STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

Greenlake Management Renton, LLC
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

RE: Renton Assisted Living License # 2614

Dear Administrator:

This letter addresses Compliance Determination(s) 56376 (Completion Date 03/14/2025) and 53502 (Completion Date 01/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-a-iv, WAC 388-112A-0611-1-a-v, WAC 388-112A-0710

The Department staff who did the on-site verification:
Steven Garrett, LTC Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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 01/23/2025 of:
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following SOD dated: 01/23/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 83 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

01/30/2025
Date

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

Paulette Stahl
District Administrator
Western Portfolio
Administrator (or Representative)

02.18.2025
Date

**WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below:

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

(iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

**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.**

**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:

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.

Administrator (or Representative) | Date

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(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 facility failed to ensure 1 of 6 staff (Staff F) completed required Continuing Education (CE) training to perform their job duties and responsibilities. This failure placed all 83 residents at risk of unmet care needs from staff with incomplete training.

Findings included…

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 10/11/2024 and a second citation on 12/06/2024 for Staff F. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/22/2024 and 01/20/2025.

Review of the facility's personnel scheduling documentation showed that Staff F, Medication Technician, worked in the facility and provided care for the residents, including medication assistance services. Review of the facility's personnel records showed the facility hired Staff F on 06/01/2022. Review of the personnel records showed no documentation that Staff F completed 12 hours of department approved CE training from their June 2023 birthday to their June 2024 birthday, as required.

During an interview on 01/23/2025 at 10:00 AM, Staff O, District Administrator, stated that they were aware of the staff training and CE requirements. Staff O stated that they were aware that Staff F did not complete the required CE trainings.

This is an uncorrected deficiency cited on 12/06/2024 for subsection (2)(e) only, and a recurring deficiency previously cited on 10/11/2024.

**Plan/Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) 03/31/2025 - PMS 03.09.25

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

Paulette Stahl
District Administrator
Western Portfolio
Administrator (or Representative)

02.18.2025
Date

**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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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 12/06/2024 and 12/06/2024 of:
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following SOD dated: 12/06/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 90 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Kim Ripley signed for Laurie Anderson — 12/18/2024

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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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.

Patricia Santos-Love
Administrator (or Representative)

December 27, 2024
Date

**WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

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(iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

**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.**

**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 facility failed to ensure 1 of 6 staff (Staff F) completed required Continuing Education (CE) training to perform their job duties and responsibilities. This failure placed all 90 residents at risk of unmet care needs from staff with incomplete training.

Administrator (or Representative) Date

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Findings included...

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 10/11/2024 for Staff F. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/22/2024.

Review of the facility's personnel scheduling documentation showed that Staff F, Medication Technician, worked in the facility and provided care for the residents, including medication assistance services. Review of the facility's personnel records showed the facility hired Staff F on 06/01/2022. Review of the personnel records showed no documentation that Staff F completed 12 hours of department approved CE training from their June 2023 birthday to their June 2024 birthday, as required.

During an interview on 12/06/2024 at 1:35 PM, Staff G, Executive Director, stated that they were aware of the staff training and CE requirements. Staff G stated that they were aware that Staff F did not complete the required CE trainings.

This is an uncorrected citation previously cited on 10/11/2024 for subsection (2)(e) only.

**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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) January 20, 2025 .

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

Patricia Santos-Love
Administrator (or Representative)

December 27, 2024
Date

Findings included…

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 10/11/2024 for Staff F. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 11/22/2024.

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Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

| Statement of Deficiencies | License #: 2614 | Compliance Determination # 47757 |
|---|---|---|
| Plan of Correction | Renton Assisted Living | Completion Date |
| Page 1 of 14 | Licensee: Greenlake Management Renton, LLC | 10/11/2024 |

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 10/01/2024 and 10/07/2024 of:
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

The following sample was selected for review during the unannounced on-site visit: 9 of 81 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

10/22/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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Residential Care Services

Date

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Administrator (or Representative)

November 1, 2024
Date

**WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

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**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.**

**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 facility failed to ensure 3 of 6 staff (Staff C, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 81 residents at risk of unmet care needs from staff with incomplete training.

Administrator (or Representative) Date

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Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff C, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 81 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's personnel records showed the facility hired Staff C, Caregiver, on 03/06/2024; Staff E, Medication Tech, on 06/01/2022; and Staff F, Medication Tech, on 06/01/2022.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID
Review of the facility's personnel scheduling documentation showed that Staff C worked in the facility and provided care for residents. Review of the facility's personnel records showed that Staff C completed CPR training on 05/16/2024. Further review of the training documents showed no documentation that the training included the hands-on skill development, as required.

