STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

WALLER ROAD HOME INC
WALLER ROAD HOME
4710 WALLER RD E
TACOMA, WA 98443

RE: WALLER ROAD HOME License # 1014

Dear Administrator:

This letter addresses Compliance Determination(s) 54754 (Completion Date 02/18/2025) and 49793 (Completion Date 12/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/18/2025 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-2600-1-c, WAC 388-78A-2600-1-d, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-c, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3, WAC 388-78A-2650-3, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2733-4-a, WAC 388-78A-2733-4-b

The Department staff who did the on-site verification:
Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

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

Sincerely,

Jody Just Jody Just Field Services Administrator Region 3 signing for Manfay Chan

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 1014	Compliance Determination # 49793
Plan of Correction	WALLER ROAD HOME	Completion Date
Page 1 of 15	Licensee: WALLER ROAD HOME INC	12/13/2024

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 12/04/2024, 12/04/2024, 12/05/2024 and 12/05/2024 of:
WALLER ROAD HOME
4710 WALLER RD E
TACOMA, WA 98443

The following sample was selected for review during the unannounced on-site visit: 5 of 7 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Jody Just
Residential Care Services

12/18/2024
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.

Marilyn K. Cuevas
Administrator (or Representative)

12/26/24
Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70 , 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules promulgated under these statutes.

This requirement was not met as evidenced by:

Based on interview, observation, and record review the facility failed to implement the resident smoking policy in 1(upstairs) of 2 (upstairs and downstairs) inside locations. This failure placed 7 of 7 residents (Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), Resident 5 (R5), Resident 6 (R6), Resident 7 (R7)), 5 staff (Staff A, Staff B, Staff C, Staff D Staff E), and all visitors at risk for smoke exposure.

Findings included...

RCW 70.160.075 titled "Smoking prohibited within twenty-five feet of public places or places of employment - Application to modify presumptively reasonable minimum distance. "Smoking is prohibited within a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited so as to ensure that tobacco smoke does not enter the area through entrances, exits, open windows, or other means."

Record review of the facility smoking policy titled "To all residents of Waller Road Home/Pacific Ave Res. Care," and dated 11/10/2005, showed that smoking was only permitted in the designated smoking area. The document showed the smoking area would be outside, 25 feet from the facility doorways and windows.

In an observation during the facility tour on 12/04/2024 at 12:19 PM, Staff B, Nursing Assistant Certified, opened R2's door. Once opened, a large, thick cloud of smoke exited the room and hit the Department licensor in the eyes and caused the Department licensor to cough. R2 and R7 were seen in the room; R2 was seen pacing and quickly turned out of view.

In an interview on 12/04/2024 at 12:25 PM, Staff B stated the facility policy is that residents are only allowed to smoke outside, 25 feet from the building, and that there have been no issues with smoking for about 15 years.

In an interview on 12/04/2024 at 12:27 PM, Staff B nodded their head when asked if they smelt the smoke from R2's room a couple minutes previous during the facility tour. Staff B stated R2 had been caught smoking indoors before.

In an observation from the facility tour on 12/04/2024 at 12:40 PM, Staff B, reopened the door and there was still a strong skunk like odor in the room. The residents were still present in the room and the cloud of smoke was still present.

Record review of Resident List showed R2 admitted to the facility on [redacted]/2023.

Record review of R2's Smoking Assessment, dated 03/15/2023, showed R2 was a smoker and allowed to smoke without supervision. The assessment showed that no supplies were kept at the nurse's station and R2 kept a pipe in their room.

In an interview on 12/04/2024 at 12:42 PM, R2 stated they had a pipe in their room and if they were caught smoking in the facility they could be evicted.

In an interview on 12/06/2024 at 1:00 PM, Staff A, Administrator, and Staff E, Caregiver, stated R2 had a history of smoking inside the facility. Staff A stated R2 had been allowed to keep a pipe in their room.

In an interview on 12/06/2024 at 1:50 PM, Staff A acknowledged they have not been present at the facility very much in the past 18-24 months and that could have affected resident compliance with the facility policy.

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, WALLER ROAD HOME is or will be in compliance with this law and / or regulation on (Date) 1-20-25

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

Gerilyn K. Arenas
Administrator (or Representative)

12/26/24
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(c) Ensure the staff person performing the ongoing assessments is qualified to perform them.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to have a qualified staff complete on-going assessments at least annually for 5 of 5 residents (Resident 1 [R1], Resident 2 [R2], Resident 3[R3], Resident 4 [R4], and Resident 6 [R6]). This failure placed all five residents at risk for unmet care needs by untrained and unqualified staff.

Findings included...

<R1>

Record review of Resident List, undated, showed R1 moved into the facility on [redacted]/2003.

