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

CANTERBURY GARDENS LIMITED PARTNERS
CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

RE: CANTERBURY GARDENS License # 1580

Dear Administrator:

This letter addresses Compliance Determination(s) 62304 (Completion Date 07/11/2025) and 59950 (Completion Date 05/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/11/2025 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-2310-2-a, WAC 388-78A-2310-2-c, WAC 388-78A-2310-2-f

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

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

Sincerely,

Clinton Fridley

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

Statement of Deficiencies	License #: 1580	Compliance Determination # 59950
Plan of Correction	CANTERBURY GARDENS	Completion Date
Page 1 of 4	Licensee: CANTERBURY GARDENS LIMITED PARTNERS	05/21/2025

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 an unannounced on-site follow-up on 05/21/2025 of:
CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

This document references the following SOD dated: 05/21/2025

The following sample was selected for review during the unannounced on-site visit: 9 of 64 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

Statement of Deficiencies	License #: 1580	Compliance Determination # 59950
Plan of Correction	CANTERBURY GARDENS	Completion Date
Page 2 of 4	Licensee: CANTERBURY GARDENS LIMITED PARTNERS	05/21/2025

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.

Clinton Fridley
Residential Care Services

05/30/2025
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.

Julie Medack
Administrator (or Representative)

6/2/25
Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(a) Medication administration;

(c) Diabetic management;

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the nurse delegator had delegated 2 of 3 Medication Technicians (Staff H and J) prior to administering medications to 2 of 9 sampled residents (Resident 3 and 6). This failure placed these residents at risk of harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930
Criteria for delegation:
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aid, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided.

Re-evaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

During an unannounced full licensing follow up visit on 05/21/2025 at 12:45 PM, the department received the requested nurse delegation documents.

<Resident 3 (R3)>

Review of R3's records, showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of R3's negotiated service agreements (NSA), dated 01/28/2025, 03/20/2025, and 04/03/2025, showed that R3 required medication administration.

Record review of R3's medication administration records (MAR), dated 05/01/2025 through 05/21/2025, showed that Staff J, Medication Technician, had administered morning medications to R3 on 05/11/2025 and 05/18/2025, and evening and bedtime medications on 05/03/2025 – 05/06/2025, 05/09/2025, 05/10/2025, 05/12/2025, and 05/15/2025 – 05/17/2025.

Record review of R3's nurse delegation nursing visit, dated 03/30/2025, documented that "client requires nurse delegation for these tasks: oral medication administration, topical medication administration, safe administration related to: Alzheimer's Dementia." The 03/30/2025 nurse delegation nursing visit also showed no documentation that Staff J had been delegated to administer medications to R3.

<Resident 6 (R6)>

Review of R6's records, showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], [redacted] ([redacted]), and [redacted] ([redacted]).

Record review of R6's NSAs, dated [redacted]/2025 and 02/25/2025, documented that R6 requires medication administration.

Record review of R6's MARs, dated 05/01/2025 through 05/21/2025, showed that Staff H, Medication Technician, had administered morning medications to R6 on 05/12/2025.

Record review of R6's nurse delegation nursing visit, dated 05/11/2025, documented

that "client requires nurse delegation for these tasks: oral medication administration, safe administration related to: Dementia." The 05/11/2025 nurse delegation nursing visit also showed no documentation that Staff H had been delegated to administer medications to R6.

On 05/21/2025 at 1:40 PM, the department showed Staff A, Executive Director, and Staff B, Director of Resident Services, the nurse delegation nursing visit for R3 showing that Staff J had not been delegated, and the nurse delegation nursing visit for R6 showing that Staff H had not been delegated.

On 05/21/2025 at 1:45 PM, Staff B verbalized that they were under the impression that Staff H and Staff J had been delegated because Staff K, Registered Nurse Delegator, notified them that all the staff needing to be delegated had been delegated.

