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 # 1580

Dear Administrator:

This document references Compliance Determination 40282 (05/06/2024), which included complaint number(s) 127443.
The Department completed a complaint investigation of your Assisted Living Facility on 05/06/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Jacob Ubl, ALF NCI CI

Consultation:

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

(4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

The facility violated resident rights by not allowing visitors to visit the resident, because the resident representative requested no visitors. Consultation was done to ensure the provider included the residents needs prior to allowing the POA to make a determination that affected the resident rights.

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 (360)450-1218.

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: CANTERBURY GARDENS **Provider Type:** Assisted Living Facility
License/Cert.#: 1580
Compliance Determination #: 40282 **Intake ID:** 127443
Investigator: Jacob Ubl **Region/Unit #:** RCS Region 3 / Unit I
Investigation Date(s): 04/23/2024 through 05/06/2024
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment: Allegation that the Alleged Victim Resident's quality of life was being negatively impacted because the Facility was not allowing visitors.

2. Resident/Patient/Client rights: Allegation that Facility was violating resident rights by not allowing the Alleged Victim Resident to have visitors.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident staff Residents Family members
Record Reviews:	Medical records State reporting log Incident investigation Facility policies

Investigation Summary:

1. Quality of Care/Treatment: Failed practice identified. The facility violated resident rights by not allowing visitors to visit the resident, because the resident representative requested no visitors, and did not give the opportunity for the resident to decide if they wanted visitors.

2. Resident/Patient/Client rights: Failed practice identified. The facility violated

resident rights by not allowing visitors to visit the resident, because the resident representative requested no visitors, and did not give the opportunity for the resident to decide if they wanted visitors.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A