Record review of document titled "Waller Road Home and/or Pacific Avenue Residential Care Assessment and Negotiated Care Plan, Annual Review" showed the following annual assessment and care plan reviews:

- an annual assessment and care plan review on 06/23/2022 with note that stated, "no change." The document showed it was completed by Staff E, Caregiver and signed by Staff E and R1.

- a change of condition assessment and care plan review on 10/13/2023 with note that stated, "movement limited." The document showed it was completed by Staff E and signed by Staff E and R1.

The record review showed the facility was 3 months and 20 days late conducting R1's 2023 annual assessment. No assessment for 2024 was complete nor available for review.

No assessment nor care plan update was documented after 10/13/2023.

<R2>

Record review of Resident List, undated, showed R2 moved into the facility on [redacted]/2023.

Record review of R2's Smoking Assessment, showed it was completed by Staff E, Caregiver on 03/15/2023.

Record review of document titled "Resident Plan," with handwritten notation "Initial Assessment," showed it was not signed nor dated.

Record review of document titled "Waller Road Home and/or Pacific Avenue Residential Care Assessment and Negotiated Care Plan, Annual Review," undated, showed no signature nor update from staff nor the resident.

No other assessments were available to review for R2. The record showed R2 was not assessed after the initial assessments completed prior to and at move-in.

<R3>

Record Review of Resident List, undated, showed R3 moved into the facility on [redacted]/21.

Record review of document titled "Waller Road Home and/or Pacific Avenue Residential Care Assessment and Negotiated Care Plan, Annual Review" showed the following annual assessment and care plan reviews:

-an annual review on 06/20/2022 that stated, "Decided to stop smoking and lessen food portions." The review showed it was completed by Staff E and signed by Staff E and R3.

-an assessment and review on 10/13/2023 showed "Decided to vape, no changes in food portions." This review was signed by Staff E and R3 on 10/13/2023.

The record review showed the facility was 3 months and 17 days late conducting R3's 2023 annual assessment. No assessment for 2024 was complete nor available for review.

Record review showed there was no assessment nor care plan update to review after 10/13/2023.

<R4>

Record review of Resident List, undated, showed R4 moved into the facility on [redacted]/2003.

Record review of document titled "Waller Road Home and/or Pacific Avenue Residential Care Assessment and Negotiated Care Plan, Annual Review" showed the following annual assessment and care plan reviews:

- an annual assessment and care plan review on 06/23/2022 with note that stated, "no change." The document showed it was completed by Staff E, Caregiver and signed by Staff E and R4.

- an annual assessment and care plan review on 10/13/223 with note that stated, "no change." The document showed it was completed by Staff E, Caregiver and signed by Staff E and R4.

The record review showed the facility was 3 months and 20 days late conducting R4's 2023 annual assessment. No assessment for 2024 was complete nor available for review.

Record review showed there was no assessment nor care plan update to review after 10/13/2023.

<R6>

Record review of Resident List, undated, showed R6 moved into the facility on [redacted]/1986.

Record review of document titled "Waller Road Home and/or Pacific Avenue Residential Care Assessment and Negotiated Care Plan, Annual Review" showed the following annual assessment and care plan reviews:

-an annual assessment and care plan review on 10/13/2023 with note that stated, "no change." The document showed it was completed by Staff E and signed by Staff E and R6.

Record review showed there was no assessment nor care plan update to review after 10/13/2023. No assessment for 2024 was complete nor available for review.

<Staff E>

Record review of Staff List, undated, showed Staff E, Caregiver, was hired on 06/02/1999 and their title was shown as Caregiver.

Record review of Staff E's personnel file did not show qualifications to conduct resident assessments.

In an interview on 12/04/2024 at 12:14 PM, Staff B, Nursing Assistant Certified, stated Staff A, Administrator, had been out on leave for at least eight months and that Staff E, Caregiver, was acting as the person-in-charge and conducted resident on-going assessments when Staff A was not present.

In an interview on 12/04/2024 at 1:27 PM, Staff E stated that on-going assessments for residents are done every year and documented in the residents' file on the Annual Review form. Staff E stated Staff A and Staff D were the only staff qualified to conduct resident assessments.

In an interview on 12/04/2024 at 1:29 PM, Staff E stated they were the point-of-contact when Staff A, Administrator, was out on leave. Staff E stated they were not the administrator and had not trained as the administrator.

In an interview on 12/05/2024 at 6:30 PM, Staff E stated they did not have their Certified Nursing Assistant, Healthcare Aide credentials nor any other specialty training.

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, WALLER ROAD HOME is or will be in compliance with this law and / or regulation on (Date) 1-20-25

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

Gaielyn K. Arenas 12/26/24
Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Resident Service Plans (Negotiated Service Agreements) for 1 of 5 sampled residents (Resident 2 [R2]) was agreed to and signed at least annually by the resident or resident's representative, representative of the assisted living facility and resident's case manager. This failure placed R2 and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Record review of Resident List, undated, showed R2 moved into the facility on [redacted]/2023.