On 05/21/2025 at 1:50 PM, Staff A acknowledged that Staff H and J had administered medications to residents prior to being delegated.

This is an uncorrected deficiency previously cited on 04/03/2025.

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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 6/23/25.

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

Julie McDack — Administrator (or Representative)

6/2/25 — Date

Canterbury Gardens
1457 3rd Ave
Longview, WA 98632
License #1580

Deficiency

WAC 388-78A-2310 (2) (a) (c) (f) Intermittent Nursing Services

The license failed to ensure the nurse delegator had delegated two Medication Technicians prior to administering medications to two residents. This failure placed these residents at risk of harm and injury due to untrained and unsupervised care staff.

Plan of Correction to be completed and implemented by 6/23/25

1. Debbie Zeigler, RN Nurse Delegator will come to the Canterbury Gardens to review Nurse delegation binders and ensure all paperwork is up to date by 6/6/25.

2. The Director of Residential Services will do weekly checks (Friday's) to make sure that Nurse Delegation Paperwork is completed for Medication Technicians, and that they are updated and signed off, by RN Nurse Delegator.

3. If Nurse Delegation Paperwork is not completed, updated and signed off by RN Nurse Delegator, a Licensed Nurse will do medication pass for the Medication Technician until paperwork is completed, updated and signed off, by RN Nurse Delegator.

4. Director of Residential Services will contact RN Nurse Delegator with her findings after weekly checks (Friday's), to make sure Medication Technician paperwork is completed, updated and signed off by RN Nurse Delegator.

5. Outlook calendar updated between Executive Director and Director of Residential Services to follow up on Fridays to ensure that all Medication Technicians have current paperwork, completed, updated and signed off by RN Nurse Delegator.

6. In addition, we will start the process of training and implementing Allison Herrera, DRS, RN as Nurse Delegator for Canterbury Gardens by 10/1/25. End of third quarter.

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 #: 1580	Compliance Determination # 57135
Plan of Correction	CANTERBURY GARDENS	Completion Date
Page 1 of 11	Licensee: CANTERBURY GARDENS LIMITED PARTNERS	04/03/2025

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 04/01/2025 and 04/03/2025 at:
CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 9 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jacob Ubl, ALF NCI CI
Jennifer Sitharath, ALF Licensor
Megan Zerby, Community ALF/AFH Licensor
Clinton Fridley, Adult Family Home Nurse Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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 04/01/2025 and 04/03/2025 of:

CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 9 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jacob Ubl, ALF NCI CI
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Megan Zerby, Community ALF/AFH Licensor
Clinton Fridley, Adult Family Home Nurse Field Manager

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.

Jody Just
Residential Care Services

04/10/2025
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.

Julie McDack
Administrator (or Representative)

4/16/25
Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law.

(a) Medication administration;

(c) Diabetic management;

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to verify that 1 of 4 delegated Medication Technicians (Staff J) had completed or had documentation of completing the diabetes specific nurse delegation training. The facility also failed to ensure the nurse delegator had delegated 3 of 7 Medication Aids (Staff H, I, and J) prior to administering medications to 9 of 10 sampled resident (Resident 1, 2, 3, 4, 5, 6, 7, 9, and 10). The facility failed to ensure that the nurse delegator had completed delegation specific to each resident and each delegated staff member. These failures placed these residents at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930
Criteria for delegation:
(8) Verify that the nursing assistant or home care aide:
(b) Has completed both the basic caregiver training and core delegation training before

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-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(a) Medication administration;

(c) Diabetic management;

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to verify that 1 of 4 delegated Medication Technicians (Staff J) had completed or had documentation of completing the diabetes specific nurse delegation training. The facility also failed to ensure the nurse delegator had delegated 3 of 7 Medication Aids (Staff H, I, and J) prior to administering medications to 9 of 10 sampled resident (Resident 1, 2, 3, 4, 5, 6, 7, 9, and 10). The facility failed to ensure that the nurse delegator had completed delegation specific to each resident and each delegated staff member. These failures placed these residents at risk for harm and injury due to untrained and unsupervised care staff.

