



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

FLORENCE OF SEATTLE LLC  
FLORENCE OF SEATTLE ARBOR HEIGHTS  
9850 CALIFORNIA AVE SW  
SEATTLE, WA 98136

RE: FLORENCE OF SEATTLE ARBOR HEIGHTS License # 2009

Dear Administrator:

This letter addresses Compliance Determination(s) 23873 (Completion Date 05/12/2023) and 21096 (Completion Date 03/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2023 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-2450-2-c, WAC 388-78A-2464-1, WAC 388-78A-24642-1, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2510, WAC 388-78A-2660-1, WAC 388-78A-2660-4, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:  
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

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

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



STATE OF WASHINGTON  
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 20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2009	Compliance Determination # 21096
Plan of Correction	FLORENCE OF SEATTLE ARBOR HEIGHTS	Completion Date
Page 1 of 9	Licensee: FLORENCE OF SEATTLE LLC	03/22/2023

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 03/14/2023 and 03/15/2023 of:

FLORENCE OF SEATTLE ARBOR HEIGHTS  
 9850 CALIFORNIA AVE SW  
 SEATTLE, WA 98136

The following sample was selected for review during the unannounced on-site visit: 4 of 12 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional

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

3/27/2023  
 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.

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 \_\_\_\_\_  
 Administrator (or Representative)

  
 \_\_\_\_\_  
 Date

**WAC 388-78A-2450 Staff.**

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff A) maintained current licensing certification. This placed 12 residents at risk of unqualified and unlicensed staff.

**Findings included...**

Review of staff records showed the ALF hired Staff A (Caregiver) on 01/29/2022. Record review showed a Nursing Assistant Registration (NAR) license issued by the Washington State Department of Health (WDOH) with an expiration date of 01/09/2023. Review of staff records on 03/15/2023 did not show documentation of Staff A's NAR license renewal.

Review of a schedule of caregivers, from 02/27/2023 to 03/19/2023, showed Staff A worked at least three night shifts a week as a caregiver. Staff A had worked as a caregiver for over two months with an expired NAR license.

In interview, on 03/15/2023 at 12:20 PM, Staff G (Administrator) stated Staff A renewed her license on 03/14/2023 but was unable to print the document until the renewal was fully processed by the WDOH.

<b>Plan/Attestation Statement</b>
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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, FLORENCE OF SEATTLE ARBOR HEIGHTS is or will be in compliance with this law and / or regulation on (Date) 05/06/2023

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

*Ramona Hauschke*  
 Administrator (or Representative)

4/03/2023  
 Date

**WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:**

- (1) Require the person to complete a DSHS background authorization form; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 2 of 6 sampled staff (Staff A and Staff E) were completed at time of hire. This placed 12 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Caregiver), hired on 01/29/2022, showed a background check dated 03/29/2022 (approximately two months after employment).

Review of records for Staff E (Caregiver), hired on 03/08/2021, showed a background check dated 05/07/2021 (approximately two months after employment).

In an interview, on 03/15/2023 at 12:45PM, Staff G (Administrator) confirmed both Staff A and Staff E had worked with residents following their dates of hire. Staff G stated it had been hard to keep on top of staffing records.

Plan/Attestation Statement

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

*Rumi Churshita*  
 Administrator (or Representative)

4/03/2023  
 Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the national fingerprint background check (NFBC) for 3 of 6 sampled staff (Staff A, C and F) were completed. This placed 12 residents at risk for receiving care from staff whose criminal background history was unknown.

**Findings included...**

Review of staff records showed the ALF hired Staff A (Caregiver) on 01/29/2022. Review of Staff A's employment record did not show a completed NFBC.

Review of staff records showed the ALF hired Staff C (Caregiver) on 10/11/2021. Review of Staff C's employment record did not show a completed NFBC.

Review of staff records showed the ALF hired Staff F (Caregiver) on 08/16/2021. Review of Staff F's employment record did not show a completed NFBC.

