchen, went directly to the tray line to check food temperatures. When prompted by the Department Representative (DR), as to when she would wash her hands, prior to checking food temperatures, Staff G stopped and proceeded to the handwashing sink. Staff G washed her hands for 15 seconds.

In interview, on 10/24/2024 at 12:55 PM, Staff G acknowledged their failure to follow proper handwashing technique.

QUAT SANITIZER BUCKET

NOTE: WAC 246-215-04565 Equipment—Manual and mechanical warewashing equipment, chemical sanitization—Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114). A chemical sanitizer used in a sanitizing solution for a manual or

mechanical operation at contact times specified under WAC 246-215-04710(3) must meet the requirements specified under WAC 246-215-07220, must be used in accordance with the EPA-registered label use instructions, and must be used as follows: (3) A quaternary ammonium compound solution must: (b) Have a concentration as specified under WAC 246-215-07220 and as indicated by the manufacturer's use directions included in the labeling; and

According to ChemicalSafetyFacts.com (update 10/14/2022), showed Quaternary ammonium ((Quats)) have been shown to be highly effective at killing bacteria, fungi and viruses, including SARS-CoV-2, the virus that causes COVID-19, and are found in many common disinfectant products used to sanitize surfaces. Quats needs to be 200 ppm to be effective. Concentrations below the required amount will result in a failure to sanitize. A test strip is used to measure concentration of quat sanitizer bucket (QSB).

In interview, on 10/23/2024 at 10:10 AM, Staff G, stated the ALF used Quat to sanitize food surfaces.

A kitchen observation, on 10/23/2024 at 10:15 AM, showed two QSB solutions in the main kitchen. Staff G stated that the Quat sanitizers solutions came from an auto dispensed faucet hose onto the QSB and changed every two hours and to disinfect the kitchen surfaces after mealtimes.

In interview, on 10/23/2024 at 10:15 AM, Staff I stated that he changed the QSB solutions about one hour ago. When asked if the QSB solutions were tested to ensure the correct dilution, Staff G took a Quat test strip, dipped the test strip in the QSB for 10 seconds, both QSBs showed under 200 ppm, to indicate the solution was not effective in disinfecting kitchen surfaces.

On 10/24/2024 at 10:35 AM, during kitchen observation with Staff G, the two QSB solutions were again tested and showed under 200 ppm, to indicate the QSB solution was not effective in disinfecting kitchen surfaces.

In interview, on 10/25/2024 at 11:20 AM, Staff H (Dishwasher) stated he changed the QSB solution every two hours, but stated he was unaware when he last tested the QSB solution for effectiveness.

In interview, on 10/25/2024 at 11:30 AM, Staff G acknowledged the lack of monitoring of the QSB solution to ensure kitchen surfaces were properly sanitized.

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

Administrator (or Representative) Date Nov. 14, 2024

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) obtained a fingerprint background check (FBGC). This placed the ALF's 53 residents at risk for receiving care and services from a staff person with an incomplete background history.

Findings included...

Record review of a Resident Characteristic Roster, updated 10/23/2024, showed the ALF provided care and services for 53 residents.

Record review of an undated employee list showed the ALF hired Staff C (Medication Technician) on 03/18/2024. Review of employee records showed Staff C did not complete a FBGC. The ALF employed Staff C for seven months and six days without a FBGC.

During a telephone interview, on 10/28/2024 at 3:34 PM, Staff F (Executive Director) stated that Staff C scheduled an appointment to obtain fingerprints.

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) Nov. 14, 2024 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff C) completed in-person CPR training, and 2 of 3 sampled staff (Staff C and Staff D) completed 12 hours of continuing education (CE) by the due date. This placed the ALF's 53 residents at risk for receiving care from staff without required training and certifications.

Findings included...

CPR/First Aid

Note: Washington Administrative Code (WAC) 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests. WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Record review of a Resident Characteristic Roster, updated 10/23/2024, showed the ALF provided care and services for 53 residents.

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Record review of an undated employee list showed the ALF hired Staff C (Medication Technician) on 03/18/2024. Staff C completed on-line CPR training, without the hand-on skills component, on 03/17/2023 with the "National CPR Foundation". The National CPR Foundation is an online-only training entity. It does not offer a hands-on component for staff to demonstrate competence with chest compressions and other skills necessary for CPR, as required by OSHA.

During an interview, on 10/25/2024 at 4:00 PM, Staff F (Executive Director) stated they assigned Staff C to an in-person CPR/First Aid course. When Staff C stated they already completed the course, Staff F excused Staff C from the scheduled in-person training.