Record review of document titled "Assessment and Negotiated Care Plan," dated [redacted]/2023, showed R2 had a Case manager through Greater Lakes Mental Health.

Record review of document titled "Waller Road Home and/or Pacific Avenue Residential Care Assessment and Negotiated Care Plan, Annual Review," undated, showed no signatures or updates from any staff member or the resident regarding annual review of the assessment or care plan.

There were no other Negotiated Care Plan documents available to review for R2. Record review showed R2 had lived at the facility for 630 days with no Negotiated Care Plan update.

In an interview on 12/04/2024 at 1:33 PM, Staff E, Caregiver, stated that on-going assessments and the corresponding care plan are updated every year and documented

in the residents' file on the Annual Review form. Staff E said Staff A, Administrator, and Staff D, Caregiver, were the only staff qualified to conduct resident assessments.

In an interview on 12/05/2024 at 1:09 PM, Staff E stated the hard clinical charts contained all assessments and service plans completed for residents and that no other records exist anywhere else for the residents.

In an interview on 12/05/2024 at 1:20 PM, Staff A stated the facility is supposed to update resident care plans annually.

In an interview on 12/04/2024 at 3:00 PM, Staff A, Administrator acknowledged R2's Negotiated Care Plan was not signed by facility staff, the resident nor the resident's representative, nor R2's case manager. Staff A stated they should have signed the document and ensured R2 signed the document, as well.

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, WALLER ROAD HOME is or will be in compliance with this law and / or regulation on (Date) 1-20-25 .

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

Evelyn K. Arenas — Administrator (or Representative)

12/26/24 — Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to make a report to the Complaint Resolution Unit (CRU) for 2 of 6 residents' (Resident 3 [R3] and Resident 5 [R5]) reportable incidents. This failure placed R3 and R5 at risk of discontinued services from the facility and prevented the department from evaluating facility systems in place to protect residents and their services.

Findings included...

Record review of R5's clinical chart showed an undated progress report that detailed the altercation that occurred on 12/01/2024.

Record review of the Department's data base on 12/05/2024 showed the facility did not report the incident to the Department's Complaint Resolution Unit.

In an interview on 12/04/2024 at 1:38 PM, Staff E, Caregiver, stated staff are expected to report all incidents regarding a resident to the Administrator, Staff A. Staff E stated they, personally, have never reported to CRU.

In an interview on 12/04/2024 at 1:44 PM, Staff E stated they were the staff on-duty when there was a resident-to-resident altercation between R3 and R5 on 12/01/2024. Staff E stated R5 flicked a lighter at them when R5 was using the phone after which the resident-to-resident altercation occurred. Staff E stated they called Staff D, Caregiver, who called law enforcement and crisis responders. Staff E stated they did not report the incident to CRU.

In an interview on 12/05/2024 at 11:32 AM, R3 stated on 12/01/2024 R3 went upstairs to use the restroom and R5 made a comment toward them causing R3 to go outside and sat down in one of the chairs used for smoking. R3 stated they went outside to give R5 space, however. R5 followed R3 outside and proceeded to urinate right next to the chair R3 sat down in. R3 stated they went back inside and R5 followed them and that is when the altercation occurred where R5 began shoving R3. R3 stated Staff E called Staff D and then Staff D called law enforcement. R3 stated law enforcement, Emergency Medical Services (EMS) and greater lakes mental health arrived at the scene.

In an interview on 12/06/2024 at 1:45 PM, Staff A and Staff E they both acknowledged the resident-to-resident altercation between R3 and R5 that occurred on 12/01/2024 should have been reported to CRU.

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, WALLER ROAD HOME is or will be in compliance with this law and / or regulation on (Date) 1-20-25.

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

Gerilyn K. Arenas 12/26/24
Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 4 of 4 sampled staff (Staff A, Staff C, Staff D, and Staff E) had submitted a new Washington state name and background check every two years. This failure placed all residents at risk for being cared for by a staff member with a potentially disqualifying history.

Findings included...

<Staff A>

Record review of undated Staff List showed Staff A, Administrator, was hired 03/27/1990.

Record review of document titled, "Background Check Notification," showed it was completed 05/03/2022.

Record review of document titled, "Background Check Notification," showed it was completed on 07/17/2024.

Records showed Staff A's two-year background check was 66 days late.

<Staff C>

Record review of undated Staff List showed Staff C, Caregiver, was hired on 12/03/2017.

Record review of document titled, "Background Check Notification," showed it was completed on 01/06/2022.

Record review of document titled, "Background Check Notification," showed it was completed on 07/17/2024.

