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

FC Kent Senior Living, LLC
Cogir of Kent
25035 104th Ave SE
Kent, WA 98030

RE: Cogir of Kent License # 2620

Dear Administrator:

This letter addresses Compliance Determination(s) 29101 (Completion Date 09/12/2023) and 25148 (Completion Date 07/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2023 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-2610-1

The Department staff who did the on-site verification:
Holly George, Nursing Consultant Institutional
Karri Hernandez, Community Complaint Investigator

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cadence at Kent- Meridian **Provider Type:** Assisted Living Facility

License/Cert.#: 2620
Intake ID: 84067
Compliance Determination #: 25148
Region/Unit #: RCS Region 2 / Unit D
Investigator: Holly George
Investigation Date(s): 06/09/2023 through 07/03/2023
Complainant Contact Date(s):

Allegation(s):
Infection Disease outbreak.

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 2 Closed records sample size: 0
Observations:	Infection control practices. Identified resident Residents Resident care equipment Resident rooms
Interviews:	Identified resident Residents Nursing staff Administrator
Record Reviews:	State reporting log Medical records Incident investigation Facility policies

Investigation Summary:
The facility reported the infectious outbreak according to current standards. Screening of all residents and staff occurred per recommendations and protocol. The facility utilized recommended Personal Protective Equipment (PPE) and followed policy and procedures for isolation precautions for the Residents and quarantined staff. The facility failed to initiate Respiratory Protection Plan (RPP) program. Statement of deficiency written.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 2620	Compliance Determination # 25148
Plan of Correction	Cadence at Kent- Meridian	Completion Date
Page 1 of 3	Licensee: FC Kent Senior Living, LLC	07/03/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 06/09/2023 and 06/13/2023 of:

Cadence at Kent- Meridian
25035 104th Ave SE
Kent, WA 98030

This document references the following complaint number(s): 84067

The following sample was selected for review during the unannounced on-site visit: 2 of 24 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Holly George, Nursing Consultant Institutional
Karri Hernandez, Community Complaint Investigator

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

07-07-2023 — 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.

Statement of Deficiencies	License #: 2620	Compliance Determination # 25148
Plan of Correction	Cadence at Kent- Meridian	Completion Date
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Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on observation, interviews and record review the facility failed to implement the required respiratory protection program for 37 of 37 Staff A Executive Director, Staff B Resident Care Coordinator, Staff C Server, Staff D Medication Care Partner (MCP), Staff E Care Partner(CP), Staff F CP, Staff G Director of Culinary Experience, Staff H Community Relations Director, Staff I MCP, Staff J Server, Staff K MCP, Staff L Concierge, Staff M CP, Staff N Community Relations Coordinator, Staff O Housekeeping, Staff P Resident Lifestyle Director, Staff Q Server, Staff R Server, Staff S Server, Staff T CP, Staff U MCP, Staff V MCP, Staff W Business Office Director, Staff X CP, Staff Y CP, Staff Z MCP, Staff AA CP, Staff BB Guard, Staff CC Guard, Staff DD Guard, Staff EE Cook, Staff FF Concierge, Staff GG Cook, Staff HH Server, Staff II Resident Lifestyle Assistant, Staff JJ Maintenance Director, Staff KK Server to reduce the potential spread of the Corona Virus Infectious Disease 2019 (COVID-19) virus. Additionally, the facility failed to follow the Centers for Disease Control (CDC) and the Department of Health (DOH) established guidelines for care. This failure placed all residents and staff at risk of contracting and spreading a potentially life-threatening disease. These failures placed all residents at risk of contracting and spreading a potentially life-threatening disease.

Findings included...

The CDC developed guidelines for agency wide response to the Covid-19 pandemic. The Washington State Governors Office, the Washington State Department of Health and Social Services (DSHS), the Washington State Department of Labor and Industries (L&I) and the DOH established the current standards of infection control to prevent and control the spread of COVID-19 in the community.

Review of the DSHS "Dear Provider Letter", dated 04/30/2021, informed all Assisted Living Facilities (ALF) providers stated "LTCFs (Long Term Care Facilities) are required to develop and maintain a Respiratory Protection Program (RPP) under WAC 296-842-12005".

Review of facility policies showed facility did not develop any RPP program and guidelines. Review of the facility's policy titled "Covid-19", dated 04/06/2023, stated "Our community will follow CDC state/local guidelines as related to COVID -19".

Statement of Deficiencies	License #: 2620	Compliance Determination # 25148
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Review of the facility's document titled " Case List for Covid Positive Individuals", dated 06/04/2023, showed that the facility recorded nine Covid-19 positive staff members from 05/27/2023 to 06/11/2023. The document also showed that there were 16 positive residents from 05/27/2023 to 06/11/2023.

Observation on 06/13/2023 from 1:00 pm to 3:30pm showed all staff who worked on this date wore surgical masks. Observations showed no staff wore an N95 respirator.

During an interview on 06/13/2023 at 1:00 pm, Staff A stated that the facility had no Respiratory Protection Plan (RPP) in place. Staff A stated that the facility followed the facility's current Covid-19 policy.

During an interview on 06/13/2023 at 3:00 pm, Staff B, Resident Services Director, stated that the facility had no RPP in place. Staff B stated that the facility had ample Personal Protective Equipment (PPE) available to staff, which included respirators. Staff B stated that the facility had not completed the N95 respirator fit test for any staff.

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, Cadence at Kent- Meridian is or will be in compliance with this law and / or regulation on (Date) 8/4/23 .

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

Administrator (or Representative) 7/10/23 Date