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) 59452 (Completion Date 05/12/2025) and 55250 (Completion Date 03/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2025 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-2730, WAC 388-78A-2730-1, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2730-1-c, WAC 388-78A-2320-3, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2210-1-b, WAC 388-78A-2240, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-78A-2462, WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130-2, 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-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2665, WAC 388-78A-2665-1,

WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-3140-2

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,

Clinton Fridley, Adult Family Home Nurse 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

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 02/25/2025 and 03/04/2025 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 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC
Richard Westom, NCI, ALF Complaint Investigator

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 | 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.

Administrator (or Representative) | Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

(c) The care and services provided to the assisted living facility residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted facility licensee failed to ensure the facility operated in compliance with licensing requirements related to full assessment topics, service agreement planning, negotiated care service agreement contents, medication services, nonavailability of medications, intermittent nursing service systems, resident records, background checks, staff training requirements, tuberculosis testing, pets, resident rights related to accepting [redacted] as a payment source, and responsibilities during inspections for 1 of 1 facilities reviewed. These failures resulted in the need for the facility to take immediate action to ensure staff had required training competencies and placed all residents, staff and visitors at risk for injury, unmet care needs and not receiving required services.

Findings included…

<Assessments, Monitoring and Planning>

The facility failed to complete a full assessment within 14 days of the resident admission to the facility for Resident 3, Resident 5, and Resident 7 and failed to

complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices or self-administration of medications, for Resident 1, Resident 2, Resident 4, and Resident 6.

Refer to 388-78A-2090 Full assessment topics.

The facility failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility for Resident 3 and Resident 5.

Refer to 388-78A-2130 Service agreement planning.

The facility failed to document in the resident's NSA, the plan to provide specific resident identified care and service needs for Resident 1, Resident 3, and Resident 4.

Refer to 388-78A-2140 Negotiated service agreement contents.

<Patient Records, Medications and Nursing Services>

The facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to delegate, per regulation, Staff G, Staff H, and Staff I prior to staff administering medications to Resident 6.

Refer to 388-78A-2320 Intermittent nursing services systems.

The facility failed to develop and implement systems that support and promote safe medication services when Resident 3, Resident 4, Resident 5, and Resident 6 had medications that were not given as ordered, and had no documentation why medications were not given, and failed to ensure one medication carts observed was free from expired medications.

Refer to 388-78A-2210 Medication services.

The facility failed to obtain prescribed medications in a correct and timely manner for Resident 5. This failure placed residents at risk of harm from adverse reactions due to medications not being given as prescribed.

Refer to 388-78A-2240 Nonavailability of medications.

The facility failed to maintain a current characteristic roster accurately documenting

resident care needs and services for Resident 1, Resident 2, Resident 3, Resident 5, and Resident 6.

Refer to 388-78A-2390 Resident records.

<Facility Administrative Responsibilities>

The facility failed to ensure that a Washington state name and date of birth background check was completed for Staff A and failed to ensure that national fingerprint checks were completed for Staff A, Staff C, Staff E, and Staff F.

Refer to 388-78A-2462 Background checks—General.

The facility failed to ensure staff had completed, or had documentation of them completing, the required facility orientation, orientation, safety, specialty (dementia/mental illness/developmental disability), first aid, cardiopulmonary resuscitation (CPR), and continuing education trainings for Staff A, Staff C, and Staff D.

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

The facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for Staff A, Staff C, and Staff D.

Refer to 388-78A-2480 Tuberculosis—Testing—Required.

The facility failed to ensure pets living in the facility have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans for 1 sampled pet.

Refer to 388-78A-2620 Pets.

The facility failed to ensure a Medicaid policy was completed, or documented, for Resident 3, Resident 5, and Resident 7.

Refer to 388-78A-2665 Resident rights—Notice—Policy on accepting [redacted] as a payment source.

The facility failed to provide accurate documentation when requested by the Department during a full licensing inspection for the assisted living facility.