Records showed Staff C's two-year background check was 183 days late.

<Staff D>

Record review of undated Staff List showed Staff D, Caregiver, was hired on 12/12/2011.

Record review of document titled, "Background Check Notification," showed it was completed on 05/03/2022.

Record review of document titled, "Background Check Notification," showed it was completed on 07/17/2024.

Records showed Staff D's two-year background check was 66 days late.

<Staff E>

Record review of undated Staff List showed Staff E, Caregiver, was hired on 06/07/1999.

Record review of document titled, "Background Check Notification," showed it was completed on 05/03/2022.

Record review of document titled, "Background Check Notification," showed it was completed on 07/17/2024.

Records showed Staff E's two-year background check was 66 days late.

In an interview on 12/06/2024 at 1:30 PM, Staff A stated Staff E was responsible for completing the two-year background checks while Staff A was out on leave.

In an interview on 12/06/2024 at 1:32 PM, Staff E stated they thought they submitted the authorization forms before the two-year timeframe. The Department requested a copy of the background check authorization forms for all four staff members.

In an interview on 12/06/2024 at 1:34 PM, both Staff A and Staff E stated they both acknowledged the two-year background checks for 4 of 4 facility staff were not completed within the required timeframe.

Record review of an email received from Staff A on 12/13/2024 at 3:15 PM showed the facility did not have a copy of the background check authorization forms for any facility staff. Attached to the email, Staff A provided an untitled and undated document that confirmed the background check dates for all staff members. The document showed the same dates as reviewed and recorded above.

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, WALLER ROAD HOME is or will be in compliance with this law and / or regulation on (Date) 1-20-25.

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

Gaelyn K. Arenas — Administrator (or Representative)

12/26/24 — Date

WAC 388-78A-2733 Liability insurance required Commercial general liability insurance or business liability insurance coverage. The assisted living facility must have commercial general liability insurance or business liability insurance that includes:

(4) Minimum limits of:

(a) Each occurrence at one million dollars; and

(b) General aggregate at two million dollars.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain adequate insurance coverage for 2 of 2 covered areas (each occurrence minimum and general aggregate amounts). This failure placed all 7 residents' housing stability at risk due to the potential of insufficient coverage for damages and injuries sustained while on the facility property.

Findings included...

On 12/04/2024 the Department entered the facility and requested a copy of the facility's current liability insurance coverage.

On 12/04/2024 at 2:10 PM, the Department received a document titled "Certificate of Liability Insurance," dated 09/11/2023 that the facility's coverage expired on 10/01/2024.

On 12/04/2024 at 2:11 PM, the Department requested for a second time a copy of the facility's current liability insurance coverage.

On 12/05/2024 at 1:32 PM the Department received a document titled "Certificate of Liability," dated 09/30/2024 and showed coverage dates 10/01/2024 through 10/01/2025. Each occurrence coverage showed as $500,000 and general aggregate coverage showed $1,000,000.

In an interview with Staff A, Administrator, and Staff E, Caregiver, on 12/05/2024 at 1:25 PM, both Staff A and Staff E acknowledged the insurance amount had changed from the previous year to the current year. Both Staff A and Staff E confirmed the document titled "Certificate of Liability Insurance," dated 09/30/2024 was the current insurance policy covering both Waller Road Home and Pacific Avenue Residential Care.

In an interview on 12/05/2024 at 1:54 PM, Staff E confirmed the current per occurrence, shared liability coverage for the facility was $500,000 and the general aggregate was $1,000,000.

In an interview on 12/06/2024 at 1:45 PM, Staff A acknowledged the current liability insurance did not meet the required coverage amounts.

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, WALLER ROAD HOME is or will be in compliance with this law and / or regulation on (Date) 12-26-24.
see attached (RETRO 10-1-24)

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

Statement of Deficiencies	License #: 1014	Compliance Determination # 49793
Plan of Correction	WALLER ROAD HOME	Completion Date
Page 15 of 15	Licensee: WALLER ROAD HOME INC	12/13/2024

Gerilyn K. Arenas 12-26-24

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

WALLER ROAD HOME INC
WALLER ROAD HOME
4710 WALLER RD E
TACOMA, WA 98443

RE: WALLER ROAD HOME # 1014

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/13/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Jody Just, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

Lakewood, WA 98496

• 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

Review of provided pet records showed the facility was out of compliance with the required and recommended vaccination for the pet that visited the facility, however, the facility corrected this by scheduling the necessary appointment and provided the Department documentation of the missing immunization (rabies vaccination for the one visiting pet). All other pet related records met required regulations, and the facility acknowledged the regulatory requirements for maintaining pet records for the future.

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:

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)397-9556.

Sincerely,

Jody Just

Jody Just, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure