



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

CHEHALIS WEST RETIREMENT CENTER INC
CHEHALIS WEST RETIREMENT CENTER INC
478 NW QUINCY PLACE
Chehalis, WA 98532

RE: CHEHALIS WEST RETIREMENT CENTER INC License # 783

Dear Administrator:

This letter addresses Compliance Determination(s) 39851 (Completion Date 04/16/2024) and 35255 (Completion Date 01/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/16/2024 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-2040-1

The Department staff who did the on-site verification:

Maria Salas, ALF Complaint Investigator
Anissa Bearden, Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

A handwritten signature in black ink that reads "Cory Cisneros".

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: CHEHALIS WEST
RETIREMENT CENTER INC

License/Cert.#: 783

Compliance Determination #: 35255

Investigator: Maria Salas

Investigation Date(s): 01/16/2024 through 01/29/2024

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 109312

Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Facility reported COVID outbreak

Investigation Methods:

Sample: Total residents: 56
Resident sample size: 3
Closed records sample size: 0

Observations: Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
PPE supplies

Interviews: Identified resident
Nursing staff
Residents

Record Reviews: Medical records
Facility policies
Personnel files
Staff training records

Investigation Summary:

Based on record review and interview the facility failed to maintain up to date N95 fit testing of staff. Failed practice identified.

Conclusion / Action:

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 783	Compliance Determination # 35255
Plan of Correction	CHEHALIS WEST RETIREMENT CENTER INC	Completion Date
Page 1 of 4	Licensee: CHEHALIS WEST RETIREMENT CENTER INC	01/29/2024

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 01/16/2024 and 01/29/2024 of:

CHEHALIS WEST RETIREMENT CENTER INC
478 NW QUINCY PLACE
CHEHALIS, WA 98532

This document references the following complaint number(s): 109312

The following sample was selected for review during the unannounced on-site visit: 3 of 56 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros

Residential Care Services

01/30/2024

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.

Statement of Deficiencies	License #: 783	Compliance Determination # 35255
Plan of Correction	CHEHALIS WEST RETIREMENT CENTER INC	Completion Date
Page 2 of 4	Licensee: CHEHALIS WEST RETIREMENT CENTER INC	01/29/2024

Administrator (or Representative)

Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure up to date employee N95 respirator fit testing was completed for 3 of 3 employees, (Staff A, Staff B, and Staff C). This failure placed all 56 of 56 residents, staff, and visitors at risk of contracting and spreading communicable diseases.

Findings included...

“WAC 296-842-15005 Conduct fit testing.

(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:

- Before employees are assigned duties that may require the use of respirators;
- At least every twelve months after initial testing;...”

Review of Washington State DSHS document titled, “PROVIDER RESPONSIBILITIES FOR PROVISION OF PERSONAL PROTECTIVE EQUIPMENT (PPE), RESPIRATORY PROTECTION PROGRAM (RPP), AND CHANGES TO DEPARTMENT OF HEALTH RPP RESOURCES ALTSA: ALF #2023-022”, dated 09/14/2023, showed Employers were responsible to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection.

Review of the OSHA (Occupational Safety and Health Administration) website titled, “Respiratory Protection Program Guidelines”, dated 07/14/2000, showed, “Fit Testing:

- Purpose. The primary purpose of fit testing is to identify the specific make, model, style, and size of respirator best suited for each CSHO. In addition, fit testing also reinforces respirator training by having wearers review the proper methods of donning and wearing the respirator. CSHOs must be medically evaluated and found eligible to wear the respirator selected for their use prior to fit testing.
- Requirements. Fit testing is required for all negative or positive pressure tight-fitting facepiece respirators. The OSHA respiratory protection standard requires that fit testing be performed before an employee first starts wearing a respirator in the work environment, whenever a different respirator facepiece is used, and at least annually thereafter.”

Statement of Deficiencies	License #: 783	Compliance Determination # 35256
Plan of Correction	CHEHALIS WEST RETIREMENT CENTER INC	Completion Date
Page 2 of 4	Licensee: CHEHALIS WEST RETIREMENT CENTER INC	01/29/2024

Administrator (or Representative)

Date 1/30/24

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure up to date employee N95 respirator fit testing was completed for 3 of 3 employees, (Staff A, Staff B, and Staff C). This failure placed all 56 of 58 residents, staff, and visitors at risk of contracting and spreading communicable diseases.

Findings included...

"WAC 296-842-15005 Conduct fit testing.

(1) Provide, at no cost to the employee, fit tests for ALL tight fitting respirators on the following schedule:

- Before employees are assigned duties that may require the use of respirators;
- At least every twelve months after initial testing;..."

Review of Washington State DSHS document titled, "PROVIDER RESPONSIBILITIES FOR PROVISION OF PERSONAL PROTECTIVE EQUIPMENT (PPE), RESPIRATORY PROTECTION PROGRAM (RPP), AND CHANGES TO DEPARTMENT OF HEALTH RPP RESOURCES ALTSA: ALF #2023-022", dated 09/14/2023, showed Employers were responsible to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection.

