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

COLUMBIA CASCADE HOUSING
ROCK COVE ASSISTED LIVING
986 SW ROCK CREEK DRIVE
STEVENSON, WA 98648

RE: ROCK COVE ASSISTED LIVING License # 1254

Dear Administrator:

This letter addresses Compliance Determination(s) 32859 (Completion Date 11/21/2023) and 29667 (Completion Date 10/02/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2023 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-24642-1, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2950-6

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

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 #: 1254	Compliance Determination # 29667
Plan of Correction	ROCK COVE ASSISTED LIVING	Completion Date
Page 1 of 6	Licensee: COLUMBIA CASCADE HOUSING	10/02/2023

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 09/19/2023 and 10/02/2023 of:
ROCK COVE ASSISTED LIVING
986 SW ROCK CREEK DRIVE
STEVENSON, WA 98648

The following sample was selected for review during the unannounced on-site visit: 7 of 29 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
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.

Residential Care Services — 10/03/2023 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.

Statement of Deficiencies	License #. 1254	Compliance Determination # 29667
Plan of Correction	ROCK COVE ASSISTED LIVING	Completion Date
Page 2 of 6	Licensee: COLUMBIA CASCADE HOUSING	10/02/2023

Ella KL
Administrator (or Representative)

10-12-2023
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 facility failed to complete a national fingerprint background check for 1 of 5 sampled staff (Staff F). This failure placed all residents and staff at risk by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 09/20/2023 at 2:10 PM, record review for Staff F, Care Partner, showed that Staff F was hired on 05/17/2023. Documentation of a national fingerprint background check was not found for Staff F.

In an interview on 09/20/2023 at 3:15 PM, Staff A, Executive Director, stated that Staff F had an appointment to get their national fingerprint background check completed but had to reschedule it. Staff A stated that they would need to follow up with Staff F on their fingerprint background check.

On 10/02/2023, at 11:00 AM, no additional documentation of a national fingerprint background check had been received by the department for Staff F.

In an interview on 10/02/2023 at 11:16 AM, Staff A confirmed that Staff F had canceled their appointment in May of 2023 and has not yet rescheduled to get their national fingerprint background check completed.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1254	Compliance Determination # 29667
Plan of Correction	ROCK COVE ASSISTED LIVING	Completion Date
Page 3 of 6	Licensee: COLUMBIA CASCADE HOUSING	10/02/2023

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, ROCK COVE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10-19-2023

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

Elan KT — Administrator (or Representative)

10-12-2023 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 4 of 7 sampled residents (Resident 2. 5, 6 and 7). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 2 (R2)
During an unannounced full inspection on 09/20/2023 at 9:30 AM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of the facilities Resident Characteristic Roster, given to the department on 09/19/2023, documented that R2 was receiving hospice services.

Record review of R2's Resident Service Notes dated 07/18/2023, documented R2 had a home health discharge. R2's Resident Service Notes dated 09/18/2023, documented R2 had a hospice nurse visit.
Corrected - Brief home health support added to Service plan with dates. 9/21/23
Record review of R2's NSA dated, 06/01/2023, and then again dated on 07/01/2023 with no changes, showed no mention of home health services or hospice services being provided to R1. An update dated, 08/08/2023, documented R2 had been a full assist for shower and that hospice bath aide will assist twice a week. No other documentation was found on the NSA to show that R2 was receiving hospice services. Was added 8/8/23 see attached supporting document marked #1

Resident 5 (R5)
On 09/20/2023 at 10:08 AM, R5's records showed that R5 admitted to the facility on [redacted]/2017 with various diagnoses including [redacted].

Review of the facilities Resident Characteristic Roster documented that R5 has medical devices.

Record review of R5's assessment dated 07/11/2023, documented that R5 has side rails and a trapeze (a medical device to assist in repositioning).

Record review of R5's NSA dated 07/11/2023, showed no documentation of R5 having any medical devices.
Corrected 9/21/23 - Added to service plan.

Resident 6 (R6)
On 09/20/2023 at 10:45 AM, R6's records showed that R6 admitted to the facility on [redacted]/2023.

Review of the facilities Resident Characteristic Roster documented that R6 has a medical device.

On 09/20/2023 at 10:45 AM, the department observed that R6 has a grab bar/side rail attached to the bed.

Record review of R6's NSA dated 02/24/2023, showed no documentation of R6 having any medical devices.
Was on Service plan - See attached supporting documentation marked # 2

Resident 7 (R7)
On 09/20/2023 at 10:48 AM, R7's records showed that R7 admitted to the facility on [redacted]/2021.

