STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Van Vista Plaza LLLP
Van Vista Assisted Living
410 W 13th St
Vancouver, WA 98660

RE: Van Vista Assisted Living License # 2529

Dear Administrator:

This letter addresses Compliance Determination(s) 78873 (Completion Date 06/15/2026) and 75864 (Completion Date 04/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/15/2026 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-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2651, WAC 388-78A-2651-1, WAC 388-78A-2651-2, WAC 388-78A-2651-2-a, WAC 388-78A-2651-2-b, WAC 388-78A-2651-2-c, WAC 388-78A-2651-3, WAC 388-78A-2651-4, WAC 388-78A-2651-4-a, WAC 388-78A-2651-4-b, WAC 388-78A-2651-5, WAC 388-78A-2651-5-a, WAC 388-78A-2651-5-b, WAC 388-78A-2651-5-c, WAC 388-78A-2651-5-d

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

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

This document was prepared by Residential Care Services for the Locator website.

Laurie Anderson, Community Field Manager
Region 3, Unit E
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2529	Compliance Determination # 75864
Plan of Correction	Van Vista Assisted Living	Completion Date
Page 1 of 7	Licensee: Van Vista Plaza LLLP	04/17/2026

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 04/14/2026 and 04/17/2026 of:
Van Vista Assisted Living
410 W 13th St
Vancouver, WA 98660

The following sample was selected for review during the unannounced on-site visit: 9 of 86 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, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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Statement of Deficiencies	License #: 2529	Compliance Determination # 75864
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Page 2 of 7	Licensee: Van Vista Plaza LLLP	04/17/2026

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, RN
Residential Care Services

04/27/2026
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)

5/1/2026
Date

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:

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(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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 8 of 15 sampled residents (Residents 1, 2, 3, 6, 7, 8, 9, and 12). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)

On 04/14/2026 at 12:20 PM, R1's records showed that they were admitted to the facility on [redacted]/2024 with diagnoses that included [redacted].

Record review of R1's medication administration record (MAR), dated 01/01/2026 through 04/15/2026, showed that R1 refuses their insulin (medication to treat diabetes) often.

Record review of R1's NSA, dated 01/21/2026, showed no documentation under medication management that R1 refuses their insulin on a regular basis.

Resident 5 (R5)

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On 04/14/2026 at 1:50 PM, R2's records showed that they were admitted to the facility on [redacted]/2017 with diagnoses that included [redacted].

Record review of R5's MAR, dated 01/01/2026 through 04/15/2026, showed that R5 refuses vital signs and blood glucose monitoring often.

Record review of R5's NSA, dated 03/10/2026, showed no documentation under medication management that R5 refuses vital signs and blood glucose monitoring often.

Resident 8 (R8)

On 04/15/2026 at 1:15 PM, R8's records showed that they were admitted to the facility on [redacted]/2026 with diagnoses that included [redacted].

Review of the facility resident characteristics roster (RCR) documented that R8 was a diabetic.

Review of R8's NSA's, dated 03/02/2026 and 03/16/2026, showed no documentation that R8 has diabetes.

Resident 9 (R9)

On 04/15/2026 at 10:20 AM, R9's records showed that they were admitted to the facility on [redacted]/2023 with diagnoses that included [redacted].

Review of the facility RCR documented that R9 was a diabetic.

Review of R9's NSA, dated 01/13/2026, showed no documentation that R9 has diabetes.

On 4/16/2026 at 1:10 PM, Staff B, Health Services Director, acknowledged that the NSAs were missing pertinent information regarding medication management, monitoring vital signs, and diagnoses of the sampled residents.

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Page 5 of 7	Licensee: Van Vista Plaza LLLP	04/17/2026

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, Van Vista Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6/1/2026 .

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

Administrator (or Representative) 5/1/2026 Date

WAC 388-78A-2651 Written residency agreement Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the assisted living facility that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources, and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone

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number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-78A-2651, filed 8/25/25, effective 1/1/26.]

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a residency agreement was prepared and signed by the facility and the resident and/or their representative for 6 of 9 sampled residents (Resident 1, 2, 5, 6, 7, and 9). This failure placed these residents at risk of not being aware of their rights and responsibilities of the facility and the resident specific to transfer and discharge from the facility.

Findings included...

Resident 1 (R1)

On 04/14/2026 at 12:20 PM, R1's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R1's records showed no residency agreement.

On 04/15/2026 at 12:00 PM, R2's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Review of R2's records showed no residency agreement.

Resident 5 (R5)

On 04/14/2026 at 1:50 PM, R2's records showed that they were admitted to the facility on [redacted]/2017 with various diagnoses including [redacted].

Review of R5's records showed no residency agreement.

Resident 6 (R6)

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On 04/15/2026 at 10:55 AM, R6's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Resident 7 (R7)

On 04/15/2026 at 11:35 AM, R7's records showed that they were admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Review of R7's records showed no residency agreement.

Resident 9 (R9)

On 04/15/2026 at 10:20 AM, R9's records showed that they were admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]

Review of R9's records showed no residency agreement.

On 04/15/2026 at 11:00 AM, the Department requested residency agreements for all sample residents. Staff B, Business Office Manager, stated that the newer residents had them per regulation but that they were unaware that all residents needed one by 01/01/2026 per regulation.

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, Van Vista Assisted Living is or will be in compliance with this law and / or regulation on (Date) 6/1/2026 .

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

Administrator (or Representative) — Date: 5/1/2026

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