During an interview on 10/07/2024 at 3:05 PM, Staff A, Administrator, stated that they were aware that Staff C completed the CPR and first-aid training. Staff A stated they were unaware the CPR and first-aid training did not contain the hands-on skills component, as required.

CONTINUING EDUCATION (CE)
Review of the facility's personnel scheduling documentation showed that Staff E worked in the facility and provided care for the residents, including medication assistance services. Review of the personnel records showed no documentation that Staff E completed 12 hours of department approved CE training from their July 2023 birthday to their July 2024 birthday, as required.

Review of the facility's personnel scheduling documentation showed that Staff F worked in the facility and provided care for the residents, including medication assistance services. Review of the personnel records showed no documentation that Staff F completed 12 hours of department approved CE training their June 2023 birthday to their June 2024 birthday, as required.

During an interview on 10/03/2024 at 3:25 PM, Staff A stated that they were aware of the staff training and CE requirements. Staff A stated that they were unaware that Staff E and Staff F did not complete the required CE trainings.

**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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/22/2024.

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

Findings included…

Review of facility's personnel records showed the facility hired Staff C, Caregiver, on 03/06/2024; Staff E, Medication Tech, on 06/01/2022; and Staff F, Medication Tech, on 06/01/2022.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID
Review of the facility's personnel scheduling documentation showed that Staff C worked in the facility and provided care for residents. Review of the facility's personnel records showed that Staff C completed CPR training on 05/16/2024. Further review of the training documents showed no documentation that the training included the hands-on skill development, as required.

During an interview on 10/07/2024 at 3:05 PM, Staff A, Administrator, stated that they were aware that Staff C completed the CPR and first-aid training. Staff A stated they were unaware the CPR and first-aid training did not contain the hands-on skills component, as required.

CONTINUING EDUCATION (CE)
Review of the facility's personnel scheduling documentation showed that Staff E worked in the facility and provided care for the residents, including medication assistance services. Review of the personnel records showed no documentation that Staff E completed 12 hours of department approved CE training from their July 2023 birthday to their July 2024 birthday, as required.

Review of the facility's personnel scheduling documentation showed that Staff F worked in the facility and provided care for the residents, including medication assistance services. Review of the personnel records showed no documentation that Staff F completed 12 hours of department approved CE training their June 2023 birthday to their June 2024 birthday, as required.

During an interview on 10/03/2024 at 3:25 PM, Staff A stated that they were aware of the staff training and CE requirements. Staff A stated that they were unaware that Staff E and Staff F did not complete the required CE trainings.

**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, Renton Assisted 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) 11/01/2024 Date

**WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:**

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

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

Based on observation, interview and record review, the facility failed to document in 5 of 9 sampled residents (Resident 1, Resident 3, Resident 6, Resident 7, and Resident 8) Negotiated Service Agreement (NSA), the care needs and interventions for diagnoses and physician ordered medical treatments. This failure placed Resident 1, Resident 3, Resident 6, Resident 7, and Resident 8 at risk for unmet care needs and potential for worsening medical condition.

Findings included...

RESIDENT 1
Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [redacted]/2023.

Review of Resident 1's full assessment showed Resident 1 had a dialysis shunt (medical treatment received for kidney failure that removes waste products and excess fluid from the blood through a surgically created access port located under the skin) on their left arm.

Review of the facility's policy titled, "Hemodialysis", dated 08/10/2021, showed that the facility provided care for resident's dialysis access site only if they had physician's instructions on care. The policy showed that staff must notify the dialysis treatment center or provider immediately for any signs and symptoms of redness or soreness around the access site. The policy showed a resident on dialysis required a plan of care documented in their service plan.

Administrator (or Representative) Date

**WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:**

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Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [redacted]/2023.

Review of Resident 1's full assessment showed Resident 1 had a dialysis shunt (medical treatment received for kidney failure that removes waste products and excess fluid from the blood through a surgically created access port located under the skin) on their left arm.

Review of the facility's policy titled, "Hemodialysis", dated 08/10/2021, showed that the facility provided care for resident's dialysis access site only if they had physician's instructions on care. The policy showed that staff must notify the dialysis treatment center or provider immediately for any signs and symptoms of redness or soreness around the access site. The policy showed a resident on dialysis required a plan of care documented in their service plan.