Review of the OSHA (Occupational Safety and Health Administration) website titled, "Respiratory Protection Program Guidelines", dated 07/14/2000, showed, "Fit Testing:

1. Purpose. The primary purpose of fit testing is to identify the specific make, model, style, and size of respirator best suited for each CSHO. In addition, fit testing also reinforces respirator training by having wearers review the proper methods of donning and wearing the respirator. CSHOs must be medically evaluated and found eligible to wear the respirator selected for their use prior to fit testing.

2. Requirements. Fit testing is required for all negative or positive pressure tight-fitting facepiece respirators. The OSHA respiratory protection standard requires that fit testing be performed before an employee first starts wearing a respirator in the work environment, whenever a different respirator facepiece is used, and at least annually thereafter."

Record review of facility Respiratory Protection Policy, undated, showed all employees were to be fit tested for selected respirator prior to first use of respirator. Fit testing would be repeated annually, when a different respirator facepieces was chosen, when the wearer had physical changes that would cause facepieces to not fit properly or when notified by employee or medical provider that the fit was unacceptable.

Record review of facility Fit Testing binder, undated, showed Staff A, medication technician, last N95 fit testing was completed on 06/29/2022. Staff C, Director of Nursing, last N95 fit testing was completed on 06/06/2022. Staff B, medication technician, last N95 fit testing was completed on 05/31/2022.

In an interview with Staff C, caregiver, on 01/16/2024 at 12:00pm, Staff C stated that she had been employed with the company for over two years. Staff C stated that it had been well over a year since her last N95 fit testing. Staff C stated that was sometime during the year 2022.

Record review of Resident 1 (R1) Service Plan, dated 03/03/2023, showed R1 admitted to facility on [REDACTED]/2023, with a history of Hypertension (when the pressure in your blood vessels is too high), Congestive Heart Failure (a long-term condition in which your heart can't pump blood well enough to meet your body's needs). R1 was able to speak clearly, understood directions, and was able to make her needs known. R1 had no memory deficits documented and was a good historian.

In an interview with R1 on 01/16/2024 at 12:04pm, R1 stated that she was one of the residents that had COVID during the last facility outbreak. R1 stated that the staff wore personal protection equipment including facial masks when they would come into her apartment while she had been sick with COVID.

Record review of Resident 2 (R2) Service Plan, dated 05/01/2023, showed R2 admitted to the facility on [REDACTED]/2023, with a history of Hypertension and Stage 4 Kidney Disease (kidneys are moderately or severely damaged and are not working as well as they should to filter waste from your blood). R2 was able to speak clearly, understood directions, and was able to make his needs known. R2 had no memory deficits documented and was a good historian.

In an interview with R2 on 01/16/2024 at 12:10pm, R2 stated that he was sick with COVID during the recent outbreak. R2 stated that he had been quarantined to his apartment while he was ill. R2 stated that the staff would wear gowns, face masks, gloves, and glasses when they would enter his room.

In an interview with Staff D, Executive Director, on 01/16/2024 at 12:32pm, Staff D stated that she was responsible making sure all staff were fit tested upon hire and annually. Staff D stated that none of her staff members were up to date with their required annual fit

testing. Staff D stated that the only staff that were up to date were newly hired staff that were no longer with the company. Staff D stated that during the recent COVID outbreak none of the staff caring for the COVID positive residents had fit testing completed within the last year. Staff D stated that the staff caring for the COVID positive residents did wear N94 face masks while providing care to the residents. Staff D stated that she had not kept up with making sure all the staff were fit tested during the year of 2023.

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, CHEHALIS WEST RETIREMENT CENTER INC is or will be in compliance with this law and / or regulation on (Date) _____.

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

Administrator (or Representative)

Date

JAN/30/2024/TUE 04:03 PM

01.30.2024 14:07:36

JAN/30/2024/TUE 12:56 PM

01.30.2024 12:42:53

FAX No.

State of Washington

P. 004

6/6

FAX No.

State of Washington

P. 004

8/10

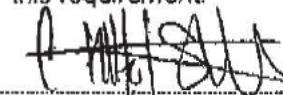
Statement of Deficiencies	License #: 783	Compliance Determination # 35255
Plan of Correction	CHEHALIS WEST RETIREMENT CENTER INC	Completion Date
Page 4 of 4	Licensee: CHEHALIS WEST RETIREMENT CENTER INC	01/29/2024

testing. Staff D stated that the only staff that were up to date were newly hired staff that were no longer with the company. Staff D stated that during the recent COVID outbreak none of the staff caring for the COVID positive residents had fit testing completed within the last year. Staff D stated that the staff caring for the COVID positive residents did wear N94 face masks while providing care to the residents. Staff D stated that she had not kept up with making sure all the staff were fit tested during the year of 2023.

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, CHEHALIS WEST RETIREMENT CENTER INC is or will be in compliance with this law and / or regulation on (Date) 3/14/2024.

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



Administrator (or Representative)

1/30/24

Date