Findings included…

WAC 246-840-930
Criteria for delegation:
(8) Verify that the nursing assistant or home care aide:
(b) Has completed both the basic caregiver training and core delegation training before

performing any delegated task;
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aid, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Re-evaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

Resident 1 (R1)
During an unannounced full licensing inspection on 04/01/2025 at 11:32AM, R1's records showed that they admitted to the facility on [redacted]/2020 with various diagnoses including [redacted] ([redacted]).

Record review of R1's negotiated service agreements (NSA), dated 10/01/2024 and 09/27/2023, showed that R1 requires medication administration.

Record review of R1's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed that Staff H, medication technician, administered evening medications to R1 on 03/11/2025, 03/12/2025 and 03/14/2025. R1's MAR also showed that Staff I, medication technician, administered morning medications to R1 on 01/15/2025.

Record review of R1's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H or Staff I had been delegated to administer medications to R1.

Resident 2 (R2)
On 04/02/2025 at 12:25 PM, R2's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted] ([redacted]).

Record review of R2's NSAs, dated 09/03/2024 and 01/06/2025, documented that R2 requires medication administration.

Record review of R2's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H had administered evening medications to R2 on 03/11/2025, 03/12/2025, and 03/14/2025. R2's MARs also showed that Staff I had administered morning medications to R2 on 01/15/2025.

Record review of R2's nurse delegation nursing visit, dated 02/27/2025, showed no

performing any delegated task;
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aid, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Re-evaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

Resident 1 (R1)
During an unannounced full licensing inspection on 04/01/2025 at 11:32AM, R1's records showed that they admitted to the facility on [redacted]/2020 with various diagnoses including [redacted] ([redacted]).

Record review of R1's negotiated service agreements (NSA), dated 10/01/2024 and 09/27/2023, showed that R1 requires medication administration.

Record review of R1's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed that Staff H, medication technician, administered evening medications to R1 on 03/11/2025, 03/12/2025 and 03/14/2025. R1's MAR also showed that Staff I, medication technician, administered morning medications to R1 on 01/15/2025.

Record review of R1's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H or Staff I had been delegated to administer medications to R1.

Resident 2 (R2)
On 04/02/2025 at 12:25 PM, R2's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted] ([redacted]).

Record review of R2's NSAs, dated 09/03/2024 and 01/06/2025, documented that R2 requires medication administration.

Record review of R2's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H had administered evening medications to R2 on 03/11/2025, 03/12/2025, and 03/14/2025. R2'a MARs also showed that Staff I had administered morning medications to R2 on 01/15/2025.

Record review of R2's nurse delegation nursing visit, dated 02/27/2025, showed no

documentation that Staff H or Staff I had been delegated to administer medications to R2.

Resident 3 (R3)
On 04/01/2025 at 11:35 AM, R3's records showed that they were admitted to the facility on [redacted] 2024 with various diagnoses including [redacted] and [redacted] ([redacted]).

Record review of R3's negotiated service agreements (NSA), dated 01/26/2025, 03/20/2025, and 04/03/2025, showed that R3 requires medication administration.

Record review of R3's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed that Staff I had administered morning medications to R3 on 01/15/2025. R3's MARs also showed that Staff J had administered morning medications to R3 on 01/26/2025, 01/30/2025, and 02/11/2025.

Record review of R3's nurse delegation nursing visit, dated 03/30/2025, showed no documentation that Staff I or Staff J had been delegated to administer medications to R3

Resident 4 (R4)
On 04/02/2025 at 11:05 AM, R4's records showed that they admitted to the facility on [redacted]/2021 with various diagnoses including [redacted], and [redacted] ([redacted]), and [redacted] ([redacted]).

Record review of R4's NSAs, dated 04/01/2025 and 03/27/2025, showed that R4 requires medication administration.

