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

Aegis Senior Communities LLC
Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

RE: Aegis Living Greenwood License # 2617

Dear Administrator:

This letter addresses Compliance Determination(s) 32944 (Completion Date 11/22/2023) and 30263 (Completion Date 10/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/22/2023 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-a, WAC 388-78A-2620-2-b, WAC 388-78A-2400-1, WAC 388-78A-2400-2, WAC 388-78A-3100-1, WAC 388-78A-2481-2, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Scottie Sindora, ALF Licensor

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

Sincerely,

Jamie Singer

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

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2617	Compliance Determination # 30263
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 1 of 7	Licensee: Aegis Senior Communities LLC	10/03/2023

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 the unannounced on-site full inspection on 09/26/2023 and 09/28/2023 of:
Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

The following sample was selected for review during the unannounced on-site visit: 7 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF 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

10/4/2023
Date

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

Administrator (or Representative)

10/18/2023
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 observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 pet (Pet 3) owned by an ALF Resident (Resident 5) obtained certification from a veterinarian to ensure they did not carry diseases that could infect the residents. Pet 3 also had no proof of up-to-date vaccinations. This placed 57 residents at risk for exposure to a pet whose vaccination and health status was incomplete or unknown.

Findings included...

A review of pet records and an undated Characteristic Roster showed three ALF residents owned either a cat or a dog. Pet 3 had no records in the ALF's pet record binder.

Record review of a Face Sheet, dated 09/26/2023, showed the ALF admitted Resident 5 on [redacted]/2023.

Observation, on 09/27/2023 at 2:40 PM showed Pet 3, an orange tabby cat, resting on Resident 5's bed.

During an interview, on 09/27/2023 at 2:40 PM, Resident 5 confirmed they owned Pet 3.

During the exit interview, on 09/28/2023 at 12:22 PM, Staff H (Business Office Manager) acknowledged Resident 5 owned a cat. Staff H stated the records would be emailed to the department on 09/29/2023.

A follow-up email, sent on 10/02/2023 at 8:26 AM to Staff H and Staff J (General Manager) was not replied to. The Department Representative placed a phone call to the ALF, on

10/03/2023 at 10:58 AM, to enquire about the status of the records. Staff K (Care Director) responded to the call as the acting General Manager. Staff K took down the details and stated they would follow-up about the pet records. As of 5:00 PM on 10/03/2023, no pet records and no return phone call was received by the Department Representative.

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, Aegis Living Greenwood is or will be in compliance with this law and / or regulation on (Date) 11/17/2023.

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

Administrator (or Representative) — Date: 10/18/2023

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

(1) Maintain a systematic and secure method of identifying and filing resident records for easy access;

(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;

This requirement was not met as evidenced by:

Based on observation and interview the Assisted Living Facility (ALF) failed to ensure a system was in place to maintain confidentiality of private information for all residents. This failure placed 57 residents at risk for invasion of privacy.

Findings included...

An observation during the environmental tour, on 09/26/2023 at 10:46 AM, with Staff F (Maintenance Director) showed the 4th floor of the ALF was laid out in an "L-format" with resident apartments extending the length of each hall. In the middle was a door labeled "Office." The office door was propped open, allowing access into the office. The walls of the office had various lists and notices regarding the residents of the ALF, including photos of residents who were elopement risks, the weekly schedule for residents with medical appointments, a list of diet and alcohol orders for the residents, a list of each resident's name, room number and telephone number, the shower schedule, and a binder titled, "24 Hour Log." On the inside of the door was a sign, taped to the door, that stated: "This Door to Remain Locked at All Times."

In an interview, on 09/26/2023 at 10:47 AM, Staff F stated that the office was for the care managers to chart on residents. Staff F stated, "the door is always unlocked, but not usually propped open like that."

In an interview, on 09/27/2023 at 08:30 AM, Staff G (Care Manager) stated that the office door was always kept unlocked.

Follow up observations, on 09/27/23 at 2:45 PM and 09/28/2023 at 10:20 AM, showed the office door was unlocked.

In an interview, on 09/28/2023 at 12:20 PM, Staff I (Health Services Director) stated that the office door on the 4th floor should always be locked to protect residents' private information.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 10/18/2023

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to maintain storage of hazardous chemicals for 1 of 1 housekeeping carts. This failure placed 57 residents at risk for poisoning, and increased health issues.

Findings included...

A record review of the Resident Characteristic Roster (RCR), updated on 09/26/2023, showed 57 residents lived in the ALF. The RCR indicated that of those 57 residents, 33 residents had a diagnosis of [redacted], 11 had a [redacted] diagnosis, and 17 had behaviors.

An observation during the environmental tour, on 09/26/2023 at 10:48 AM, with Staff F (Maintenance Director) showed the 4th floor of the ALF was laid out in an "L-format" with resident apartments extending the length of each hall. A house keeping cart was unattended and parked near an office. The top of the cart was unlocked and contained six, unlabeled spray bottles with blue, or pink, liquid, and a bottle of stain remover. The print on each of the bottles stated to keep away from eyes, do not ingest, and keep away from children.

In an interview, on 09/26/2023 at 10:50 AM, Staff F stated that the housekeeper should always lock the cart when she is not nearby. Staff F stated that he oversaw the housekeepers and would speak with his staff.

An observation, on 09/27/2023 at 8:15 AM, showed the housekeeping cart in the hallways of the 4th floor of the ALF. The cart was unattended, the top was partially open, and two bottles of cleanser were visible. Several residents walked past the cart.

An observation, on 09/27/2023 at 9:35 AM, showed the housekeeping cart was unattended, and parked on the main floor of the ALF in a hallway between the main dining room and a common area used for activities. The cart was unlocked and contained six, unlabeled spray bottles with blue, or pink, liquid, and a bottle of stain remover. The print on each of the bottles stated to keep away from eyes, do not ingest, and keep away from children.

In an interview, on 09/27/2023 at 9:43 AM, Staff J (General Manager) stated that the cart should be locked, and he would talk with the housekeeper about keeping it locked.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 10/18/2023

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-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

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 sample staff (Staff D) was screened for tuberculosis (TB) within 3 days of hire. This failure placed residents at risk for tuberculosis.

Findings included...

Record review of an ALF personnel file showed Staff D was hired as a Wellness Nurse on 04/17/2023. Staff D was a full-time employee who worked directly with the residents at the ALF. Record review of a chest x-ray, dated 05/18/2019, showed Staff D was negative for active TB at that time. Further review showed no indication Staff D was screened for TB by an intradermal Mantoux test (a type of skin test to determine if a person is infected with Mycobacterium tuberculosis) or a interferon-gamma release assay (a blood test used to determine if a person is infected with Mycobacterium tuberculosis).

In an interview, on 09/27/2023 at 9:50 AM, Staff D stated that he did not need to be screened for TB due to his chest x-ray from 2019.

In an interview, on 09/28/2023 at 12:15 PM. Staff H (Business Office Manager) stated that she was not aware of this specific regulation.

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, Aegis Living Greenwood is or will be in compliance with this law and / or regulation on (Date) 11/17/2023 .

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

Administrator (or Representative) — 10/18/2023 Date