Observation on 10/03/2024 at 9:16 AM, showed Resident 1 with a purplish tubular raised area on their left arm where their dialysis shunt was surgically implanted. During an interview at this time, Resident 1 stated that they did not allow blood pressure to be taken, or blood drawn from their left arm.

Review of Resident 1's negotiated service agreement (NSA), dated 08/27/2024, showed no documentation Resident 1 received dialysis and no information about their dialysis access site. There were no staff instructions about what actions to take if Resident 1's access site showed signs and symptoms of infection, such as redness, tenderness, or pain at site. There was no documentation of an alternative plan in the event Resident 1 was unable to monitor their own symptoms. Review of the NSA showed no documentation that provided the staff with guidance about the possible complications with dialysis treatment, such as dizziness, fatigue, shortness of breath, and muscle cramps.

RESIDENT 3
Review of Resident 3's Face Sheet showed the facility admitted Resident 3 on [redacted]/2024.

Review of Resident 3's August 2024, September 2024, and October 2024 medication administration record (MAR) showed that Resident 3 had an order for five milligrams (mg) of Eliquis (medication with blood thinner qualities, used to prevent blood clots), one tablet by mouth, twice a day.

Review of Resident 3's NSA, dated 07/25/2024, showed Resident 3 managed their own medications. Review of the NSA showed no documentation that Resident 3 received blood thinner medications. There was no documentation that provided the staff with guidance about the possible side effects from daily use of Eliquis, such as increased risk for bleeding and excessive bruising. There were no staff instructions about when to report any signs and symptoms of possible side effects to the nurse.

During an interview on 10/03/2024 at 12:40 PM, Staff B, Health Services Director, stated that Resident 1 and Resident 3 were able to report any change of their health condition to the staff. Staff B stated that they were unaware they needed to document any information related to Resident 1's dialysis and plan of care. Staff B stated that Resident 3's NSA had a separate sheet that contained the anti-coagulant protocol. Staff B stated that the Resident 3's NSA did not document any safety plan related to the use of anti-coagulant medication.

RESIDENT 6
Review of Resident 6's Face Sheet showed the facility admitted Resident 6 on [redacted]/2017.

Review of Resident 6's July 2024, August 2024, September 2024, and October 2024

MARs showed that Resident 6 received 81 mg of Enteric Coated Aspirin (a coating on the tablet to allow for passage through the stomach to the small intestine before dissolving) one tablet by mouth, once daily, for a diagnosis of [redacted].

Review of Resident 6's NSA, dated 08/24/2024, showed no guidance for staff about possible side effects from the use of Aspirin, such as an increased risk of bleeding or bruising. The NSA showed no instructions for staff about what actions were needed for any side effects. There were no instructions about when to report any signs and symptoms of side effects to the nurse.

During an interview on 10/03/2024 at 11:26 AM, Staff B stated that Resident 6's NSA did not document any information related to the safe use, monitoring, and interventions for the use of Aspirin.

RESIDENT 7
Review of Resident 7's Face Sheet showed the facility admitted Resident 7 on [redacted]/2024.

Review of Resident 7's July 2024, August 2024, September 2024, and October 2024 MARs showed that Resident 7 received five mg of Eliquis, one tablet by mouth, twice a day. The MARs showed that Resident 7 received five mg of Midodrine (medication used for low blood pressure), one tablet by mouth, every eight hours as needed for hypotension (low blood pressure) when systolic blood pressure (the highest blood pressure reading) was less than 90.

Review of Resident 7's NSA, dated 07/16/2024, showed no guidance for staff about possible side effects from the use of Eliquis, such as increased risk of bleeding or bruising. The NSA showed no instructions for staff about what actions were needed for any side effects from Eliquis medication. The NSA showed no instructions for staff to monitor Resident 7's blood pressure as it related to use of the Midodrine medication.

During an interview on 10/03/2024 at 11:32 AM, Staff B stated that Resident 7's NSA did not document any information related to the safe use, monitoring, and interventions for the use of Eliquis. Staff B stated that the staff did not monitor Resident 7's blood pressure as it related to the use of the Midodrine medication.

RESIDENT 8
Review of the facility's Characteristic Roster showed the facility admitted Resident 8 on [redacted]/2022.

