



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Kenneth Russell Roughton
Patit Creek Adult Residential Care
PO BOX 49
DAYTON, WA 99328

RE: Patit Creek Adult Residential Care License # 1180

Dear Administrator:

This letter addresses Compliance Determination(s) 51470 (Completion Date 12/10/2024) and 50368 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/10/2024 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-2630-1-b

The Department staff who did the off-site verification:
Brian Zbylski, ALF Licenser

If you have any questions, please contact me at (509)323-7315.

Sincerely,

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

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



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Statement of Deficiencies	License #: 1180	Compliance Determination # 50368
Plan of Correction	Patit Creek Adult Residential Care	Completion Date
Page 1 of 3	Licensee: Kenneth Russell Raughton	11/15/2024

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 11/13/2024, 11/14/2024 and 11/15/2024 of:

Patit Creek Adult Residential Care
 423 W Main St
 Dayton, WA 99328

The following sample was selected for review during the unannounced on-site visit: 5 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licenser
 Joy Pipgras, LTC Surveyor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit B
 8517 E Trent Ave, Ste 102
 Spokane Valley, WA 99212

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

11/21/2024

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.



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Statement of Deficiencies	License #: 1180	Compliance Determination # 50386
Plan of Correction	Patit Creek Adult Residential Care	Completion Date
Page 2 of 3	Licensee: Kenneth Russell Roughton	11/15/2024

Kenneth Roughton
Administrator (or Representative)

11.27.24
Date

WAC 388-78A-2630 Reporting abuse and neglect.

- (1) The assisted living facility must ensure that each staff person:
- (b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report an allegation of sexual abuse to the Complaint Resolution Unit for 1 of 1 resident (Resident 1). This failure precluded the department from having immediate knowledge to complete an investigation and placed the resident at risk for harm.

Findings included...

Review of Resident 1's Face Sheet showed that they admitted to the facility on [REDACTED] 2024 and was diagnosed with [REDACTED] and [REDACTED].

Review of Resident 1's Incident Note, dated 09/16/2024, showed the following:

- At 9:00 PM, Resident 1 informed staff that another resident hugged and kissed them on the neck.
- At 10:00 PM, staff received a call from Resident 1's family member stating that Resident 1 stated another resident hugged and kissed them on the neck and tried to force their hand down Resident 1's pants.
- At 10:30 PM, staff interviewed Resident 1, and they stated that the other resident hugged and kissed them, tried to push their head down, and told Resident 1 to perform oral sex on them.

Review of Resident 1's undated medical chart showed an Incident Note, dated 09/17/2024 at 8:30 AM, that showed Staff F, Administrator, spoke with Resident 1 regarding the incident on 09/16/2024. The Incident Note showed that Resident 1 stated that another resident hugged and kissed them and asked them to go behind the shed to

Administrator (or Representative)

Date

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talk. The note showed that Resident 1 went with the other resident and stated they were pushed to the ground on their knees and were told in vulgar language, to perform an oral sex act.

In an interview on 11/14/2024 at 1:52 PM, Staff F stated they did not make a report of Resident's 1 allegation of sexual abuse to the department's reporting data base.

Review of the department's reporting data base showed no facility report was made for Resident 1's accusation of sexual abuse.

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, Patit Creek Adult Residential Care is or will be in compliance with this law and / or regulation on

(Date) 11.29.24

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

Mary Roughton
Administrator (or Representative)

11.27.24
Date

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Administrator (or Representative)

Date