



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

UNIVERSITY HOUSE AT WALLINGFORD LLC  
UNIVERSITY HOUSE AT WALLINGFORD  
4400 STONE WAY N  
SEATTLE, WA 98103

RE: UNIVERSITY HOUSE AT WALLINGFORD License # 1170

Dear Administrator:

This letter addresses Compliance Determination(s) 40848 (Completion Date 05/06/2024) and 37436 (Completion Date 03/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/06/2024 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-2730-1-a, WAC 388-78A-2730-1-b

The Department staff who did the off-site verification:  
Hayley Pinkham, ALF Licensors

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

Sincerely,

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



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** UNIVERSITY HOUSE AT WALLINGFORD  
**License/Cert.#:** 1170  
**Compliance Determination #:** 37436  
**Investigator:** Hayley Pinkham  
**Investigation Date(s):** 02/27/2024 through 03/07/2024  
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility  
**Intake ID:** 119538  
**Region/Unit #:** RCS Region 2 / Unit J

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**Allegation(s):**

1) The Assisted Living Facility (ALF) has a positive influenza A case.

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**Investigation Methods:**

**Sample:** Total residents: 16  
Resident sample size: 16  
Closed records sample size:

**Observations:** Residents  
Staff to resident interactions  
Resident to resident interactions

**Interviews:** Nursing staff

**Record Reviews:** Facility policies

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**Investigation Summary:**

1) Observation, interview, and record review showed the ALF sought medical treatment for the one resident with influenza A. The ALF contact tested other residents that may have had potential exposure. No further residents positive for Influenza A. The ALF notified the department and followed DOH guidance for identifying residents for possible need of quarantine. The ALF had not developed a respiratory protection program for fit-testing of staff. Deficient practice identified.

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**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 #: 1170	Compliance Determination # 37436
Plan of Correction	UNIVERSITY HOUSE AT WALLINGFORD	Completion Date
Page 1 of 3	Licensee: UNIVERSITY HOUSE AT WALLINGFORD LLC	03/07/2024

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 an unannounced on-site complaint investigation on 02/27/2024 and 02/27/2024 of:

UNIVERSITY HOUSE AT WALLINGFORD  
4400 STONE WAY N  
SEATTLE, WA 98103

This document references the following complaint number(s): 119538

The following sample was selected for review during the unannounced on-site visit: 16 of 16 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit J  
20311 52nd Ave W, Suite 100  
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
Residential Care Services

3/11/2024

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.

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



Administrator (or Representative)

3/25/24

Date

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

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

(a) The operation of the assisted living facility;

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

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

Based on interview and record review, the Assisted Living facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring staff were fit-tested for the appropriate respirator masks annually. This failure placed 16 residents at risk for exposure to COVID -19 (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were required to develop and maintain an RPP.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards, and annually thereafter. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID-19.

Record review of the ALF's policy "Respiratory Protection Protocol", dated February 2024, showed the ALF's respiratory program administrator was Staff A (Executive Director). The policy showed the program administrator's duties were to oversee the development of the respiratory program and make sure it was carried out at the workplace. The policy showed the administrator would evaluate the program regularly to make sure procedures were followed, respirator use was monitored, and respirators continued to provide adequate protection.

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Record review of the ALF's RPP documents showed the ALF had 26 HCW's that provided direct care to residents. The RPP documents showed 26 of the 26 HCW's fit tests were conducted over a year ago and had expired.

In interview, on 03/07/2024 at 12:42 PM, Staff A (Executive Director) confirmed 26 of the 26 HCW's had not been fit tested in over a year. Staff A stated she agreed with the findings.

Plan/Attestation Statement	
<p>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, UNIVERSITY HOUSE AT WALLINGFORD is or will be in compliance with this law and / or regulation on          (Date) <u>4/15/2024</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p><u>has</u>          Administrator (or Representative)</p>	<p><u>3/13/2024</u>          Date</p>

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