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

EMERITUS CORPORATION
Brookdale Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

RE: Brookdale Vancouver Stonebridge License # 2308

Dear Administrator:

This letter addresses Compliance Determination(s) 61625 (Completion Date 07/01/2025) and 59582 (Completion Date 05/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/01/2025 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-2462-2-a, WAC 388-78A-2130-5, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, WAC 388-78A-2130-5-c, WAC 388-78A-2130-5-d, WAC 388-78A-2130-5-e, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2

The Department staff who did the off-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

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 #: 2308	Compliance Determination # 539582
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page 1 of 9	Licensee: EMERITUS CORPORATION	05/19/2025

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 05/15/2025 and 05/19/2025 of:
Brookdale Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 9 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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7900 NE Vancouver Mall Dr
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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

Statement of Deficiencies	License #: 2308	Compliance Determination #:53582
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page 2 of 9	Licensee: EMERITUS CORPORATION	05/19/2025

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

05/23/2025
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.

Administrator (or Representative)

5/27/25
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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington state name and date of birth background check upon hire for 5 of 5 sampled staff (Staff C, D, E, F, and G). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced full licensing inspection on 05/15/2025 at 1:00 PM, the department received the requested staff documents.

Record review of the staff documents showed no documentation that a Washington state name and date of birth background check was completed upon hire for the following staff:

- Staff C, Health and Wellness Director, hired on 16/16/2024.
- Staff D, Certified Nursing Assistant (CNA)/Medication Technician, hired on 02/21/2024.
- Staff E, Medication Technician, hired on 03/10/2024.

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 _____

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Findings included…

During an unannounced full licensing inspection on 05/15/2025 at 1:00 PM, the department received the requested staff documents.

Record review of the staff documents showed no documentation that a Washington state name and date of birth background check was completed upon hire for the following staff:

- Staff C, Health and Wellness Director, hired on 16/16/2024.
- Staff D, Certified Nursing Assistant (CNA)/Medication Technician, hired on 02/21/2024.
- Staff E, Medication Technician, hired on 03/10/2024.

- Staff F, as needed (PRN)/Medication Technician, hired on 12/27/2019
- Staff G, CNA/Medication Technician, hired on 08/22/2018

On 05/16/2025 at 10:15 AM, Staff H, Business office manager, stated "I didn't know that," when informed that upon hire or within 24 hours of hire, a Washington state name and date of birth background check must be completed and then renewed every two years.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A, Executive Director, acknowledged that a Washington state name and date of birth background check was not completed upon hire for Staff C, D, E, F, and G.

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, Brookdale Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 6/13/25.

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

Administrator (or Representative) — Date: 5/27/25

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

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

This requirement was not met as evidenced by:

- Staff F, as needed (PRN)/Medication Technician, hired on 12/27/2019.
- Staff G, CNA/Medication Technician, hired on 08/22/2018.

On 05/16/2025 at 10:15 AM, Staff H, Business office manager, stated “I didn’t know that,” when informed that upon hire or within 24 hours of hire, a Washington state name and date of birth background check must be completed and then renewed every two years.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A, Executive Director, acknowledged that a Washington state name and date of birth background check was not completed upon hire for Staff C, D, E, F, and G.

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, Brookdale Vancouver Stonebridge 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

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(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document the involvement of the resident or their representative in the planning of care for 4 of 9 sampled residents (Resident 3, 4, 5, and 9) as evidenced by no signatures of the resident, or their representative, on the Negotiated Service Agreement (NSA) when it was initiated. This failure placed four residents at risk of not being involved in the decisions affecting the planning of their needs and services.

Findings included...

<Resident 3 (R3)>

During an unannounced full licensing inspection on 05/15/2025 at 12:30 PM, R3's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R3's NSA, dated 10/03/2024 and 03/27/2025, were signed by R3's representative on 05/15/2025.

<Resident 4 (R4)>

On 05/16/2025 at 10:00 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R4's NSAs, dated [redacted]2025 and 04/12/205, showed no documentation of R4's or their representative's signature and/or documentation that R4 or their representative were involved in the planning of care.

On 05/19/2025, at 11:20 AM, Staff A, Executive Director, provided copies of the NSAs, dated [redacted]/2025 and 04/12/2025, with signatures dated 05/19/2025.

<Resident 5 (R5)>

On 05/16/2025 at 10:40 AM, R5's records showed that they admitted to the facility on [redacted]2025 with various diagnoses including [redacted].

