



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

December 28, 2018

**CERTIFIED MAIL**

9489 0090 0027 6077 8666 82

KEIRO NORTHWEST  
NIKKEI MANOR  
700 6TH AVE S  
SEATTLE, WA 98104

RE: NIKKEI MANOR License #1186

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on December 19, 2018 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:  
Shauna Johnson, Complaint Investigator

**Consultation:**

**WAC 388-78A-3090 Maintenance and housekeeping.**

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

The facility failed to ensure an alarm mechanism was operable in a door to the stairwell (second floor) when one sampled resident was found missing from her room on 11/15/18 and gained access to the stairwell. The door was not working 11/15/18-12/18/18 and the part was replaced 12/19/18.

**You Must:**

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

**You May:**

- Contact me for clarification of the deficiency or deficiencies found.

**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.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the 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 requests 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 (253) 234-6020.

Sincerely,



James Sherman, Field Manager  
Region 2, Unit D  
Residential Care Services

Enclosure



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** NIKKEI MANOR (686181)

**Intake ID(s):** 3585848

**License/Cert. #:** AL1186

**Investigator:** Johnson, Shauna

**Region/Unit:** RCS Region 2/Unit J

**Investigation Date(s):** 12/17/2018 through 12/28/2018

**Complainant Contact Date(s):**

**Allegations:**

It was reported a named resident was found in an exit stairwell early in the morning.

**Investigation Methods:**

**Sample:** Named Resident, multiple residents were observed but not interviewed directly

**Observations:** General resident appearance, hygiene, staff to resident care and interactions, facility environment

**Interviews:** Named Resident, staff including RN, caregivers, maintenance

**Record Reviews:** Resident records, roster, policies, procedures, incident reports, investigation

**Allegation Summary:**

The facility failed to ensure an alarm mechanism was operable in a door to the stairwell (sec ond floor) when one sampled resident was found missing from her room on 11/15/18 and gained access to the stairwell. The door was not working 11/15/18-12/18/18 and the part was replaced 12/19/18.

**Unalleged Violation(s):**  Yes  No

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

See written consultation in a Statement of Deficiencies report, completion date 12/19/18.