Review of Resident 8's July 2024, September 2024, and October 2024 MARs showed that Resident 8 received 75 mg of Clopidogrel (medication used to prevent blood clots), one tablet by mouth, daily. The MARs showed that Resident 8 received 500 mg of

Levetiracetam (medication used to treat seizures), one tablet by mouth, twice a day.

Review of Resident 8's NSA, dated 08/25/2024, showed no guidance for staff about possible side effects from the use of Clopidogrel, such as increased risk of bleeding or bruising. The NSA showed no guidance for the staff about possible side effects from the use of Levetiracetam, such as drowsiness or dizziness. The NSA showed no instructions for staff about what actions were needed for any worsening of seizure symptoms.

During an interview on 10/03/2024 at 11:29 AM, Staff B stated that Resident 8's NSA did not document any information related to the safe use, monitoring, and interventions for the use of Clopidogrel or Levetiracetam. Staff B stated that Resident 8's NSA did not document any instructions for staff related to the monitoring and intervention instructions for Resident 8's seizure symptoms.

**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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/22/2024.

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

Administrator (or Representative) — Date: 11/01/2024

**WAC 388-78A-2210 Medication services.**

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

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

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

Based on observation, interview, and record review, the facility failed to ensure 3 of 3 medication carts (medication cart on the first floor, medication cart on the second floor, and medication cart on the third floor) that stored narcotic medications (medications used to treat moderate to severe pain) were accounted for and documented in the facility's controlled medication count record. This failure placed all 82 residents at risk of financial exploitation related to possible missing medications and potential medication errors for missed medications from unaccounted, unavailable medications.

Findings included...

Levetiracetam (medication used to treat seizures), one tablet by mouth, twice a day.

Review of Resident 8's NSA, dated 08/25/2024, showed no guidance for staff about possible side effects from the use of Clopidogrel, such as increased risk of bleeding or bruising. The NSA showed no guidance for the staff about possible side effects from the use of Levetiracetam, such as drowsiness or dizziness. The NSA showed no instructions for staff about what actions were needed for any worsening of seizure symptoms.

During an interview on 10/03/2024 at 11:29 AM, Staff B stated that Resident 8's NSA did not document any information related to the safe use, monitoring, and interventions for the use of Clopidogrel or Levetiracetam. Staff B stated that Resident 8's NSA did not document any instructions for staff related to the monitoring and intervention instructions for Resident 8's seizure symptoms.

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Findings included…

Observation on 10/03/2024 between 9:33 AM and 10:48 AM, showed the first-floor medication cart narcotic lock box contained 27 single dose packages of medications. Observation of the second-floor medication cart narcotic lock box contained 21 single dose packages of medications. Observation of the third-floor medication cart narcotic lock box contained 16 single dose packages of medications and eight bottles with medicine solution inside. The narcotic medications found inside the locked boxes were hydrocodone (for severe chronic pain), hydromorphone and oxycodone (for moderate to severe pain), morphine sulfate oral solution and tablet (for moderate to severe acute and chronic pain or shortness of breath), alprazolam (for anxiety or panic disorder), Lemborexant (for depression), clonazepam and lorazepam (for anxiety), tramadol (for moderate to moderately severe pain), diphenoxylate (for severe diarrhea), and pregabalin (for nerve pain).

Review of the facility's policy titled, "Managing Controlled Medications", revised 02/15/2024, showed the facility required an accurate inventory and record of use for controlled medications defined under the Drug Enforcement Administration. The policy showed the facility followed all federal and state regulations, and its accepted standards of practice. The policy showed two staff, a shift supervisor or medication technician (MT) counted and verified each controlled medications at the beginning and end of each shift. The policy showed the two staff signed the controlled substance daily count record.

During an interview on 10/03/2024 at 9:38 AM, Staff J, Medication Tech, stated that both MTs were required to sign in on the shift daily count record's appropriate column, after each count of controlled medication was confirmed and completed.

Review of the facility's record on controlled substance daily count, showed four columns: one column for the date of the month, one column for the shift, one column for the signatures for the staff coming on shift and one column for the staff leaving shift. Review of the record showed there were three shifts for each date. Review of the facility's first-floor medication cart August 2024, September 2024, and October 2024 shift audit records showed there were 110 shifts without any staff signatures. Review of the facility's second-floor medication cart September 2024 and October 2024 shift audit record showed there were 24 shifts without any staff signatures. Review of the facility's third-floor medication cart August 2024, September 2024, and October 2024 shift audit record showed there were 65 shifts without any staff signatures.