In an interview, on 03/22/2023 at 1:44 PM, Staff G (Administrator) stated Staff A, C and F had all previously worked for the ALF when fingerprint checks were not a requirement. All three employees were rehired in the last few years and NFBCs had not been completed.

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

*Rumi Ghosh*  
Administrator (or Representative)

4/03/2023  
Date

**WAC 388-78A-2480 Tuberculosis Testing Required.**

- (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sample staff (Staff A and Staff F) were screened for tuberculosis within three days of employment. This failure placed all 12 residents living in the ALF at risk of exposure to tuberculosis.

**Findings included...**

Record review of a staff list, provided on 03/14/2023, showed Staff A was hired to work as a Caregiver on 01/29/2022. Review of Staff A's new hire paperwork, on 03/15/2023, showed no documentation of tuberculosis screening completed after Staff A's hire date.

Record review of a staff list, provided on 03/14/2023, showed Staff F was hired to work as a Caregiver on 08/16/2021. Review of Staff F's new hire paperwork, on 03/15/2023, showed no documentation of tuberculosis screening after Staff F's hire date.

In an interview, on 03/15/2023 at 12:45 PM, Staff G (Administrator) stated both Staff A and Staff F had been rehired and she did not realize a new tuberculosis screening was required.

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

[Signature]  
Administrator (or Representative)

4/03/2023  
Date

**WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).**

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff E) completed specialized training for dementia. This failure placed all 12 residents living in the ALF at risk of care by inadequately trained care staff.

Findings included...

Review of the ALF's resident characteristic roster, provided to the Department Representative on 03/14/2023, showed 12 residents living in the ALF. All 12 residents were listed as having dementia (a group of symptoms that affects memory, thinking and interferes with daily life).

Review of Staff E's records showed a hire date of 03/08/2021. Review of Staff E's records did not show specialized training for dementia.

In an interview, on 03/15/2023 at 12:20PM, Staff G (Administrator) stated Staff E had not completed her dementia training and would make sure she was registered for the next available course.

**Plan/Attestation Statement**

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

*Rumi Huachita*  
 Administrator (or Representative)

4/03/2023  
 Date

**WAC 388-78A-2660 Resident rights. The assisted living facility must:**

- (1) Comply with chapter 70.129 RCW, Long-term care resident rights;
- (4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to protect the confidentiality and privacy of 5 of 5 residents by displaying a confidential list of resident names in a public location. This resulted in a violation of 5 resident's rights to privacy.

**Findings included...**

During observation and interview, on 03/14/2023 at 10:10 AM, the Department's Representative was handed a binder by Staff G (Administrator). The binder contained the results of prior licensing inspections. Staff G confirmed the binder was made available to residents and guests upon request.

Review of the binder showed a Statement of Deficiencies (SODs), dated 07/22/2021, with a confidential list of resident's names (a key to the residents listed in the SOD). Review of the SOD with the attached resident list, showed current and former resident's medical conditions and other personal information. On the top of the list of resident's names was printed, "CONFIDENTIAL, Do Not Post This List In The Facility."

In an interview, on 03/14/2023 at 10:15 AM, Staff G agreed the list was confidential and should not be kept in the binder.

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Record review of the ALF's policy "Respiratory Protection Program for Covid-19", updated on 03/16/2023, showed employees who must wear an N95 or other filtering facepiece respirator will be provided with a medical evaluation and must pass an initial fit-test prior to respirator usage. The policy stated that annual fit-testing is required when a different respirator model is used or an employee requires a different model respirator. The policy also stated the most current fit test records for each employee is to be kept at the ALF in a Respiratory Program Binder.

In interview, on 03/15/2023 at 12:50 PM, Staff G (Administrator) stated the ALF's staff had been fit-tested a couple of years ago but was unable to provide any documentation or records of staff fit-testing.

**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, FLORENCE OF SEATTLE ARBOR HEIGHTS is or will be in compliance with this law and / or regulation on (Date) 5/06/2023.

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

*Sumi's Chishita*  
 Administrator (or Representative)

4/03/2023  
 Date

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