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

05/12/2026

Kelso AL, LLC
Trustwell Living at Highlander Place
114 Corduroy Rd
Kelso, WA 98626

RE: Trustwell Living at Highlander Place # 2731

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 77069 (Completion Date 05/12/2026) and 70423 (Completion Date 03/13/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

The Department staff who did the On Site verification:
Jacob Ubl, ALF NCI CI

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

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Trustwell Living at Highlander Place
License/Cert.#: 2731
Compliance Determination #: 70423
Investigator: Jacob Ubl
Investigation Date(s): 12/19/2025 through 03/13/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 206071
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Resident/Patient/Client Rights: Allegations that the facility does not keep resident records secure.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Residents Staff Family members
Record Reviews:	Medical records Incident investigation Facility policies

Investigation Summary:

1. Resident/Patient/Client Rights: Failed practice identified. The facility failed to keep resident records secure.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2731	Compliance Determination # 70423
Plan of Correction	Trustwell Living at Highlander Place	Completion Date
Page 1 of 4	Licensee: Kelso AL, LLC	03/13/2026

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 an unannounced on-site complaint investigation on 12/19/2025 and 03/10/2026 of:

Trustwell Living at Highlander Place
114 Corduroy Rd
Kelso, WA 98626

This document references the following complaint number(s): 205771, 206071

The following sample was selected for review during the unannounced on-site visit: 3 of 37 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jacob Ubl, ALF NCI CI

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 #: 2731	Compliance Determination # 70423
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Page 2 of 4	Licensee: Kelso AL, LLC	03/13/2026

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

03/23/2026
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)

4/3/2026
Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure resident medical information was secure to prevent unwanted access of protected information for 1 of 1 assisted living facilities. This failure placed all resident records at risk of being unauthorized accessed and resulted in electronic medical records being unprotected.

Findings included...

Record review of an undated facility policy titled "Confidentiality Policy", showed that the facility was to keep resident information confidential with safeguards in place.

An observation on 12/19/2025 at 9:25 AM, showed an unattended computer that was on and screen visible, sitting on top of the medication cart, in the hallway by the medication room.

On 12/19/2025 at 9:34 AM, Staff B, Health Service Director, stated Staff use facility computers to access the electronic Medication Administration Records (EMAR). Staff document the administration of medications in the EMAR. Staff are taught to hide the EMAR screen to protect resident information but leave the computer on (computer screen is visible and accessible). This process allows staff to access the EMAR without

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unlocking the computer, and the computers are set to sleep after 20 minutes of no activity so it will not go into sleep during a medication pass.

On 12/19/2025 at 12:23 PM, Staff C, Medication Technician, stated they are trained to hide the EMAR screen on the computer before leaving unattended to protect resident information, but leave computer on.

An observation on 12/19/2025 at 12:23 PM found an unattended facility computer, in the hallway, turned on but did not have resident information shown on the screen. Staff C returned to the computer, the Department asked for permission to access the computer to check security, Staff C gave permission and observed, the Department investigator attempted to access the EMAR and was able to unhide the EMAR screen and access resident data.

On 12/19/2025 at 12:59 PM, Staff A, Executive Director, confirmed the EMAR process described by Staff B and Staff C. Staff A stated computers were left on and that anyone could access them without logging in. Staff A stated that if someone tampered with the computer then the person could access patient information.

On 02/25/2026 at 12:55 PM, Collateral Contact 1 stated that staff leave computers unattended and resident names and other confidential information was visible to anyone walking by.

On 03/10/2026 at 5:37 PM, Collateral Contact 2 stated that unattended computers had been left on, in the hallways, with resident confidential information visible to anyone walking around the facility.

On 03/12/2026 at 9:48 PM, Staff E, Medication Technician, stated that facility computers do not require a login to access the EMAR or resident information. Staff E stated that staff leave the computer unattended in common areas and even though the EMAR screen is often hidden, the computer is not protected from access and is left open and on.

In an interview on 03/12/2026 at 2:01 PM, Staff D, Regional Nurse Consultant, stated that staff could not lock, log out or turn off the computer because all medication documentation in the EMAR would be lost, and that is the reason they hide the EMAR screen and leave the computer on while unattended. The process the facility follows is how we were trained on how to use the EMAR.

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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, Trustwell Living at Highlander Place is or will be in compliance with this law and / or regulation on (Date) 4/27/2026 .

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

Administrator (or Representative) 4/3/2026 Date

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