STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

HCRC LLC
HAWTHORNE COURT
524 N ELY
KENNEWICK, WA 99336

RE: HAWTHORNE COURT License # 1268

Dear Administrator:

This letter addresses Compliance Determination(s) 61580 (Completion Date 06/26/2025) and 58183 (Completion Date 05/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/26/2025 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-2080-2

The Department staff who did the on-site verification:
Melissa Milanez, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HAWTHORNE COURT
Provider Type: Assisted Living Facility
License/Cert.#: 1268
Compliance Determination #: 58183
Intake ID: 174468
Investigator: Melissa Milanez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 04/18/2025 through 05/06/2025
Complainant Contact Date(s):

Allegation(s):

1. Resident assessments are not accurate and are not being performed by a qualified assessor.
2. A named staff member will not assist with resident cares.

Investigation Methods:

Sample:	Total residents: 54 Resident sample size: 7 Closed records sample size:
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents Family members
Record Reviews:	Incident investigation Facility policies Personnel files Staff training records Staff patterns

Investigation Summary:

1. Interviews and record reviews showed that an unqualified staff member preformed resident pre-admission assessments. Failed practice identified at WAC 388-78A-2080. Reference Statement of Deficiencies dated 05/06/2025. Previously cited on 03/28/2024.

2. Interviews and record review showed that the named staff member was not qualified to assist residents with cares. Residents were observed without distress

and staff were assisting residents with care needs. Resident interviews showed that they felt safe, staff were responsive to their needs and that staff treated them with respect and dignity. No failed practice identified.

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 #: 1268	Compliance Determination #58183
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 1 of 4	Licensee: HCRC LLC	05/06/2025

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 04/18/2025 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint number(s): 174468

The following sample was selected for review during the unannounced on-site visit: 7 of 54 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Melissa Milanez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License # 1258	Compliance Determination #58183
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 2 of 4	Licensee: HCRC LLC	05/08/2025

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.

Laura Williams-Davis
Residential Care Services

05/14/2025
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.

Laurie Hanny
Administrator (or Representative)

5/23/25
Date

WAC 388-78A-2080 Qualified assessor. The assisted living facility must ensure the person responsible for completing a preadmission assessment of a prospective resident:

(2) Has a bachelor's degree in social services, human services, behavioral sciences, or an allied field and three years social service experience working with adults who have functional or cognitive disabilities; or

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure a qualified assessor performed preadmission assessments for 5 of 7 residents (Resident 3, 4,5, 6, and 7). This failure resulted in residents' care needs being assessed by an unqualified assessor and placed the residents at risk for unmet and unidentified care needs.

Findings included...

Review of the facility's policy titled, "Assessment Policy," dated 02/2001, showed that resident assessments would be conducted by a trained and authorized Health and Wellness member.

Review of Resident 3's facility records showed the resident was admitted to the facility on [redacted]2025.

Review of Resident 3's preadmission assessment showed that the resident was assessed by Staff A, Health and Wellness Manager on 03/27/2025.

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.

Laura Williams-Davis
Residential Care Services

05/14/2025
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-2080 Qualified assessor. The assisted living facility must ensure the person responsible for completing a preadmission assessment of a prospective resident:

(2) Has a bachelor's degree in social services, human services, behavioral sciences, or an allied field and three years social service experience working with adults who have functional or cognitive disabilities; or

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure a qualified assessor performed preadmission assessments for 5 of 7 residents (Resident 3, 4,5, 6, and 7). This failure resulted in residents' care needs being assessed by an unqualified assessor and placed the residents at risk for unmet and unidentified care needs.

Findings included...

Review of the facility's policy titled, "Assessment Policy," dated 02/2001, showed that resident assessments would be conducted by a trained and authorized Health and Wellness member.

Review of Resident 3's facility records showed the resident was admitted to the facility on [redacted]/2025.

Review of Resident 3's preadmission assessment showed that the resident was assessed by Staff A, Health and Wellness Manager on 03/27/2025.

Review of Resident 4's records showed the resident was admitted to the facility on [redacted]2025.

Review of Resident 4's pre-admission assessment showed that the resident was assessed by Staff A on 03/18/2025.

Review of Resident 5's records showed the resident was admitted to the facility on [redacted]2025.

Review of Resident 5's pre-admission assessment showed that the resident was assessed by Staff A on 04/07/2025.

Review of Resident 6's records showed the resident was admitted to the facility on [redacted]2025.

Review of Resident 6's pre-admission assessment showed that the resident was assessed by Staff A on 03/10/2025.

Review of Resident 7's records showed the resident was admitted to the facility on [redacted]2025.

Review of Resident 7's pre-admission assessment showed that the resident was assessed by Staff A on [redacted]2025.

Review of Staff A's personnel records on 04/18/2025 showed no documentation of credentials or licensure required to perform preadmission assessments.

In an interview on 03/18/2025 at 12:34 PM, Staff B, Administrator, stated preadmission assessments were not performed by the nurse and were performed by Staff A.

In an interview on 03/18/2025 at 12:40 PM, Staff A, stated they gathered prospective residents' health information for the nurse who would then sign off (validate) the information (preadmission assessment).

In an interview on 03/18/2025 at 1:28 PM, Staff C, Assistant Health and Wellness Manager, stated that Staff A performed all the pre-admission assessments for new residents.

In an interview on 05/06/2025 at 12:38 PM, Staff D, Health and Wellness Nurse, stated they did not perform or sign off on, the facility's preadmission assessments.

In an interview on 05/06/2025 at 11:24 AM, Collateral Contact 1, Resident Representative, stated that Resident 4 had been assessed by Staff A prior to admission to the facility.

In an interview on 05/06/2025 at 11:31 AM, Collateral Contact 2, Resident Representative, stated that Resident 5 had been assessed by Staff A prior to admission to the facility.

In an interview on 05/06/2025 at 12:02 PM, Collateral Contact 3, Resident Representative, stated that Resident 6 had been assessed by Staff A prior to admission to the facility.

In an interview on 05/06/2025 at 1:13 PM, Collateral Contact 4, Resident Representative, stated that Resident 7 had been assessed by Staff A prior to admission to the facility.

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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) 6-15-25.

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

Laurie Hanny
Administrator (or Representative)

5-23-25
Date

In an interview on 05/06/2025 at 12:36 PM, Staff D, Health and Wellness Nurse, stated they did not perform or sign off on, the facility's preadmission assessments.

In an interview on 05/06/2025 at 11:24 AM, Collateral Contact 1, Resident Representative, stated that Resident 4 had been assessed by Staff A prior to admission to the facility.

In an interview on 05/06/2025 at 11:31 AM, Collateral Contact 2, Resident Representative, stated that Resident 5 had been assessed by Staff A prior to admission to the facility.

In an interview on 05/06/2025 at 12:02 PM, Collateral Contact 3, Resident Representative, stated that Resident 6 had been assessed by Staff A prior to admission to the facility.

In an interview on 05/06/2025 at 1:13 PM, Collateral Contact 4, Resident Representative, stated that Resident 7 had been assessed by Staff A prior to admission to the facility.

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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date