Refer to 388-78A-3140 Responsibilities during inspections.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to delegate per regulation, 3 of 5 medication aides (Staff G, H, and I) prior to administering medications to 1 of 2 sampled resident (Resident 6). This failure placed resident at risk for harm and injury due to untrained and unsupervised care staff.

Findings included…

Washington Administrative Code (WAC) 246-840-930Criteria for delegation.
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at

least every 90 days.

During an unannounced licensing full inspection on 02/26/2025 at 2:45 PM, Resident 6's (R6) records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Record review of R6's nurse delegation nursing visits, dated 12/06/2024 and 01/10/2025, documented that Staff G, H, and I were supervised and evaluated for insulin administration. There was no documentation to show that Staff G, H, and I had been supervised and evaluated at least every two weeks for the first four weeks.

Record review of R6's Medication Administration Records (MAR), dated 11/01/2024 through 02/26/2025, showed that R6 received an insulin injection by Staff G, H, and I from 11/20/2024 to 12/05/2024, prior to being delegated for insulin administration.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director, acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement systems that support and promote safe medication services when 4 of 7 residents (Resident 3, 4, 5, and 6) had medications that were not given, and had no documentation why medications they were not given, and failed to ensure 1 of 1 medication carts observed were free from expired medications. These failures resulted in residents not receiving medications as prescribed and placed them at risk of harm from inconsistent or improper medication management.

Findings included…

Resident 3 (R3)

During an unannounced licensing full inspection on 02/26/2025 at 11:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/024 with various diagnoses including [redacted] and [redacted].

Review of R3's records showed an after-visit summary, dated 02/10/2025, with lidocaine 5% patch listed as a current medication.

Record review of R3's medication administration records (MAR), dated 12/01/2024 through 02/25/2025, showed no documentation of lidocaine 5% patch as a medication that R3 was receiving.

Resident 4 (R4)

On 02/25/2025 at 1:20 PM, R4's records showed that they admitted to the facility on [redacted]/2010 with various diagnoses including [redacted] and [redacted].

Record review of R4's MAR's, dated 12/01/2024 through 02/25/2025, documented budesonide (a medication to treat inflammation) was held since 12/01/2024.

Record review of R4's documents provided showed no documentation of why budesonide was being held.

On 02/25/2025 at 12:43 PM, the department requested documentation to show why budesonide was being held.

On 02/26/2025 at 10:15 AM, Staff A, Executive Director, delivered a physician's order dated 10/18/2024 with a print date of 02/26/2025 at 7:43 AM to discontinue budesonide. Staff A was unable to verbalize why the medication was still being held on the MAR for R4.

Resident 5 (R5)

On 02/25/2025 at 12:25 PM, R5's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's MAR, dated 12/01/2024 through 02/25/2025, showed the following medications not given due to the medications not being available:

- Lidocaine 5% patch: 12/01/2024 – 02/25/2025

Record review of R5's progress notes and physician's orders showed no communication of the medication being unavailable for numerous months.

Resident 6 (R6)

On 02/26/2025 at 2:45 PM, R6's records showed that they admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] and [redacted].

Record review of R6's MAR's, dated [redacted]/2024 through 02/25/2025, showed the following:

- All medications from 11/04/2024 to 11/06/2024 and 11/11/2024 to [redacted]/2024 were not documented and/or signed off on.
- Triamcinolone 0.1% ointment 15 gram (gm) was marked as self-administered from [redacted]/2024 through [redacted]/2024 when the resident was documented as out of the facility for hospitalization.
- Basaglar KwikPen 100 unit/milliliter (mL) with a start date of 09/20/2024 was marked as self-administered from [redacted]/2024 through [redacted]/2024. Staff documented as given on 11/14/2024 and 11/15/2024 and had a discontinue date of 11/15/2024. Resident was documented as out of the facility for hospitalization during [redacted]/2024 to [redacted]/2024.
- Basaglar 100-U/ML Pen 3 mL was left blank on 11/14/2024 and 11/15/2024 and

documented as self-administered from 11/16/2024 to 11/19/2024.

