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

TROSPER ROAD LIMITED PARTNERSHIP
HAMPTON SPECIAL CARE - TUMWATER
1400 Trosper Rd SW
Tumwater, WA 98512

RE: HAMPTON SPECIAL CARE - TUMWATER # 1579

Dear Administrator:

This document references Compliance Determination 25921 (06/28/2023), which included complaint number(s) 84036.
The Department completed a complaint investigation of your Assisted Living Facility on 06/28/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Paul Aube, ALF NCI

Consultation:

WAC 388-78A-2600 Policies and procedures.

(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;

(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.

Facility was unable to provide policy on abandonment when asked to provide it by a representative of the Department. However, facility was able to contact their legal department and was able to obtain the policy before the end of the business day.

You Must:

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

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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 (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HAMPTON SPECIAL CARE - TUMWATER **Provider Type:** Assisted Living Facility
License/Cert.#: 1579
Intake ID: 84036
Compliance Determination #: 25921
Region/Unit #: RCS Region 3 / Unit E
Investigator: Paul Aube
Investigation Date(s): 06/27/2023 through 06/28/2023
Complainant Contact Date(s):

Allegation(s):

Quality of Care/Treatment: Public report of staff member leaving the facility during their shift, and not returning.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Management
Record Reviews:	Medical records Incident Log Facility policies Employee Personnel Files

Investigation Summary:

Quality of Care/Treatment: Facility was unable to provide policy on abandonment when asked to provide it by a representative of the Department. However, facility was able to contact their legal department and was able to obtain the policy before the end of the business day.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A