During an interview on 10/03/2024 at 1:15 PM, Staff B, Health Services Director, stated that an accurate inventory and record of use was kept for all medications with written order from the physician. Staff B stated that the facility provided training to all MTs that showed how to complete a controlled medication count form and how to document the controlled medication count.

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Administrator (or Representative) — Date: 11/01/2024

**WAC 388-78A-2610 Infection control.**

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

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

Based on observation, interview, and record review, the facility failed to ensure 2 of 2 observed staff (Staff M and Staff N) implement proper hand hygiene after providing medication assistance to the residents. This failure placed all 81 residents at risk of infection or illness from possible cross-contamination related to unsafe management of medications.

Findings included...

The Centers for Disease Control and Prevention (CDC) developed guidelines for infection prevention and control practices for healthcare settings. Review of CDC's "Health Care Providers: Hand Hygiene," showed that hand hygiene reduced the incidents of infections.

Review of the facility's undated policy titled, "Handwashing Procedures", showed the facility ensured a safe and sanitary environment for the staff and residents. The policy showed the importance of handwashing. The policy required all staff involved in direct resident care, and who handled medications and/or food, completed an in-service training for handwashing. The policy showed staff were required to wash hands after soiled materials were handled. The policy showed staff were required to wash hands after medications were handled or administered. The policy showed all staff must washed their hands before putting on gloves and after removing gloves. The policy showed that gloves were not used to replace the need for hand hygiene.

Observation on 10/03/2024 between 8:37 AM and 9:16 AM, showed Staff M, Medication Technician assisted medication administration to eight unidentified residents on the second floor. Observation showed Staff M used gloved hands to handle the keys to lock and unlock the medication cart. With the same gloved hands, Staff M retrieved the residents' medication cards. The cards were set up with unit-of-use packaging. Staff M pushed the medications from the card into plastic medication cups. Observation showed Staff M then touched the laptop computer to enter and each medication assistance

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provided document in the electronic medication administration system (eMAR). Observation showed Staff M changed gloves with each medication assistance provided. Observation showed Staff M did not wash their hands or perform any hand hygiene before and after they put on and remove their gloves.

Observation on 10/03/2024 between 9:05 AM and 9:16 AM, showed Staff M instilled eye drop medication for an unidentified resident. Observation showed Staff M removed and put on gloves as they began preparation for the next resident medication administration assistance. Observation showed Staff M used the same blood pressure cuff and checked the blood pressure for two unidentified residents. Observation showed Staff M did not disinfect the blood pressure cuff after each use. Observation showed Staff M did not wash their hands between any glove changes when they assisted each unidentified resident with medications and care.

On 10/03/2024 at 10:30 AM, showed Staff N, Medication Technician, provided medication application assistance to an unidentified resident on the third floor. Observation showed Staff N, with gloved hands, pulled down the resident's pant and applied a medication patch to the resident's buttocks. Observation showed Staff N removed their gloves following the application of the medication patch. Observation showed Staff N did not wash their hands after they provided medication assistance to the resident.

Observation on 10/03/2024 at 10:44 AM, showed an unidentified caregiver with gloved hands came out of Apartment 104 with a bag of trash. Observation showed the caregiver carried the trash bag into the medication handling area and activity area. The unidentified caregiver removed the trash from the medication cart and activity trash bin and dumped the waste into the larger trash bag. On both occasions, observation showed the caregiver put back and tucked the same used garbage liners into the two trash bins. Observation showed the caregiver tied and disposed of the trash bag into the outside garbage dumpster. Observation showed that the caregiver did not wash their hands after they handled the waste and removed their gloves.

During an interview on 10/03/2024 at 12:55 PM, Staff B, Health Services Director, stated that the facility provided staff with infection control training. Staff B stated that training included proper hand hygiene, timing before and after care, and medication assistance hygiene practice. Staff B stated that they expected the staff to follow proper hand hygiene practices, as required.

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Administrator (or Representative) 11/01/2024 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 observation, interview, and record review, the facility failed to ensure 1 of 1 kitchen on the second floor was maintained in compliance with the regulations which included proper food thawing guidelines, a proper staff handwashing facility, proper hot and cold food storage, and proper cleanliness and sanitation. These failures placed all 81 residents at risk of contracting food-borne illnesses.

Findings included...