Record review of R4's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H administered bedtime medications to R4 on 03/11/2025, 03/12/2025, and 03/14/2025, along with noon medications on 03/22/2025. R4's MARs also showed that Staff I administered morning medications on 01/15/2025 to R4.

Record review of R4's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H or Staff I had been delegated to administer medications to R4.

Resident 5 (R5)
On 04/02/2025 at 2:20 PM, R5's records showed that they were admitted to the facility on [redacted] 2024 with various diagnoses including [redacted] ([redacted]), and [redacted] ([redacted]).

documentation that Staff H or Staff I had been delegated to administer medications to R2.

Resident 3 (R3)
On 04/01/2025 at 11:35 AM, R3's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted] ([redacted]).

Record review of R3's negotiated service agreements (NSA), dated 01/28/2025, 03/20/2025, and 04/03/2025, showed that R3 requires medication administration.

Record review of R3's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed that Staff I had administered morning medications to R3 on 01/15/2025. R3's MARs also showed that Staff J had administered morning medications to R3 on 01/28/2025, 01/30/2025, and 02/11/2025.

Record review of R3's nurse delegation nursing visit, dated 03/30/2025, showed no documentation that Staff I or Staff J had been delegated to administer medications to R3.

Resident 4 (R4)
On 04/02/2025 at 11:05 AM, R4's records showed that they admitted to the facility on [redacted]/2021 with various diagnoses including [redacted], and [redacted] ([redacted]), and [redacted] ([redacted]).

Record review of R4's NSAs, dated 04/01/2025 and 03/27/2025, showed that R4 requires medication administration.

Record review of R4's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H administered bedtime medications to R4 on 03/11/2025, 03/12/2025, and 03/14/2025, along with noon medications on 03/22/2025. R4's MARs also showed that Staff I administered morning medications on 01/15/2025 to R4.

Record review of R4's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H or Staff I had been delegated to administer medications to R4.

Resident 5 (R5)
On 04/02/2025 at 2:20 PM, R5's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], [redacted] ([redacted]), and [redacted], ([redacted]).

Record review of R5's NSAs, dated 04/12/2024 and 11/18/2024, documented that R5 requires medication administration.

Record review of R5's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H had administered evening medications to R5 on 03/07/2025. R5's MARs also showed that Staff J, medication technician, had administered morning medications to R5 on 01/22/2025.

Record review of R5's nurse delegation nursing visit, dated 01/16/2025, showed no documentation that Staff H or Staff J had been delegated to administer medications to R5.

Resident 6 (R6)
On 04/02/2025 at 1:15 PM, R6's records showed that they were admitted to the facility on [redacted] 2025 with various diagnoses including [redacted], [redacted], and [redacted].

Record review of R6's NSAs, dated [redacted] 2025 and 02/25/2025, documented that R6 requires medication administration.

Record review of R6's MARs, dated [redacted] 2025 through 03/31/2025, showed that Staff H had administered evening medications to R6 on 03/07/2025.

Record review of R6's nurse delegation nursing visit, dated [redacted] 2025, showed no documentation that Staff H had been delegated to administer medications to R6.

Resident 7 (R7)
On 04/02/2025 at 2: 32 PM, R7's records showed that they were admitted to the facility on [redacted] 2024 with various diagnoses including [redacted], [redacted], [redacted], [redacted], and [redacted].

Record review of R7's NSAs, dated 08/19/2024 and 12/20/2024, showed that R7 requires medication administration.

On 04/01/2025 at 1:22 PM, Staff B, Director of Resident Services, stated that only LPNs (Licensed Practical Nurses) and RNs (Registered Nurses) were allowed to administer insulin within the facility.

Record review of R7's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff J

Record review of R5's NSAs, dated 04/12/2024 and 11/18/2024, documented that R5 requires medication administration.