Review of the facilities Resident Characteristic Roster documented that R7 has medical devices.

Record review of R7's assessments showed a side rail and transfer pole assessment had been completed for R7.

On 09/20/2023 at 10:45 AM, the department observed that R7 has quarter side rails on both sides of the bed.

Record review of R7's NSA dated 08/21/2023, showed no documentation of R7 having any medical devices.
Was on Service Plan - See attached supporting documentation marked #3

In an interview on 09/20/2023 at 3:40 PM, Staff A, Executive Director, acknowledged that the NSA's for R1, R5, R6, and R7 lacked the necessary health support services from outside providers and/or specific resident identified care and service needs.

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, ROCK COVE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9-21-23.

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

Elw Kp — 10-12-23

Administrator (or Representative) — Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

Statement of Deficiencies	License #: 1254	Compliance Determination # 29667
Plan of Correction	ROCK COVE ASSISTED LIVING	Completion Date
Page 6 of 6	Licensee: COLUMBIA CASCADE HOUSING	10/02/2023

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that the hot water temperature used by residents for 2 of 2 sinks was always between 105°F and 120°F. This failure placed all residents at risk for injury due to water temperatures being too high.

Findings included...

During an unannounced licensing visit on 09/19/2023 at 10:45 AM, the water temperature in room 208 measured at 122°F. At 10:50 AM, the water temperature in room 214 measured at 122°F.

Record review of the facility's water temperature log for 2023, documented readings for the whirlpool room and staff room at 121°F for March, 122°F and 123°F for April, and 122°F for May, June, July, and August.

In an interview on 09/20/2023 at 3:40 PM, Staff A, Executive Director, acknowledged that the water temperature was above the maximum regulation and stated that the previous maintenance director who had logged these water temperature readings was aware of the regulation.

Water temp adjusted down on 9-20-23 we continue to monitor and adjust

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, ROCK COVE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9-21-2023 .

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

Administrator (or Representative) — Date: 10-12-23

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

10/03/2023

COLUMBIA CASCADE HOUSING
ROCK COVE ASSISTED LIVING
986 SW ROCK CREEK DRIVE
STEVENSON, WA 98648

RE: ROCK COVE ASSISTED LIVING # 1254

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/02/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

Facility failed to ensure that one staff member had their first aid and cardiopulmonary resuscitation (CPR) certification. Staff A, Executive Director, informed the department that the staff member was scheduled to complete their first aid and CPR certification on Monday, 09/25/2023. Confirmation was received on 10/02/2023.

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70 , 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules promulgated under these statutes.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

(b) When there is reason to believe a resident is not capable of making necessary decisions and no substitute decision maker is available;

(c) When a substitute decision maker is no longer appropriate;

(d) When a resident stops breathing or a resident's heart appears to stop beating, including, but not limited to, any action staff persons must take related to advance directives and emergency care;

(e) When a resident does not have a personal physician or health care provider;

(f) In response to medical emergencies;

(g) When there are urgent situations in the assisted living facility requiring additional staff support;

(h) In the event of an internal or external disaster, consistent with WAC 388-78A-2700 ;

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

(j) To appropriately respond to aggressive or assaultive residents, including, but not limited to:

(i) Actions to take if a resident becomes violent;

(ii) Actions to take to protect other residents; and

(iii) When and how to seek outside intervention.

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

(m) When services related to medications and treatments are provided under the delegation of a registered nurse consistent with chapter 246-840 WAC;

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

(o) Regarding the safe operation of any assisted living facility vehicles used to transport residents, and the qualifications of the drivers;

(p) To coordinate services and share resident information with outside resources, consistent with WAC 388-78A-2350 ;

(q) Regarding the management of pets in the assisted living facility, if permitted, consistent with WAC 388-78A-2620 ;

(r) When receiving and responding to resident grievances consistent with RCW 70.129.060 ; and

(s) Related to providing respite care services consistent with RCW 18.20.350 , if respite care is offered.

(3) The assisted living facility must make the policies and procedures specified in subsection (2) of this section available to staff persons at all times and must inform residents and residents' representatives of their availability and make them available upon request.

Per the facility's policy, the facility failed to complete and/or document in the residents chart an incident report after a fall for 1 of 2 sampled residents (Resident 1 [R1]). Staff A, Executive Director, stated that an incident report had been completed for this resident, but that they were unable to find it. Record review of R1's progress notes showed that the facility was aware of the incident and took appropriate actions.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

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

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this 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 request 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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure