



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

FAIRWOOD NORTHRIDGE LLC
FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

RE: FAIRWOOD NORTHRIDGE LLC # 1989

Dear Administrator:

This document references Compliance Determination 35306 (01/31/2024), which included complaint number(s) 114483, 110618.
The Department completed a complaint investigation of your Assisted Living Facility on 01/31/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Sandra Fast, Community Complaint Investigator

Consultation:

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.

Facility staff was observed wearing respirator style mask improperly secured upon entering a Covid-19 isolation room. Facility staff was observed improperly removing their personal protective equipment (PPE) when they exited a Covid-19 isolation room and handled isolation waste without gloves. Covered isolation waste receptacle was observed with waste protruding out from under its lid. Interview showed that staff fit testing had expired. Facility administrator stated that staff would be retrained for proper donning (putting on) and doffing (taking off) of PPE and proper infection control practices, and that staff would be fit tested as soon as possible.

WAC 388-78A-2560 Administrator responsibilities. The licensee must ensure the administrator:

(5) When the administrator is not available on the premises, either:

(a) Is available by telephone or electronic pager; or

(b) Designates a person approved by the licensee to act in place of the administrator. The designee must be:

Facility administrator did not have a designee available in their absence and staff were unaware of a process to contact the Administrator. The Administrator stated that they were available by phone and by pager when not physically present in the facility and that staff would be educated to contact them in the future.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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 (509)993-7821.

FAIRWOOD NORTHRIDGE LLC # 1989

01/31/2024

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Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jenks'.

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: FAIRWOOD NORTHRIDGE **Provider Type:** Assisted Living Facility LLC

License/Cert.#: 1989

Intake ID: 114483

Compliance Determination #: 35306

Region/Unit #: RCS Region 1 / Unit B

Investigator: Sandra Fast

Investigation Date(s): 01/17/2024 through 01/31/2024

Complainant Contact Date(s):

Allegation(s):

1. COVID outbreak
 2. No designated administrator, staff unaware of who to call.
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Investigation Methods:

Sample:	Total residents: 73 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Staff PPE Supplies Common areas, hallways and corridors
Interviews:	Registered Nurse Administrator Health Unit Coordinator Human Resources Resident representatives
Record Reviews:	Disclosure of services Characteristic Roster Staff Roster Policy on managing respiratory protection and infection control Nursing credentials Named residents' face sheets Named residents' care plans

Investigation Summary:

1. Staff was observed wearing respirator style mask which was improperly secured. Staff was observed not following facility's infection prevention and control policy. Facility employee fit testing was expired. Failed facility practice was identified. Consultation issued per WAC 388-78A-2610(1) 2. No delegated staff were present in facility. Staff were unaware to call administrator, could not locate documents and

records, and had no clear answers to questions asked. Failed facility practice was identified. Consultation was issued per WAC 388-78A-2560(5)(a)(b)

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A