Record review of R5's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H had administered evening medications to R5 on 03/07/2025. R5's MARs also showed that Staff J, medication technician, had administered morning medications to R5 on 01/22/2025.

Record review of R5's nurse delegation nursing visit, dated 01/16/2025, showed no documentation that Staff H or Staff J had been delegated to administer medications to R5.

Resident 6 (R6)
On 04/02/2025 at 1:15 PM, R6's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], [redacted], and [redacted] ([redacted]).

Record review of R6's NSAs, dated [redacted]/2025 and 02/25/2025, documented that R6 requires medication administration.

Record review of R6's MARs, dated [redacted]/2025 through 03/31/2025, showed that Staff H had administered evening medications to R6 on 03/07/2025.

Record review of R6's nurse delegation nursing visit, dated [redacted]/2025, showed no documentation that Staff H had been delegated to administer medications to R6.

Resident 7 (R7)
On 04/02/2025 at 2: 32 PM, R7's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], [redacted] ([redacted]), [redacted] ([redacted]) and [redacted].

Record review of R7's NSAs, dated 08/19/2024 and 12/20/2024, showed that R7 requires medication administration.

On 04/01/2025 at 1:22 PM, Staff B, Director of Resident Services, stated that only LPNs (Licensed Practical Nurses) and RNs (Registered Nurses) were allowed to administer insulin within the facility.

Record review of R7's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff J

administered morning medications to R7 on 01/18/2025, 01/22/2025, and evening medications on 01/27/2025. Staff J also conducted capillary blood glucose (CBG) monitoring checks and administered insulin injections on 01/18/2025, 01/22/2025 and 01/27/2025. R5's MARs also showed that Staff H administered evening and bedtime medications on 03/07/2025 and conducted CBG monitoring checks and administered insulin injections on 03/07/2025.

Record review of R7's nurse delegation nursing visit, dated 01/27/2025, showed no documentation that Staff H or J had been delegated to administer medications or insulin injections to R9.

Record review of the facility's nurse delegation binder on 04/03/2025 at 1:03 PM, showed no documentation that Staff J had completed their Nurse Delegation Diabetes certification. The nurse delegation binder also showed that Staff J's nurse delegation credentials and training verification form, dated 01/10/2025, did not indicate that Staff J had completed the 3-hour special focus course on diabetes.

Resident 9 (R9)
On 04/02/2025 at 10:20 AM, R9's records showed that they were admitted to the facility on [redacted] 2021 with various diagnoses including [redacted], and [redacted].

Record review of R9's NSAs, dated 12/05/2024 and 02/12/2025, documented that R9 requires medication administration.

Record review of R9's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H had administered evening medications to R9 on 03/07/2025.

Record review of R9's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H had been delegated to administer medications to R9.

Resident 10 (R10)
On 04/03/2025 at 2:35 PM, R10's records showed that they were admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] and [redacted].

Record review of the facility's resident characteristic roster, undated, showed that R10 requires medication administration.

On 04/10/2025 at 11:51 AM, Staff H was observed administering an inhaler to R10 in the Magnolia Court dining room.

administered morning medications to R7 on 01/18/2025, 01/22/2025, and evening medications on 01/27/2025. Staff J also conducted capillary blood glucose (CBG) monitoring checks and administered insulin injections on 01/18/2025, 01/22/2025 and 01/27/2025. R5's MARs also showed that Staff H administered evening and bedtime medications on 03/07/2025 and conducted CBG monitoring checks and administered insulin injections on 03/07/2025.

Record review of R7's nurse delegation nursing visit, dated 01/27/2025, showed no documentation that Staff H or J had been delegated to administer medications or insulin injections to R9.

Record review of the facility's nurse delegation binder on 04/03/2025 at 1:03 PM, showed no documentation that Staff J had completed their Nurse Delegation Diabetes certification. The nurse delegation binder also showed that Staff J's nurse delegation credentials and training verification form, dated 01/10/2025, did not indicate that Staff J had completed the 3-hour special focus course on diabetes.

