STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

RED OAK MANAGEMENT AND DEVELOPMENT
RED OAK RESIDENCE OF NORTH BEND
650 E NORTH BEND WAY
NORTH BEND, WA 98045

RE: RED OAK RESIDENCE OF NORTH BEND License # 1158

Dear Administrator:

This letter addresses Compliance Determination(s) 33347 (Completion Date 12/04/2023) and 29767 (Completion Date 09/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/04/2023 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-2040-2

The Department staff who did the on-site verification:
Karri Hernandez, Community Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: RED OAK RESIDENCE OF NORTH BEND
Provider Type: Assisted Living Facility
License/Cert.#: 1158
Intake ID: 97197
Compliance Determination #: 29767
Region/Unit #: RCS Region 2 / Unit D
Investigator: Karri Hernandez
Investigation Date(s): 09/19/2023 through 09/21/2023
Complainant Contact Date(s):

Allegation(s):
Failed Fire Marshal inspection

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 0 Closed records sample size:
Observations:	Interior/ exterior of building
Interviews:	Administrator
Record Reviews:	Fire marshal letter dated 08/02/2023 Fire Marshal inspection x2

Investigation Summary:
The facility failed a second State Fire Marshal inspection. Fire Marshal issued second failed inspection letter. Facility was out of compliance with regulations. Failed practice identified. Citation issued.

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 #: 1158	Compliance Determination # 29767
Plan of Correction	RED OAK RESIDENCE OF NORTH BEND	Completion Date
Page 1 of 3	Licensee: RED OAK MANAGEMENT AND DEVELOPMENT	09/21/2023

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 09/19/2023, 09/19/2023 and 09/19/2023 of:

RED OAK RESIDENCE OF NORTH BEND
650 E NORTH BEND WAY
NORTH BEND, WA 98045

This document references the following complaint number(s): 97197

The following sample was selected for review during the unannounced on-site visit: 0 of 38 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karri Hernandez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

09/22/2023
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

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 50 of 50 residents (Residents 1 to 50) resided in a safe environment that is approved of by the State Fire Marshal. This failure placed all residents at risk of harm, injury, and potential fire hazards related to unsafe environmental conditions.

Findings included...

Review of document titled" Washington State Patrol Fire Protection Bureau", dated 08/02/2023, showed the facility failed a second Fire Marshal inspection. The document identified multiple fire safety violations. The document showed the facility failed to meet required fire safety regulations.

During an interview on 09/19/2023 at 10:57 AM, Staff A, Director of Operation, stated that they were aware the facility was out of compliance with the State Fire Marshal regulations. Staff A stated that the facility created a plan to get back into compliance, within the next thirty days. Staff A stated that the facility received quotes from several different companies to come in to fix the deficiencies identified by the Fire Marshal. Staff A stated that maintenance personnel from this facility corrected some of the issues from the original Fire Marshal inspection report. Staff A stated that they were reviewing bids from two fire companies and hoped to get on the schedule once the bids were reviewed. Staff A stated that the Fire Marshal was "ok" with the progress that the Facility made on the issues in question and that the Facility was not failing compliance with the Fire Marshal.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) NOVEMBER 27, 2023

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

SEE ATTACHED 3 TYPED PAGES

Administrator (or Representative)

10/12/2023
Date

Plan/Attestation statement continuation:

Note: since there is inadequate space from my statement on the previous page, I will address it on this typed page.

Red Oak Residence has been working with the WSP Fire Marshall on items he found during our recent inspection. At the time of the inspection, he advised us that we would need more than 30 days to complete the tasks required and stated some of the testing would probably take months to complete due the Covid 19 backlog and shortage of workers in the companies who conduct the testing. He advised us that as long as we had dates scheduled with the companies, he would consider those tasks handled. He also stated we could request additional time to complete the necessary tasks and just needed to advise him. When the Fire Marshall returned 30 days later, we had a good portion of the tasks handled. As we continued to complete the tasks needed, we advised him and he was positive of our status in getting tasks completed. At the time of DSHS Invest. Karri Hernandez's arrival at Red Oak on 09/19/23 Red Oak Residence had all but 1 item either fixed or scheduled to be completed with an outside company. Ms. Hernandez stated she was at Red Oak in response to the Fire Marshall's report that three items were not fixed upon his return in 30 days: 1) the doors to apt 113 and 115 did not close all the way on testing, 2) sprinkler systems did not have their testing and 3) fire alarm panel did not have it's testing done. We advised Ms. Hernandez that all

items, including #1 and #2, were completed. Item #1 was done on 08/21/23 and I provided her with a copy of the completion of #2. We mentioned that item #3 would be scheduled by the end of the week since we were waiting for our 2nd bid which we just received but have not had the opportunity to review yet. Ms. Hernandez mentioned the possibility of Red Oak being in "failed practice" due to not being in compliance with the Fire Marshall. We advised her we didn't agree with that as a possible outcome as we have been in constant discussions with the Fire Marshall, and he has always told us we were doing good on our list of tasks. Ms. Hernandez advised us that she would personally contact the Fire Marshall to confirm that we have been in contact with him and are doing what he expects us to do and in the time frame he advised us. She declined to see apartments 113 and 115 but did take the documentation on item #2 on her list. Within a day or two Ms. Hernandez called and spoke to our Assistant Administrator at which point she advised him she determined were in failed compliance. When asked if she had contacted the Fire Marshall, she said no. When asked if she was planning to contact the Fire Marshall, she again replied no. When our Assistant Administrator asked if she would be documenting the fact she did not contact the Fire Marshall to confirm our arrangements/status in her final report she again said no. We find this to be a major step in determining if Red Oak was actively working within the guidelines of the Fire Marshall. We do not feel that we are in deficiencies due to our arrangements with the Fire Marshall to

complete the tasks. Also, it should be noted that Red Oak did not receive any formal written notice of deficiencies until after DSHS contacted our Assisted Administrator on Oct 4, 2023 via phone to see why we didn't respond to the letter of deficiencies they faxed. Red Oak did not receive any such fax. Monique Stockton from DSHS faxed the letter to Red Oak later that evening. The front office received the latter on Oct 5, 2023 at which time I called Monique to advise her I was in receipt of the letter and would review it and respond. I also advised her that since I just received the letter, I would consider that the beginning of my 10 days to respond. She told me she would contact the person in charge and advise them of our conversation.