



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

BALLARD LANDMARK INN LLC
BALLARD LANDMARK
5433 LEARY AVENUE NW
SEATTLE, WA 98107

RE: BALLARD LANDMARK License # 2055

Dear Administrator:

This letter addresses Compliance Determination(s) 58342 (Completion Date 04/23/2025) and 55472 (Completion Date 03/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/23/2025 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-2090-6-e, WAC 388-78A-2620-2-b, WAC 388-78A-2620-2-a, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-site verification:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Sincerely,

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2055	Compliance Determination # 55472
Plan of Correction	BALLARD LANDMARK	Completion Date
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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 02/24/2025 and 02/26/2025 of:

BALLARD LANDMARK
 5433 LEARY AVENUE NW
 SEATTLE, WA 98107

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensors
 Scottie Sindora, ALF Licensors

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

Emailed to:
Samuel.brosh@dshs.wa.gov
3/13/25

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

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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.

Jennie Singer
Residential Care Services

3/12/2025
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.

[Signature]
Administrator (or Representative)

3/13/2025
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure an Assessment included the use of a mobility device and the safety risks associated with the device for 1 of 7 residents (Resident 2) who used a bed side rail. This placed Resident 2 at risk of bodily harm and injuries.

Findings included...

NOTE: Note: Washington Administrative Code (WAC) 388-78A-2700 - Emergency and disaster preparedness. (1) The assisted living facility must: (a) Maintain the premises free of hazards.

NOTE: Review of the United States Food and Drug Administration (FDA) website, showed the FDA developed a document regarding side bed rail use in health care facilities titled, "A Guide to Bed Safety." The document outlined the importance of frequent assessment to monitor for resident's physical and mental status, monitoring high risk residents, and

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ensuring side bed rail safe installation. The document outlined risks of using side rails including strangling, suffocating, bodily injury, or death when a person can get caught, increased fall risk if not used properly, feelings of isolation and unnecessary restriction and prevention of completing activities of daily living.

Record review of a Face Sheet, dated 02/25/2025, showed the ALF admitted Resident 2 on [REDACTED]/2023. Resident 2's Assessment, completed on 05/20/2024, showed a finding of "decreased muscular coordination". The Assessment also showed Resident 2 used an electric wheelchair for ambulation and required mobility/transfer assistance. Review of a Mobility Device Evaluation showed Resident 2 received an assessment to use a transfer pole.

During an interview, on 02/25/2025 at 3:30 PM, Resident 2 stated they could not walk due to weakness in their left leg and ankle.

Observation, on 02/25/2025 at 4:10 PM, showed a half-bed side rail attached to the right side (facing) of Resident 2's bed. The side rail measured approximately 12 inches wide by 28 inches long. The side rail was tight up against the mattress.

During an additional interview, on 02/25/2025 at 4:10 PM, Resident 2 stated that they used the bed side rail for mobility while positioning themselves in bed.

During an interview, 02/25/2025 at 11:50 AM, Staff D (Licensed Practical Nurse) stated that they did not know Resident 2's bed included a bed side rail.

Staff D accompanied the Department Representative to Resident 2's apartment on 02/26/2025 at 12:00 PM. Staff D observed the bed side rail at that time and confirmed they were unaware of its presence on Resident 2's bed.

Record review showed Resident 2's Assessment did not include documentation to show Resident 2 used a bed side rail as a transferring and mobility device, or the safety risks associated with its use.

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, BALLARD LANDMARK is or will be in compliance with this law and / or regulation on (Date) <u>4/17/2025</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Administrator (or Representative)	<u>3/13/2025</u> _____ 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 interview, and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place for 3 of 3 sample pets (Pets A, B, and C) to be regularly seen by a veterinarian, and assessed to be safe to reside in the ALF. This failure placed 48 residents at risk for transmittable diseases.

Findings included...

Record review of ALF's pet policy, Policy and Procedure Number R17, dated 12/01/2012, stated "Procedure: 1) Each pet will be certified free of diseases transmitted to humans; a veterinarian licensed in Washington State will complete this certification. The animal will also receive all immunizations required of the species, by a veterinarian licensed in Washington State. The animal will receive regular examinations."

Record review of Sample Pet 1's documentation, dated 02/15/2017, showed the pet's owner signed the pet policy. Further review showed no certification from a veterinarian, and the latest rabies vaccination was due on 09/29/2020.

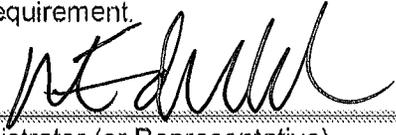
Record review of Sample Pet 2's documentation, dated 01/21/2025, showed the pet owners "Assisted Living Residency Agreement," which included the pet policy. There was no evidence of a veterinarian certification to be free of transmittable diseases, and

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no evidence of any vaccinations, or examinations.

Record review of Sample Pet 3's documentation, dated 01/15/2024, showed the pet owners "Assisted Living Residency Agreement," which included the pet policy. There was no evidence of a veterinarian certification to be free of transmittable diseases, and no evidence of any vaccinations, or examinations.

In an interview, on 02/26/25 at 1:30 PM, Staff F (Executive Director) acknowledged the missing documentation. Staff F stated that they had contacted the veterinarians and were waiting for a response.

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WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 newly hired sampled staff (Staff A) completed a tuberculosis (TB), two step, testing process. This placed 48 residents at risk for contact with a staff person whose TB status was unknown to the ALF.

Findings included...

Record review of an undated Staff Roster showed the ALF hired Staff A, as a nursing

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assistant, on 12/26/2023. Review of TB records for Staff A showed a TB test was placed, on 12/06/2023, three weeks prior of hire. Further review of the TB records showed no evidence of any follow up or the required second step TB test.

During an interview, on 02/26/2024 at 2:30 PM, Staff F (Executive Director) acknowledged the absence of the second step, and stated they would search for additional documentation.

Plan/Attestation Statement

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



Administrator (or Representative)



Date

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