- Basaglar 100-U/ML Pen 3 mL with a start date of 11/19/2024, was left blank on 11/19/2024.
- Insulin Lispro sliding scale, with a start date of 11/15/2024, was held on 11/15/2024 and 11/16/2024 and documented as self-administered from 11/17/2024 to 11/18/2024 and a discontinue date of 11/19/2024.
- Humalog 100-units (U)/ mL Jr Pen 3 mL sliding scale with a start date of 11/27/2024, was left blank from 11/27/2024 to 11/29/2024.

Record review of the physician orders showed no corresponding documentation for new and discontinued medications for R6.

On 02/27/2025 at 12:00 PM, an audit was completed on the medication cart for the 100 rooms. The audit revealed an expired medication from 01/04/2025.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications in a correct and timely manner for 1 of 7 sampled residents (Resident 5). This failure placed residents at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included…

Resident 5 (R5)

During an unannounced licensing full inspection on 02/25/2025 at 12:25 PM, R5's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted]

Record review of R5's medication administration records (MAR) dated 12/01/2024 through 02/25/2025, showed the following medications not given due to the medications not being available:

- lidocaine 5% patch: 12/01/2024 – 02/25/2025.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director, acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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:

(a) Orientation and safety;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed, or had documentation of them completing, the required facility orientation, orientation, safety, specialty (dementia/mental illness/developmental disability), first aid, cardiopulmonary resuscitation (CPR), and continuing education trainings for 3 of 5 staff (Staff A, C, and D). These failures placed all residents at risk for harm due to staff not being properly trained.

Findings included…

During an unannounced licensing full inspection on 02/25/2025 at 12:30 PM, the department received the requested staff documents.

Staff A

Record review for Staff A, Executive Director, showed that Staff A was hired on 03/25/2024. Review of Staff A's personnel records showed no documentation that Staff A had completed a facility orientation, orientation and safety training, the required dementia and mental health specialty training, and/or first aid/CPR training.

Staff C

Record review for Staff C, care partner, showed that Staff C was hired on 07/31/2024. Review of Staff C's personnel records showed no documentation that Staff C had completed a facility orientation, orientation and safety training, the required dementia and mental health specialty training, continuing education, and/or first aid/CPR training.

Staff D

Record review for Staff D, care partner, showed that Staff D was hired on 11/23/2024. Review of Staff D's personnel records showed no documentation that Staff D had completed a facility orientation and orientation and safety training.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director, acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed for 1 of 5 staff (Staff A) and failed to ensure that national fingerprint checks were completed for 4 of 5 staff (Staff A, C, E, and F). These failures placed all residents at risk for harm by receiving care and services from staff whose criminal history was unknown.

Findings included…

During an unannounced licensing inspection on 02/25/2025 at 12:30 PM, the department received the requested staff documents.

Staff A

Record review for Staff A, Executive Director, showed that Staff A was hired on 03/25/2024. No documentation of a national fingerprint background check and a Washington State name and date of birth background check was found for Staff A.

Staff C

Record review for Staff C, Care Partner, showed that Staff C was hired on 07/31/2024. No documentation of a national fingerprint background check was found for Staff C.

Staff E

Record review for Staff E, Medication Aide, showed that Staff E was hired on 05/01/2016. No documentation of a national fingerprint background check was found for Staff E.

Staff F

Record review for Staff F, Medication Aide, showed that Staff F was hired on 09/10/2019. No documentation of a national fingerprint background check was found for Staff F.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including

preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident admission to the facility for 3 of 7 sampled residents (Residents 3, 5, and 7) and failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices or self-administration of medications, for 4 of 7 sampled residents (Residents 1, 2, 4, and 6). These failures placed these residents at risk of their care needs not being met.

Findings included…

Resident 1 (R1)

During an unannounced licensing full inspection on 02/25/2025 at 2:25 PM, R1's records showed that R1 admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Record review of R1's medication administration record (MAR), dated 12/01/2024 through 02/26/2025, documented that 13 of R1's medications were self-administered.

