



**Residential Care Services
Investigation Summary Report**

Provider/Facility: ISLAND HOUSE (981873)

Intake ID(s): 3692559

License/Cert. #: AL2375

Investigator: Rasmussen, Lois

Region/Unit: RCS Region 2/Unit A

Investigation Date(s): 02/19/2020 through 02/19/2020

Complainant Contact Date(s):

Allegations:

The facility failed a reinspection by the State Fire Marshal and continues to be in violation of the Life Safety Code.

Investigation Methods:

Sample: 3 residents

Observations: Staff to resident interactions

Interviews: Staff

Record Reviews: Facility documents

Allegation Summary:

The fire service company contracted by the facility had ordered parts for the pendants in the walk in cooler and freezer but the parts had not arrived. The facility continued to be out of compliance with the Life Safety Code.

Unalleged Violation(s): Yes No

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

Failed Provider Practice Not Identified / No Citation Written

See Statement of Deficiency dated 2/20/2020.

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 2375	Completion Date
Plan of Correction	ISLAND HOUSE	February 19, 2020
Page 1 of 2	Licensee: CRP/CSH Mercer Island LLC	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint numbers: 3689469 , 3692559

The department has completed data collection for the unannounced on-site complaint investigation on 2/19/2020 of:

ISLAND HOUSE
 7810 SE 30th St
 Mercer Island, WA 98040

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

The department staff that inspected and investigated the assisted living facility:
 Lois Rasmussen, Field Manager

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit J
 20816 44th Ave West, Suite 240
 Lynnwood, WA 98036-7744
 (425)670-6071

As a result of the on-site complaint investigation 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.

_____	_____
Residential Care Services	Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.

_____	_____
Administrator (or Representative)	Date

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WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to be in compliance with the fire and life safety code after two independent inspection visits by the Washington State Fire Marshal. Non-compliance with required fire and life safety requirements placed all the residents at risk of harm. Findings include:

The facility is licensed for 35 beds. It is a multi-story building located in an urban setting. The current census of residents receiving assisted living services is 31 on the second and third floors. The facility provides independent senior living housing on other floors.

In review of records (written reports) from the Washington State Patrol Fire Protection Bureau, it was noted the first failed inspection was dated 12/17/2019 when the facility had a full fire safety inspection. The second failed inspection was dated 01/29/2020 when the State Fire Marshal returned for a reinspection. The report detailed the area of concern was the dry pendent sprinkler heads in the walk in cooler and freezer which had not been replaced.

During the department's visit on 02/19/2020 at 10:05 AM Staff A (Administrator) stated the facility had been working to correct this issue. An interview with Staff B, the Director of Environmental Services at 10:15 AM on 02/19/2020 showed parts had to be ordered by the fire sprinkler service company to repair the dry pendent sprinkler heads. Review of emails between the company and the facility found the company was awaiting one final part before the system could be repaired.

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, ISLAND HOUSE 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.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.

Administrator (or Representative)

Date