Review of the facility's policy, titled "Dietary Procedures", revised 07/07/2024, showed that the dietary services recognized the regulations of federal, state, and local government agencies that involved sanitation and safety. The policy showed that kitchen sinks were not used for handwashing. The policy showed all perishable items were stored in a refrigerator and maintained 45 degrees Fahrenheit (F) or below, and in freezer and maintained zero degrees F or below. The policy showed that the Lead Cook was responsible to take the food temperature and to ensure the food temperature log was current to all serviced meals and the log maintained for a period of one month. The policy showed that the lead dining services staff supervised the sanitation and housekeeping procedures within the food service area.

THAWING FOODS and HANDWASHING
Note: Per WAC 246-215-03510, except as specified in subsection (4) of this section, time/temperature control for safety food must be thawed: (2) Completely submerged under running water: (b) With sufficient water velocity to agitate and float off loose particles in an overflow.

Per WAC 246-215-02315, food employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or warewashing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste.

Observation on 10/01/2024 at 12:56 PM showed the kitchen contained a hand washing station, a service sink and a commercial three compartment sink. The first sink of the three-compartment sink held two large, unopened clear plastic packages that contained frozen red sauce. Observation showed no water or running cold water over the frozen

Administrator (or Representative) Date

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packages. With gloved hands, observation showed Staff K, Cook, transferred the frozen bags into a shallow pan with water and placed on a counter. Observation showed Staff K then removed their gloves and used a non-labeled hand washing station to wash their hands. Observation showed Staff K shook the water from their hands, and with bare hands, turned off the water faucet.

During an interview on 10/01/2024 at 12:58 PM, Staff K stated that they did not know how long the frozen packages of sauce were in the sink. Staff K stated that the first of the three-compartment sink was used to wash raw vegetables. Staff K stated that they were aware of the requirement to use a sink dedicated for hand washing.

TEMPERATURE CONTROL
Note: Per WAC 246-215-03505, frozen time/temperature control for safety food that is slacked (the process of gradually increasing the temperature of frozen food to a safe level for cooking) to moderate the temperature must be held: (1) Under refrigeration that maintains the food temperature at 41 degrees Fahrenheit (F) for less; or (2) At any temperature if the food remains frozen.

Observation on 10/01/2024 at 1:05 PM showed the kitchen contained a commercial refrigerator and freezer. Observation showed the facility's Freezer Temperature log, dated August 2024, was posted on the side of the freezer door. For the month of August 2024, September 2024, and October 2024, there were no freezer temperatures documented. Observation showed the facility's Refrigerator Temperature log, dated August 1, 2024, was posted on the wall. The log showed one entry for August 1, 2024. For the remainder of August 2024, and for September 2024 and October 2024, there were no temperatures documented.

During an interview on 10/01/2024 at 1:10 PM, Staff G, Executive Director, stated that they hired Staff L, the new Food Services Director, with a start date of 10/01/2024. During the interview, Staff L stated that they were unable to find any documentation for the refrigerator or freezer temperature readings for the month of September 2024 and October 2024. Staff L stated that it was the responsibility of the kitchen staff to monitor and document the refrigerator and freezer temperatures daily.

COOKING
Note: Per WAC 246-215-03525, temperature and time control stated 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: at 135 degrees F 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 degrees F or above.

Review of the facility's "Food in Service HACCP (Hazard Analysis Critical Control Points) Temperature Log," showed that food temperature must be monitored and recorded every 30 minutes during each meal period that included hot and cold food in transit or

on the cook's line. Review of the log showed staff instructions to take prompt action if food temperatures did not meet the standards.

During an interview on 10/02/2024 at 12:10 PM, Staff L stated that they monitored food temperature before delivering the food to the residents. Staff L stated they were unable to find documentation that the staff checked the food temperature, as required. Staff L stated that there were no documentation of any past cooking temperatures and food safety monitoring. Staff L was unaware that there was no documentation to ensure hot and cold foods were held at safe temperatures.

CLEANING
Note: Per WAC 246-215-06505, physical facilities must be cleaned as often as necessary to keep them clean. Except for cleaning that is necessary due to a spill or other accident, cleaning must be done during periods when the least amount of food is exposed such as after closing.