Record review of R1's assessments showed a full assessment dated 09/20/2024. No documentation was provided to show that a self-administration of medications assessment had been completed for R1.

During an interview on 02/26/2025 @ 10:15 AM, Staff A, Executive Director, stated that the facility manages R1's medications and that there is no self-administration of medication assessment for R1.

Resident 2 (R2)

On 02/25/2025 at 2:15 PM, R2's records showed that R2 admitted to the facility on

[redacted]/2019 with various diagnoses [redacted] and [redacted].

Record review of R2's negotiated service agreement (NSA), dated 07/17/2024, documented that R2 self-administers insulin.

Record review of R2's MAR, dated 12/01/2024 through 02/26/2025, documented that R2 self-administered their insulin.

Record review of R2's assessments showed a full assessment dated 07/14/2024. No documentation was provided to show that a self-administration of medications assessment had been completed for R2.

Resident 3 (R3)

On 02/26/2025 at 11:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessments showed an assessment labeled, "move-in" dated [redacted]/2024 and an assessment labeled, "30-day" dated [redacted]/2024. No documentation was provided to show that an assessment was completed within 14 days of R3 admitting to the facility.

Resident 4 (R4)

On 02/25/2025 at 1:20 PM, R4's records showed that R4 admitted to the facility on [redacted]/2010 with various diagnoses including [redacted] and [redacted].

Record review of R4's NSA dated 07/18/2024 documented that R4 self-administers a few over the counter medications.

Record review of R4's MAR, dated 12/01/2024 through 02/26/2025, documented that three of R4's medications were self-administered.

Record review of R4's assessments showed a full assessment dated 04/16/2024 and 10/01/2024. No documentation was provided to show that a self-administration of

medications assessment had been completed for R4.

Resident 5 (R5)

On 02/25/2025 at 12:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's assessments showed an initial assessment, dated 09/26/2024, and an assessment labeled 30-day assessment dated 12/09/2024. No assessment was found to show that R5 had been assessed within 14-days of admission to the facility.

Resident 6 (R6)

During an unannounced licensing full inspection on 02/26/2025 at 2:45 PM, R6's records showed that R6 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Record review of R6's assessment and NSA, dated 12/09/2024, documented that R6 utilizes a bed handle for mobility in and out of bed. No documentation was found or provided to show that R6 had been assessed for safety to use a medical device.

On 02/27/2025 at 1:50 PM, the department observed R6's bed and confirmed that R6 utilizes a bed rail.

Resident 7 (R7)

During an unannounced licensing full inspection on 02/26/2025 at 1:35 PM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

Record review of R7's assessments showed a preadmission assessment dated 12/11/2024. No assessment was found to show that R7 had been assessed within 14-days of admission to the facility.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility for 2 of 3 sampled residents (Resident 3 and 5). This failure placed these residents at risk for proper care needs being unmet.

Findings included…

Resident 3 (R3)

During an unannounced licensing full inspection on 02/26/2025 at 11:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R3's NSAs, showed an initial NSA dated 09/20/2024. No 30-day NSA was provided or found.

Resident 5 (R5)

On 02/25/2025 at 12:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's NSAs, showed an initial NSAs dated [redacted]/2024 and an NSA labeled 30-day dated [redacted]/2024.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director, acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____
Administrator (or Representative) 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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's negotiated service agreements (NSA) the plan to provide specific resident identified care and service needs for 3 of 7 sampled residents (Residents 1, 3, and 4). This 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 1 (R1)

During an unannounced licensing full inspection on 02/25/2025 at 2:25 PM, R1's records showed that R1 admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Record review of R1's NSA, dated 04/24/2024, documented that R1 manages their pain medications.

Record review of R1's medication administration record (MAR), dated 12/01/2024 through 02/26/2025, showed no medications for pain management.

During an interview on 02/25/2025 at 12:43 PM, Staff A, Executive Director confirmed that R1 does not self-manage pain medications.