Record review of R5's NSAs, dated [redacted]/2025 and 04/18/205, showed no documentation of R5's or their representative's signature and/or documentation that R5 or their representative were involved in the planning of care.

On 05/19/2025, at 11:20 AM, Staff A provided copies of the NSAs dated [redacted]/2025,

Based on interview and record review, the facility failed to document the involvement of the resident or their representative in the planning of care for 4 of 9 sampled residents (Resident 3, 4, 5, and 9) as evidenced by no signatures of the resident, or their representative, on the Negotiated Service Agreement (NSA) when it was initiated. This failure placed four residents at risk of not being involved in the decisions affecting the planning of their needs and services.

Findings included…

<Resident 3 (R3)>

During an unannounced full licensing inspection on 05/15/2025 at 12:30 PM, R3's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Record review of R3's NSA, dated 10/03/2024 and 03/27/2025, were signed by R3's representative on 05/15/2025.

<Resident 4 (R4)>

On 05/16/2025 at 10:00 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R4's NSAs, dated [redacted]/2025 and 04/12/205, showed no documentation of R4's or their representative's signature and/or documentation that R4 or their representative were involved in the planning of care.

On 05/19/2025, at 11:20 AM, Staff A, Executive Director, provided copies of the NSAs, dated [redacted]/2025 and 04/12/2025, with signatures dated 05/19/2025.

<Resident 5 (R5)>

On 05/16/2025 at 10:40 AM, R5's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R5's NSAs, dated [redacted]/2025 and 04/16/205, showed no documentation of R5's or their representative's signature and/or documentation that R5 or their representative were involved in the planning of care.

On 05/19/2025, at 11:20 AM, Staff A provided copies of the NSAs dated [redacted]/2025,

signed 05/16/2025, and 04/16/2025, signed 05/15/2025.

<Resident 9 (R9)>

On 05/16/2025 at 12:05 PM, R9's records showed that they admitted to the facility on [redacted] 2025 with various diagnoses including [redacted].

Record review of R9's NSAs, dated [redacted]2025 and 05/12/2025, showed no documentation of R9's or their representative's signature and/or documentation that R9 or their representative were involved in the planning of care.

On 05/19/2025, at 11:20 AM, Staff A provided copies of the NSAs, dated [redacted]2025 and 05/12/2025, with signatures dated 05/17/2025.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A acknowledged 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, Brookdale Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 6/13/25

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

Administrator (or Representative) — Date: 5/27/25

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 9 sampled residents (Residents 3, 5, 6, 7, and 8). This failure placed these five residents

signed 05/16/2025, and 04/16/2025, signed 05/15/2025.

<Resident 9 (R9)>

On 05/16/2025 at 12:05 PM, R9's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] ([redacted]).

Record review of R9's NSAs, dated [redacted]/205 and 05/12/2025, showed no documentation of R9's or their representative's signature and/or documentation that R9 or their representative were involved in the planning of care.

On 05/19/2025, at 11:20 AM, Staff A provided copies of the NSAs, dated [redacted]/2025 and 05/12/2025, with signatures dated 05/17/2025.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A acknowledged 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, Brookdale Vancouver Stonebridge 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 9 sampled residents (Residents 3, 5, 6, 7, and 8). This failure placed these five residents

at risk for proper care needs not being met.

Findings included...

<Resident 3 (R3)>

During an unannounced full licensing inspection on 05/15/2025 at 12:30 PM, records showed that R3 was admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessment and negotiated service agreement (NSA) dated 03/27/2025, documented that R3 had no skin issues and was on a pureed and nectar thick diet.

Review of the facility's resident characteristic's roster (RCR) showed no documentation of any special dietary needs for R3 and documented that R3 has pressure ulcers.

<Resident 5 (R5)>

On 05/16/2025 at 10:40 AM, records showed that R5 was admitted to the facility on [redacted] 2025 with various diagnoses including [redacted].

Record review of R5's progress notes, dated [redacted] 2025 through 05/16/2025, showed incidents of R5 exhibiting exit seeking behaviors.

Review of the facility's RCR showed no documentation that R5 has exit seeking behaviors.

<Resident 6 (R6)>

On 05/16/2025 at 10:50 AM, records showed that R6 was admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] and [redacted].

Record review of R6's assessment and NSA, dated 03/31/2025, showed documentation that R6 was incontinent of bladder and bowel.

at risk for proper care needs not being met.