Resident 9 (R9)
On 04/02/2025 at 10:20 AM, R9's records showed that they were admitted to the facility on [redacted]/2021 with various diagnoses including [redacted], and [redacted].

Record review of R9's NSAs, dated 12/05/2024 and 02/12/2025, documented that R9 requires medication administration.

Record review of R9's MARs, dated 01/01/2025 through 03/31/2025, showed that Staff H had administered evening medications to R9 on 03/07/2025.

Record review of R9's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H had been delegated to administer medications to R9.

Resident 10 (R10)
On 04/03/2025 at 2:36 PM, R10's records showed that they were admitted to the facility on [redacted]/2023 with various diagnoses including [redacted], and [redacted].

Record review of the facility's resident characteristic roster, undated, showed that R10 requires medication administration.

On 04/10/2025 at 11:51 AM, Staff H was observed administering an inhaler to R10 in the Magnolia Court dining room.

Record review of R10's MARs, dated 03/01/2025 through 04/03/2025, showed that Staff H administered medications and conducted CBG monitoring checks for R10 on 03/11/2025, 03/12/2025 and 03/14/2025. R10's MARs also showed that Staff H administered albuterol inhaled treatments to R10 on 03/11/2025, 03/12/2025, 03/14/2025, and 03/22/2025.

Record review of R10's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H had been delegated to administer medications or inhalation treatments to R10.

On 04/03/2025 at 11:13 AM, Staff B stated that Staff K, RN Delegator, manages all the delegated documents.

At 1:16 PM, Staff B verbalized that they were under the impression that Staff H had been delegated because Staff K notified them that Staff H was "good to go."

At 2:50 PM, Staff A acknowledged that credentials were not verified for Staff J, that delegation is specific to each staff and each resident, and that staff had been administering medications to residents prior to being delegated.

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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 5/30/25 18 GM

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

Julie Modack — Administrator (or Representative)

4/16/25 — Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

Record review of R10's MARs, dated 03/01/2025 through 04/03/2025, showed that Staff H administered medications and conducted CBG monitoring checks for R10 on 03/11/2025, 03/12/2025 and 03/14/2025. R10's MARs also showed that Staff H administered albuterol inhaled treatments to R10 on 03/11/2025, 03/12/2025, 03/14/2025, and 03/22/2025.

Record review of R10's nurse delegation nursing visit, dated 02/27/2025, showed no documentation that Staff H had been delegated to administer medications or inhalation treatments to R10.

On 04/03/2025 at 11:13 AM, Staff B stated that Staff K, RN Delegator, manages all the delegated documents.

At 1:16 PM, Staff B verbalized that they were under the impression that Staff H had been delegated because Staff K notified them that Staff H was "good to go."

At 2:50 PM, Staff A acknowledged that credentials were not verified for Staff J, that delegation is specific to each staff and each resident, and that staff had been administering medications to residents prior to being delegated.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to ensure that medications for 2 of 9 sampled residents (Resident 3 and 4) were locked and accessible only to designated responsible staff. This failure placed these memory care residents at risk of adverse reactions from consumption of medications not as intended or prescribed to them.

Findings included...

Resident 3 (R3)
During an unannounced full licensing inspection on 04/01/2025 at 11:35 AM, R3's records showed that they admitted to the facility on [redacted]2024 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of R3's negotiated service agreements (NSA), dated 01/26/2025, 03/20/2025, and 04/03/2025, showed that R3 requires medication administration.

On 04/03/2025 at 11:32 AM, R3's bathroom sink contained a 0.5 fluid ounce (Fl oz) tube of Neosporin (medication used to treat minor cuts), and a 30.4 ounce (oz) bottle of a daily fiber supplement. In an unlocked cabinet under the sink was a 120 milliliters (mL) bottle of Ketoconazole shampoo (used to treat scalp conditions), and a 4.5 Fl oz bottle of Neutrogena T-Sal shampoo with 3% Salicylic Acid (used to treat scalp conditions).

