STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Rural Resources Community Action
Allegiance Supported Living
PO Box 379
Chewelah, WA 99109

RE: Allegiance Supported Living # 2175

Dear Administrator:

This document references Compliance Determination 36022 (02/08/2024), which included complaint number(s) 113559, 114990, 116682, 117360.
The Department completed a complaint investigation of your Assisted Living Facility on 02/08/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anne Sinclair, NCI Community Complaint Investigator

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:

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

The facility had not followed their missing resident protocol policy. The facility reported planned staff re-education related to facility missing persons policy and had updated resident care plan to reflect behaviors.

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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 (509)993-7821.

Sincerely,

S. M

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Allegiance Supported Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2175
Intake ID: 114990
Compliance Determination #: 36022
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 01/30/2024 through 02/08/2024
Complainant Contact Date(s):

Allegation(s):
1. Resident elopement.

Investigation Methods:

Sample:	Total residents: 17 Resident sample size: 5 Closed records sample size: 0
Observations:	Named resident Kitchen Food preparation Residents Staff to resident interactions Resident to resident interactions Activities
Interviews:	Named residents Sample residents Administrator Resident care coordinator Resident representative
Record Reviews:	Named resident care plan/face sheet Sample residents care plan/face sheet Disclosure of Services Characteristic roster Staff roster Facility missing persons policy

Investigation Summary:
1. Facility had a policy to address resident elopement from facility. Record review showed staff had been documenting resident elopement, and record review showed facility had documented notification to appropriate parties. Collateral contact interviewed stated they had not been made aware of all of named resident's absences from the facility. Named resident interviewed reported a history of non-communication and compliance with facility rules and leaving/returning to facility. Staff interviews

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showed resident had a history of non compliance with alerting facility to leaving/returning, which had impacted facility investigations. Residents interviewed had no concerns with staff, facility, or safety in facility, and stated they can readily talk to staff about concerns. Facility had updated the named resident's care plan to show resident behaviors, and resident had been assessed upon admit to come and go at will from facility. Facility had a process for residents to sign in/out when leaving facility, and had planned staff re-education related to facility missing persons policy. Consultation provided for WAC 388-78A-2600(2)(i) Policies and procedures.

Conclusion / Action:

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

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