Continuing Education

Note: WAC 388-112A regulates training and continuing education for long-term care workers. WAC 388-112A-0611 (1)(a)(iii) shows Nursing Assistants must complete 12 hours of continuing education annually by their birthday, and (d) If exempt from certification under RCW 18.88B.041, a long-term care worker must complete and provide documentation of 12 hours of continuing education within 45 calendar days of being hired by the assisted living facility or by the long-term care worker's birthday in the calendar year hired, whichever is later...

Record review of Staff C's employee file showed their birth date as [redacted]. Staff C completed three hours of department-approved CE for the 2023-2024 renewal cycle.

Record review of Staff D's employee file showed the ALF hired them as a caregiver on 09/01/2021. Staff D's date of birth was on 10/17. Staff D completed two hours of department-approved CE for the 2023-2024 renewal cycle.

During an interview, on 10/25/2024 at 4:00 PM, Staff F (Executive Director) stated that continuing education would be part of a corrective action plan. During a telephone interview on 10/28/2024 at 3:34 PM, Staff F confirmed Staff C had no additional CE hours, and Staff D completed two hours of CE for the current renewal cycle.

Plan/Attestation Statement

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

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Administrator (or Representative) Nov. 14, 2024 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) initiated tuberculosis (TB) testing within three days of hire. This placed 53 residents at risk for contact with a staff person whose TB status was unknown to the ALF.

Findings included...

Record review of a Resident Characteristic Roster, updated 10/23/2024, showed the ALF provided care and services for 53 residents.

Record review of an undated employee list showed the ALF hired Staff C (Medication Technician) on 03/18/2024. Review of employee files for Staff C showed no evidence of TB testing.

During a telephone interview on 10/28/2024 at 3:34 PM, Staff F (Executive Director) stated that they would check with Staff J (Business Office Manager) for Staff C's TB testing records. If they located additional records, they would forward them to the Department by 5:00 PM on 10/28/2024. As of 7:30 AM on 10/29/2024, the Department received no TB records for Staff C.

This is a deficiency previously cited on 05/31/2023.

Plan/Attestation Statement

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

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WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop and implement policies and procedures to consistently monitor and document food temperatures (FTs) prior to serving potentially hazardous food to 53 of 53 vulnerable residents. This placed 53 residents at risk for acquiring food borne illness.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2305 Food sanitation. The assisted living facility must: Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

NOTE: WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration ((FDA)) Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above;

NOTE: WAC 246-215-03515 - Temperature and time control—Cooling (FDA Food Code 3-501.14). (1) Cooked time/temperature control for safety food must be cooled, uncovered, protected from contamination, in equipment that maintains an ambient air temperature of 41°F (5°C) or less and: (a) In a shallow, uncovered, layer of two inches or less; or

In interview, on 10/23/2024 at 10:10 AM, Staff G (Food Services Director) stated FTs were supposed to be taken and logged at every meal.

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Review of the FTs log in the main dining room, found inconsistent or no documentation of food temperatures being taken for breakfast, lunch, and dinner for three months and longer.

In interview, on 10/25/2024 at 11:10 AM, Staff G acknowledged the ALF's failure to monitor and log FTs.

Review of the ALF's policies and procedures, did not include a system to take and document FTs at every meal to ensure food safety.

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) Oct. 30, 2024.

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

Administrator or Representative) Date: Nov. 14, 2024

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure residents' food and water supplies were non-expired and readily available in the event of an emergency or disaster. This failure placed 53 residents at risk of compromised health due to lack of life sustaining provisions in the event of an emergency or disaster.

Findings included...

In interview, on 10/24/2024 at 10:10 AM, Staff G (Food Services Director) stated she was in-charge of the emergency food supplies.

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During a tour of the emergency food supply room, on 10/24/2024 at 10:15 AM with Staff G, found the following expired food supplies in the pantry:

Two cartons of grits expired on 04/04/2023.
12 cartons Cream of Wheat expired on 04/30/2023.
Seven cartons of Old Fashion Quacker Oats expired on 10/13/2023.
Half box of Nabisco Crackers expired on 09/03/2023.
36 packages of Peanut Butter cookies expired on 09/22/2023.
Two family-size bags of Tortilla Chips expired on 12/19/2023.
13 bags of Frito Lays expired in 01/2024.

Observation and interview, of the emergency water supply on 10/24/2024 at 11:00 AM, showed it was inaccessible and blocked with floorboards piled in front of the door. Staff G stated there were 10 cases of 24/ eight ounce bottles of emergency water supplies inside that room but they had expired.

In interview, on 10/24/2024 at 11:30 AM, Staff G acknowledged the lack of oversight on the emergency food and water supplies. Staff G stated, "This is my fault. I will order right away."

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: Nov. 14, 2024