Resident 3 (R3)

On 02/26/2025 at 11:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/024 with various diagnoses including [redacted] and [redacted].

Record review of R3's NSA, dated 09/20/2024 documented, under heading nail care/foot care, that R3 "requires assistance: resident would like assistance with trimming toenails if it is safe." For the position responsible for this care, caregiver is documented and not a qualified nurse.

Resident 4 (R4)

During an unannounced licensing full inspection on 02/25/2025 at 1:20 PM, R4's records showed that R4 admitted to the facility on [redacted]/2010 with various diagnoses including

[redacted] and [redacted].

Record review of R4's NSA, dated 07/18/2024, and assessment, dated 10/01/2024, documents that R4 receives infusion therapy. No other details for infusion therapy were provided.

During an interview on 02/25/2025 at 12:43 PM, Staff A was unable to provide details when asked about R4's infusion therapy and stated that they would investigate it.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 5 of 7 sampled residents (Residents 1, 2, 3, 5, and 6). This failure placed these nine residents at risk for proper care needs not being met.

Findings included…

Resident 1 (R1)

During an unannounced licensing full inspection on 02/25/2025 at 2:25 PM, R1's records showed that R1 admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Record review of R1's assessment dated 09/20/2024 and negotiated service agreement (NSA), dated 04/24/2024, documented that R1 is incontinent of bladder and is independent with activities of daily living (ADL).

Record review of R1's progress notes and medication administration record (MAR), dated 12/01/2024 through 02/25/2025, documented that R1 was hospitalized [redacted]/2025 through [redacted]/2025.

Record review of the facility's resident characteristics roster (RCR) documented that R1 requires minimal assistance with ADLs. There was no documentation to show that R1 is incontinent with bladder or had a recent hospitalization.

Resident 2 (R2)

On 02/25/2025 at 2:15 PM, R2's records showed that R2 admitted to the facility on [redacted]/2019 with various diagnoses [redacted] and [redacted].

Record review of R2's NSA dated 07/17/2024 documented that R2 self-administers insulin injections.

Record review of R2's Nurse Delegation Nursing Visit, dated 12/06/2024 and 01/10/2025, documented that "Resident requires nursing delegation for oral administration, application of topicals, administration of oxygen, FSBS [blood sugar monitoring] and administration of insulin, administration of inhaler, administration of eye drops, application of LIBRE, administration of nasal spray." It states, "Resident cognitively unaware of medications; unable to verbalize use for and unable to direct medication technician in administration/application of."

Record review of the facility's RCR showed no documentation of R2 requiring nurse delegation services.

Resident 3 (R3)

On 02/26/2025 at 11:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/024 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessments, dated 09/20/2024 and 12/04/2024, and NSA, dated 09/20/2024, documented that R3 uses supplemental oxygen, has hearing issues, and is independent with ADLs and medication management. A self-administration of medication assessment, dated 10/04/2024, also documented that R3 manages their own medications.

Record review of R3's MARs, dated 12/01/2024 through 02/25/2025, confirmed that R3 self-administers their medications.

Record review of R3's progress notes, dated 12/27/2024 through 01/27/2025, documented that R3 had a hospitalization from [redacted]/2025 through [redacted]/2025.

Record review of the facility's RCR showed no documentation of R3 using oxygen, having hearing issues, and a recent hospitalization. The RCR also documents R3 as requiring moderate assistance with ADLs and requires medication assistance.

Resident 5 (R5)

On 02/25/2025 at 12:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's NSA, dated 12/09/2024, documented that R5 is receiving home health services to treat wounds.

Record review of the facility's RCR showed no documentation of R5 having wounds or receiving home health services. The RCR assistance with ADLs for R5 was left blank.

Resident 6 (R6)

On 02/26/2025 at 2:45 PM, R6's records showed that R6 admitted to the facility on

[redacted]/2023 with various diagnoses including [redacted] and [redacted].

