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

APPLE SPRINGS ASSISTED LIVING LLC
APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

RE: APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE # 1277

Dear Administrator:

This document references Compliance Determination 45322 (08/21/2024), which included complaint number(s) 140420.
The Department completed a complaint investigation of your Assisted Living Facility on 08/21/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anne Sinclair, NCI Community Complaint Investigator

Consultation:

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

(5) A resident has the right to:

(a) Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

Facility provided clarification to residents on dining service delivery fee after resident expressed concern over access to food services, along with staff education related to resident led evaluation of resident ability due to illness to attend dining room for meals.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - 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 (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
License/Cert.#: 1277
Compliance Determination #: 45322
Investigator: Anne Sinclair
Investigation Date(s): 08/07/2024 through 08/21/2024
Complainant Contact Date(s): 08/01/2024, 08/14/2024

Provider Type: Assisted Living Facility

Intake ID: 140420
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Resident rights.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 6 Closed records sample size: 6
Observations:	Identified resident Residents Dining Staff to resident interactions Resident to resident interactions
Interviews:	Named resident Residents Nurse Business office manager Caregiver Executive Director
Record Reviews:	Named resident care plan/face sheet Sample Resident care plan/face sheet Disclosure of services Resident letter Characteristic roster Staff roster Facility resident rental agreement

Investigation Summary:
Facility provided clarification to residents related to dining services room tray fee. One resident had concerns about access to dining due to fee and pertinent diagnoses. Facility had not charged named resident, had provided for resident accommodations, and had planned communication with all staff related to resident led decision making. Facility fees had been identified in resident rental agreement,

and facility had given all residents appropriate notice of ongoing as-need service fee for dining. Facility had a process to ensure Medicaid residents were not responsible for additional fees related to room tray delivery. Consultation provided under RCW 70.129.140(1)(5)(a).

Conclusion / Action:

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