Record review of R3's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed that R3 was prescribed Metamucil (a daily fiber supplement), Ketoconazole shampoo, and Thera-gel therapeutic shampoo. R3's MARs also showed as needed treatment orders for skin tears and abrasions.

Resident 4 (R4)
On 04/02/2025 at 11:05 AM, R4's records showed that they were admitted to the facility on [redacted]2021 with various diagnoses including [redacted], and [redacted] ([redacted]) and [redacted]

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to ensure that medications for 2 of 9 sampled residents (Resident 3 and 4) were locked and accessible only to designated responsible staff. This failure placed these memory care residents at risk of adverse reactions from consumption of medications not as intended or prescribed to them.

Findings included...

Resident 3 (R3)
During an unannounced full licensing inspection on 04/01/2025 at 11:35 AM, R3's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of R3's negotiated service agreements (NSA), dated 01/28/2025, 03/20/2025, and 04/03/2025, showed that R3 requires medication administration.

On 04/03/2025 at 11:32 AM, R3's bathroom sink contained a 0.5 fluid ounce (Fl oz) tube of Neosporin (medication used to treat minor cuts), and a 30.4 ounce (oz) bottle of a daily fiber supplement. In an unlocked cabinet under the sink was a 120 milliliters (mL) bottle of Ketoconazole shampoo (used to treat scalp conditions), and a 4.5 Fl oz bottle of Neutrogena T-Sal shampoo with 3% Salicylic Acid (used to treat scalp conditions).

Record review of R3's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed that R3 was prescribed Metamucil (a daily fiber supplement), Ketoconazole shampoo, and Thera-gel therapeutic shampoo. R3's MARs also showed as needed treatment orders for skin tears and abrasions.

Resident 4 (R4)
On 04/02/2025 at 11:05 AM, R4's records showed that they were admitted to the facility on [redacted]/2021 with various diagnoses including [redacted], and [redacted] ([redacted]) and [redacted]

([redacted]).

Record review of R4's NSA, dated 04/01/2025 and 03/27/2025, showed that R4 requires medication administration.

On 04/03/2025 at 11:47 AM, R4's bathroom sink contained a 3 Fl oz bottle of equate nasal spray (used to treat nasal congestion).

On 04/03/2025 at 12:46 PM, Staff L, resident aide, stated that medications must be kept in the medication cart and not in resident rooms.

At 1:25 PM, Staff B, Director of Resident Services, stated that medications should be stored in the medication cart and are not supposed to be in resident rooms. Staff B also verbalized that resident's families will sometimes bring medications in that they are unaware of.

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, CANTERBURY GARDENS ~~is or~~ will be in compliance with this law and / or regulation on (Date) 5/16/25 180m

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

Julee McBlack — Administrator (or Representative)

4/16/25 — 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.

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

([redacted]).

Record review of R4's NSA, dated 04/01/2025 and 03/27/2025, showed that R4 requires medication administration.

On 04/03/2025 at 11:47 AM, R4's bathroom sink contained a 3 Fl oz bottle of equate nasal spray (used to treat nasal congestion).

On 04/03/2025 at 12:46 PM, Staff L, resident aide, stated that medications must be kept in the medication cart and not in resident rooms.

At 1:25 PM, Staff B, Director of Resident Services, stated that medications should be stored in the medication cart and are not supposed to be in resident rooms. Staff B also verbalized that resident's families will sometimes bring medications in that they are unaware of.

Plan/Attestation Statement

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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.

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the first step of tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 1 of 3 sampled staff (Staff E). The facility also failed to ensure a chest x-ray was completed within seven days following a positive TB skin test for 1 of 3 sampled staff (Staff D). These failures 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 04/01/2025 at 11:30 AM, the department received the requested staff documents.