Record review of R6's assessment and NSA, dated 12/09/2024, documented that R6 is incontinent of bowel and bladder, requires nurse delegation of medication administration, has a diabetic diet, and uses a medical device.

Record review of R6's nurse delegation nursing visits, dated 12/06/2024 and 01/10/2025, documented that R6 requires nurse delegation for insulin administration.

Record review of the facility's RCR showed no documentation of R6 incontinence of bowel and bladder, requiring nurse delegation services, having a specialized diet, and/or utilizing a medical device.

On 02/27/2025 at 1:50 PM, the department observed that R6 utilizes a bed rail.

During a preliminary exit interview on 02/27/2025 at 12:35, Staff A, Executive Director acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure pets living in the facility have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans for 1 of 3 sampled pets. This failure placed all staff and residents at risk for possible exposure and harm from a transmittable disease.

WAC 246-100-197
(1) The purpose of this rule is to protect the public from rabies, a deadly disease.
(2) The definitions in this subsection apply throughout this section unless the context clearly requires otherwise
(p) "Vaccination status" means one of the following:
(ii) "Overdue for vaccination" means a dog, cat, or ferret that has not received a booster vaccination against rabies following veterinary and USDA-licensed rabies vaccine manufacturer instructions.

Findings included…

During an unannounced licensing full inspection on 02/27/2025 at 11:00 AM, the department reviewed the requested pet records.

Review of the facility's pet records showed a feline in room [redacted] with a rabies vaccination that had expired on 05/23/2015.

In a preliminary exit interview on 02/272025 at 12:35 PM, Staff A, Executive Director, acknowledged that there were pets living in the facility that had no documentation that they have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans since moving into the facility.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) 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 interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff A, C, and D).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

During an unannounced licensing full inspection on 02/25/2025 at 12:30 PM, the department received the requested staff documents.

Staff A

Record review for Staff A, Executive Director, showed that Staff A was hired on 03/25/2024. Review of Staff A’s TB records showed that a first step TB test was completed on 12/14/2024. No documentation of a second step TB test was found for Staff A.

Staff C

Record review for Staff C, care partner, showed that Staff C was hired on 07/31/2024. No documentation of TB testing was found for Staff C.

Staff D

Record review for Staff D, care partner, showed that Staff D was hired on 11/23/2024. No documentation of TB testing was found for Staff D.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director, acknowledged the department's findings.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was completed, or documented, for 3 of 7 sampled residents (Resident 3, 5, and 7). This failure placed these residents at risk of not being aware of their rights as they pertain to [redacted]

Findings included…

Resident 3 (R3)

During an unannounced licensing full inspection on 02/26/2025 at 11:30 AM, R3's records showed that R3 admitted to the facility on [redacted]/024 with various diagnoses including [redacted] and [redacted]. R3's records contained no Medicaid policy.

Resident 5 (R5)

On 02/25/2025 at 12:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted] R5's records contained no Medicaid policy.

Resident 7 (R7)

On 02/26/2025 at 1:35 PM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] R7's records contained no Medicaid policy.

During a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A, Executive Director, acknowledged that there were no Medicaid policies for R3, 5, and 7.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide accurate documentation when requested by the Department during their full licensing inspection for 1 of 1 facility. This failure placed all residents at risk of care from a facility not in compliance with governing rules and regulations.

Findings included…

During an unannounced full licensing inspection on 02/25/2025 at 10:30 AM, the department requested facility documents.

At 12:45 PM, Staff A, Executive Director, started providing incomplete records for the requested sampled residents and staff.

Throughout the full inspection, the department repeatedly requested specific documentation (pet records, staff schedules, medication administration records, progress notes, doctors' orders, incident reports, etcetera). Document delivery was delayed on multiple occasions throughout the full inspection with Staff A stating, "I am trying, I just don't know how to do it."

In a preliminary exit interview on 02/27/2025 at 12:35 PM, Staff A acknowledged that there were documents that they were unable to provide.

On 03/04/2025 at 1:00 PM, Staff B, Director of Operations, acknowledged all the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date