



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

THE SAMUEL & JESSIE KENNEY PRESBYT
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

RE: THE KENNEY License # 128

Dear Administrator:

This letter addresses Compliance Determination(s) 39822 (Completion Date 04/18/2024) and 38864 (Completion Date 03/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/18/2024 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-2610-1, WAC 388-78A-2610-2-c, WAC 388-78A-2610-2-d, WAC 388-78A-2610-2, WAC 388-78A-2610

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

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

Provider/Facility: THE KENNEY

Provider Type: Assisted Living Facility

License/Cert.#: 128

Compliance Determination #: 38864

Intake ID: 123065

Investigator: Lisa Hauk

Region/Unit #: RCS Region 2 / Unit J

Investigation Date(s): 03/26/2024 through 03/27/2024

Complainant Contact Date(s): 03/14/2024

Allegation(s):

Staff at the Assisted Living Facility (ALF) were providing care to a COVID positive resident without having respiratory mask fit-testing.

Investigation Methods:

Sample:	Total residents: 23 Resident sample size: 23 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Administration Identified staff Nursing staff Business office manager Maintenance staff
Record Reviews:	Medical records Facility policies Personnel files

Investigation Summary:

Interview and record review at the ALF showed three staff who had not been fit tested to wear an N95 respirator had cared for a COVID-19 positive resident in their apartment while on isolation. The ALF failed to follow Centers for Disease Control, Department of Health and the Occupational Safety and Health Administration's guidelines. The ALF also failed to follow their own COVID-19 and Infection Control policy. See citation for WAC 388-78A-2610.

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 #: 128	Compliance Determination # 38864
Plan of Correction	THE KENNEY	Completion Date
Page 1 of 4	Licensee: THE SAMUEL & JESSIE KENNEY PRESBYT	03/27/2024

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 03/26/2024 and 03/26/2024 of:

THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

This document references the following complaint number(s): 123065

The following sample was selected for review during the unannounced on-site visit: 23 of 23 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hawk, Complaint Investigator

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

3/28/2024
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.

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Administrator (or Representative)

4/1/24

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.
- (2) The assisted living facility must:
 - (c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;
 - (d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain appropriate infection control practices when 3 of 25 staff (Staff D, E and F) provided care to a COVID-19 positive resident (Resident 1) without completing respirator mask fit-tests. This placed 23 of 23 residents, ALF staff, and visitors at risk for exposure to COVID-19.

Findings included...

COVID: COVID-19 is an infectious disease by a new 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.

Record review of the Center for Disease Control website, on 03/27/2024, showed "Proper N95 Respirator Use for Respiratory Protection Preparedness", dated 03/16/2020 showed: OSHA requires healthcare workers who are expected to perform patient activities with those suspected or confirmed to be infected with COVID-19 to wear respiratory protection, such as an N95 respirator. N95 respirator refers to an N95 filtering facepiece respirator (FFR) that seals to the face and uses a filter to remove a least 95% of airborne particles from the user's breathing air. Fit testing is a critical component to a respiratory protection program whenever workers use tight-fitting respirators. OSHA requires an initial respirator fit test to identify the right model, style, and size respirator of each worker.

Record Review of the ALF's Coronavirus Emergency Pandemic Policy – Assisted Living and Memory Care, revised 08/11/2023, showed COVID-19 + (single resident) – Fit-tested N95 or higher respirator required. Use one for each patient encounter, then discard. Don a new N95 for the next patient.

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Record review of an undated Admission Record showed the ALF admitted Resident 1 on [REDACTED]/2023 with multiple medically disabling diagnoses. Review of an Assessment dated 03/06/2024, showed the ALF assisted Resident 1 with ambulation, transferring, toileting, bathing, grooming, and dressing.

In interview, on 03/13/2024 at 10:20 AM, Staff G (Medication Technician) stated that Resident 1 had tested positive for COVID-19 on 03/03/2024.

Record review of the ALF's Filtering Facepiece Respirator Fit Test Records showed that Staff B (Registered Nurse) was fit tested on 03/18/2024, Staff D (Medication Technician) was fit tested on 03/13/2024, Staff E (Certified Nursing assistant – CNA) was fit tested on 03/13/2024, and Staff F (CNA) was fit tested on 03/21/2024.

Record review of a staff schedule for March 2024 showed that Staff D, Staff E and Staff F were the only staff at the ALF, providing care to Resident 1 while COVID-19 positive, on the evenings of 03/05/2024 and 03/06/2024.

In interview, on 03/26/2024 at 2:44 PM, Staff D stated she assisted Resident 1 with medications in the isolation apartment during the time Resident 1 was positive for COVID-19. Staff D stated that she had to go in Resident 1's apartment even though she was not fit tested because she was the only Medication Technician at the ALF.

In interview, on 03/26/2024 at 3:00 PM, Staff E stated that she provided care for Resident 1 in her apartment for two days when Resident 1 was positive for COVID-19. Staff E stated, "We've had a lot of COVID positive patients in three years. The first time I was fit tested [for a respirator mask] was last week." Staff E stated that she and Staff D assisted Resident 1 in her apartment when she was positive for COVID-19.

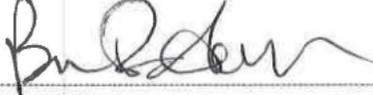
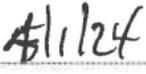
This document was prepared by Residential Care Services for the Locator website.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) 4/11/24.

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

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Administrator (or Representative)	Date

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