Staff D
Record review for Staff D, Licensed Practical Nurse, showed that Staff D was hired on 01/15/2025. Review of Staff D's personnel records showed a first step TB test initiated on 01/16/2025 with positive results read on 01/18/2025. The x-ray provided was not completed until 03/25/2025.

On 04/01/2025 at 1:20 PM, Staff A, Executive Director, and Staff B, Director of Resident Services, verbalized that they didn't know that the x-ray needed to be completed within seven days of the positive skin test.

Staff E
Record review for Staff E, Resident Aide, showed that Staff E was hired on 06/18/2024. Review of Staff E's personnel records showed negative results of a TB blood test dated 12/18/2023. No other TB test results were found to show that TB testing was completed within three days of employment.

On 04/03/2025 at 2:50 PM, Staff A acknowledged that Staff D's x-ray was completed late, and that Staff E had no TB testing after they were hired. Staff A stated the "ball got dropped."

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the first step of tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 1 of 3 sampled staff (Staff E). The facility also failed to ensure a chest x-ray was completed within seven days following a positive TB skin test for 1 of 3 sampled staff (Staff D). These failures 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 04/01/2025 at 11:30 AM, the department received the requested staff documents.

Staff D
Record review for Staff D, Licensed Practical Nurse, showed that Staff D was hired on 01/15/2025. Review of Staff D's personnel records showed a first step TB test initiated on 01/16/2025 with positive results read on 01/18/2025. The x-ray provided was not completed until 03/25/2025.

On 04/01/2025 at 1:20 PM, Staff A, Executive Director, and Staff B, Director of Resident Services, verbalized that they didn't know that the x-ray needed to be completed within seven days of the positive skin test.

Staff E
Record review for Staff E, Resident Aide, showed that Staff E was hired on 06/18/2024. Review of Staff E's personnel records showed negative results of a TB blood test dated 12/18/2023. No other TB test results were found to show that TB testing was completed within three days of employment.

On 04/03/2025 at 2:50 PM, Staff A acknowledged that Staff D's x-ray was completed late, and that Staff E had no TB testing after they were hired. Staff A stated the "ball got dropped."

Statement of Deficiencies	License #: 1580	Compliance Determination #57135
Plan of Correction	CANTERBURY GARDENS	Completion Date
Page 11 of 11	Licensee: CANTERBURY GARDENS LIMITED PARTNERS	04/03/2025

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, CANTERBURY GARDENS is or will be in compliance with this law and / or regulation on (Date) 5/30/25 10am.

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

Julie Medack — Administrator (or Representative)

4/16/25 — Date

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, CANTERBURY GARDENS 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

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

04/10/2025

CANTERBURY GARDENS LIMITED PARTNERS
CANTERBURY GARDENS
1457 3rd Ave
Longview, WA 98632

RE: CANTERBURY GARDENS # 1580

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/03/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Jody Just, Field Services Administrator
Residential Care Services
Region 3, Unit I
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

The facility failed to ensure that miscellaneous supplies and equipment that could potentially be hazardous to residents were stored in a locked drawer. The facility was able to verbalize an immediate plan to keep those supplies and equipment in a locked drawer moving forward.

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.

The facility failed to ensure that the staff were documenting all missed or refused medications in the facilities narrative notes per their facility policy. The facility also

failed to ensure that all the staff were completing their medication pass per the facility's policy and procedure guidelines when one licensed practical nurse was observed to have pre-poured the resident's noon medications. The facility verbalized that an in-service with additional teaching would be conducted to ensure proper medication pass procedures and documentation would be followed.

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:

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

The facility failed to ensure hospice details were included on the negotiated service agreement (NSA) for 1 of 9 sampled residents. The facility was able to provide an updated NSA for this resident with specific details of the hospice services they were receiving, prior to the department concluding the inspection.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

• Please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit I

Residential Care Services

Enclosure