Findings included…

<Resident 3 (R3)>

During an unannounced full licensing inspection on 05/15/2025 at 12:30 PM, records showed that R3 was admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]) ([redacted]).

Record review of R3's assessment and negotiated service agreement (NSA) dated 03/27/2025, documented that R3 had no skin issues and was on a pureed and nectar thick diet.

Review of the facility's resident characteristic's roster (RCR) showed no documentation of any special dietary needs for R3 and documented that R3 has pressure ulcers.

<Resident 5 (R5)>

On 05/16/2025 at 10:40 AM, records showed that R5 was admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R5's progress notes, dated [redacted]/2025 through 05/16/2025, showed incidents of R5 exhibiting exit seeking behaviors.

Review of the facility's RCR showed no documentation that R5 has exit seeking behaviors.

<Resident 6 (R6)>

On 05/16/2025 at 10:50 AM, records showed that R6 was admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted] ([redacted]).

Record review of R6's assessment and NSA, dated 03/31/2025, showed documentation that R6 was incontinent of bladder and bowel.

Record review of the facility's RCR showed no documentation that R6 was incontinent with bladder and bowel.

<Resident 7 (R7)>

On 05/16/2025 at 11:25 AM, records showed that R7 was admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Record review of R7's assessment and NSA, dated 05/09/2025, documented that R7 is on a pureed diet.

Review of the facility's RCR showed no documentation of any special dietary needs for R7.

<Resident 8 (R8)>

On 05/16/2025 at 11:35 AM, records showed that R8 was admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R8's assessment and NSA, dated 11/24/2024, documented that R8 was on a modified diet.

Review of the facility's RCR showed no documentation of any special dietary needs for R8.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A, Executive Director, acknowledged the department's findings.

Record review of the facility's RCR showed no documentation that R6 was incontinent with bladder and bowel.

<Resident 7 (R7)>

On 05/16/2025 at 11:25 AM, records showed that R7 was admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Record review of R7's assessment and NSA, dated 05/09/2025, documented that R7 is on a pureed diet.

Review of the facility's RCR showed no documentation of any special dietary needs for R7.

<Resident 8 (R8)>

On 05/16/2025 at 11:35 AM, records showed that R8 was admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R8's assessment and NSA, dated 11/24/2024, documented that R8 was on a modified diet.

Review of the facility's RCR showed no documentation of any special dietary needs for R8.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A, Executive Director, acknowledged 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, Brookdale Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 6/13/25

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

[signature] 5/27/25

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 3 days of employment for 2 of 3 sampled staff (Staff C and E) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced full licensing inspection on 05/15/2025 at 1:00 PM, the department received the requested staff documents.

<Staff C>

A review of personnel records showed that Staff C, Health and Wellness Director, was hired on 12/16/2024. Review of Staff C's TB test records showed that a TB test was initiated on 04/24/2025.

On 05/16/2025 at 1:15 PM, the department asked Staff C if they had just started working the floor in April of 2025 and Staff C answered, "No."

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, Brookdale Vancouver Stonebridge 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.

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Administrator (or Representative) Date

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Findings included…

During an unannounced full licensing inspection on 05/15/2025 at 1:00 PM, the department received the requested staff documents.

<Staff C>

A review of personnel records showed that Staff C, Health and Wellness Director, was hired on 12/16/2024. Review of Staff C's TB test records showed that a TB test was initiated on 04/24/2025.

On 05/16/2025 at 1:15 PM, the department asked Staff C if they had just started working the floor in April of 2025 and Staff C answered, "No."

<Staff E>

A review of personnel records showed that Staff E, Medication technician, was hired on 03/10/2024. Review of Staff E's TB test records showed that a TB test was initiated on 12/04/2024.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff C and E were initiated late.

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) — 5/27/25 Date

<Staff E>

A review of personnel records showed that Staff E, Medication technician, was hired on 03/10/2024. Review of Staff E's TB test records showed that a TB test was initiated on 12/04/2024.

During an exit interview on 05/19/2025 at 12:08 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff C and E were initiated late.

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

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

05/23/2025

EMERITUS CORPORATION
Brookdale Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

RE: Brookdale Vancouver Stonebridge # 2308

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/19/2025 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
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-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;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

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

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident, or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law;

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

The facility failed to ensure the contents of the negotiated service agreement (NSA) for 1 of 9 sampled residents accurately documented the care and services they were receiving. An updated NSA for this resident was provided to the department prior to the completion of the full 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)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
Residential Care Services

Enclosure