Observation on 10/01/2024 at 1:05 PM, showed there were bits of food on the kitchen counter used by the cook. Observation showed there was a dusty shelf above the kitchen counter. The shelf held pens, loose papers, a dirty paring knife, and plastic cups and mugs without lids. Observation showed bits of cut-up green beans, a paper clip, and an opened water bottle on a counter used for clean dishware. Observation showed a jacket, a big purse, and water bottle on a shelf, all next to the clean folded cloth napkins.

Review of the facility's September 2024 daily kitchen cleaning schedule showed a list of items the staff were expected to clean. The cleaning schedule showed the staff checked some items as they were completed. A review of the daily schedule showed in September 2024, staff documented nine separate days for cleaning the kitchen as the last entry. There was no documentation of any kitchen cleaning for October 2024. During an interview at this time, Staff L stated that the staff were expected to use the daily cleaning schedule, and then initial once a cleaning task was completed.

SANITATION
Note: Per WAC 246-215-04565, if another solution of a chemical specified under subsections (1) through (3) of this section is used, the permit holder shall demonstrate to the regulatory authority that the solution achieves sanitation, and the use of the solution must be approved.

Observation on 10/01/2024 at 1:17 PM, showed there were two empty green buckets and two empty red buckets on top of a sink counter. Observation showed an unidentified staff filled the red bucket with a sanitizing solution. Observation showed the unidentified staff checked the concentration level of the solution with a test strip. Observation showed the test strip turned orange. The unidentified staff repeated the test strip test. The strip turned orange for the second test. During an interview at this time, the unidentified staff stated that when the test strip changed to orange, this color

indicated the solution was dirty. The unidentified staff stated that when the test strip turned green, the sanitizer was at the correct concentration strength to be used for food contact surfaces.

During an interview on 10/01/2024 at 1:20 PM, Staff L stated that the kitchen staff were responsible to check when it was time to change the sanitizing solution. Staff L stated that the cleaning and sanitizing solution were changed every four hours, and as needed. Staff L was unaware that there was no documentation to ensure that cleaning and sanitizing solution were checked for safe use.

**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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/22/2024

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

Administrator (or Representative) — Date: 11/01/2024

indicated the solution was dirty. The unidentified staff stated that when the test strip turned green, the sanitizer was at the correct concentration strength to be used for food contact surfaces.

During an interview on 10/01/2024 at 1:20 PM, Staff L stated that the kitchen staff were responsible to check when it was time to change the sanitizing solution. Staff L stated that the cleaning and sanitizing solution were changed every four hours, and as needed. Staff L was unaware that there was no documentation to ensure that cleaning and sanitizing solution were checked for safe use.

**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, Renton Assisted 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

10/22/2024

Greenlake Management Renton, LLC
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

RE: Renton Assisted Living # 2614

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/11/2024 and found that your facility does not meet the Assisted Living Facility requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**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 Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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.

**Consultation(s):**
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-78A-2730 Licensee's responsibilities.**

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

The facility failed to obtain a current Medical Test Site Waiver (MTSW) certificate for the performance of medical testing on the facility premises. The assisted living facility license posted on the wall, across from the front desk, expired on 08/31/2024. During the inspection, facility staff processed and submitted the application to obtain a MTSW certificate. The facility processed the assisted living facility license renewal payment, to meet the regulatory requirements.

**WAC 388-78A-2400 Protection of resident records. The assisted living facility must:**

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

Several residents' medical information forms were found posted on a wall in the first-floor common area next to the medication cart, and in the second-floor medication room, where residents went to receive their medications. The posted resident medical information was publicly visible in the common resident area and the medication room. During the inspection, facility staff removed the posted resident medical information on the wall in the first-floor common area and second-floor medication room, to meet regulatory requirements.

**WAC 388-78A-3040 Laundry.**

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

(a) Provide separate areas for handling clean laundry and soiled laundry;

(b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;

(c) Ensure areas where clean laundry is stored are not exposed to contamination from other sources;

(5) The assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility, including areas or rooms where soiled laundry is held for processing by off site commercial laundry services.

(7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is:

(b) Arranged to reduce the chances of soiled laundry contaminating clean laundry.

The facility failed to designate separate areas for dirty and clean laundry within the laundry room, ensuring clean and dirty laundry were separated, to reduce potential for cross-contamination. The facility failed to ensure the ventilation system in the facility laundry room worked to vent to the outside. These deficiencies were corrected on-site at the time of the inspection.

**You Are Not:**

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

• Contact me for clarification of the deficiency or deficiencies found.

**In Addition, You May:**

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

**If You Have Any Questions:**

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure