STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

926 DELAWARE LLC
DELAWARE PLAZA RETIREMENT INN
926 Delaware St
Longview, WA 98632

RE: DELAWARE PLAZA RETIREMENT INN License # 1574

Dear Administrator:

This letter addresses Compliance Determination(s) 68393 (Completion Date 11/14/2025) and 65050 (Completion Date 09/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/14/2025 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-2210-1-b, WAC 388-78A-2483-1, WAC 388-78A-2481-1-a

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC

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

Sincerely,

*Laurie Anderson*

Laurie Anderson, Community Field Manager
Region 3, Unit E
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

| Statement of Deficiencies | License #: 1574 | Compliance Determination # 65050 |
|---|---|---|
| Plan of Correction | DELAWARE PLAZA RETIREMENT INN | Completion Date |
| Page 1 of 7 | Licensee: 926 DELAWARE LLC | 09/10/2025 |

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 the unannounced on-site full inspection on 09/03/2025 and 09/10/2025 of:
DELAWARE PLAZA RETIREMENT INN
926 Delaware St
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 9 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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| Page 2 of 7 | Licensee: 926 DELAWARE LLC | 09/10/2025 |

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.

Clinton Fridley
Residential Care Services

09/16/2025
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.

Shawna Cronk
Administrator (or Representative)

9/17/2025
Date

**WAC 388-78A-2210 Medication services.**

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

**This requirement was not met as evidenced by:**

Based on interview, observation, and record review, the facility failed to develop and implement systems that support and promote safe medication services when 6 of 9 residents (Resident 2, 4, 5, 6, 8, and 9)) had medications that were not given as prescribed and had no corresponding documentation. 2 of 9 residents had orders that did not have clear guidance or parameters for when to give as needed medications. The facility also failed to ensure that medications in the medication cart were labeled with the date they were opened. These failures placed residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 2 (R2)

During an unannounced full licensing inspection on 09/04/2025 at 10:00 AM, R2's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R2's medication administration record (MAR) dated 06/01/2025 through 08/31/2025 showed that acetaminophen (for pain and fever) was to be given three times daily, was marked as not given due to the medication not being available as follows:

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- 06/26/2025 at bedtime
- 06/27/2025 in the morning and at bedtime
- 06/28/2025 in the morning
- 06/29/2025 in the morning and the afternoon
- 06/30/2025 in the afternoon

Record review of R2's medication administration record (MAR) dated 06/01/2025 through 08/31/2025 showed that acetaminophen was not marked and left blank for the bedtime dose on 08/12/2025 and 08/16/2025. No corresponding documentation was found.

Record review of R2's medication administration record (MAR) dated 06/01/2025 through 08/31/2025 showed that multivitamin to be given daily was marked as not given due to the medication not being available as follows:

- 06/11/2025 through 06/15/2025
- 06/18/2025
- 06/22/2025
- 06/27/2025 through 06/29/2025

Record review of R2's medication administration record (MAR) dated 06/01/2025 through 08/31/2025 showed that cholestyramine (for high cholesterol) to be given daily was marked as not given due to the medication not being available as follows:

- 07/07/2025
- 07/09/2025
- 07/10/2025

Resident 4 (R4)

On 09/04/2025 at 12:05 PM, R4's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of R4's MAR dated 06/01/2025 through 08/31/2025 showed that acetaminophen was to be given every six hours was marked as not given due to the medication not being available as follows:

- 08/16/2025 two doses missed
- 08/26/2025 two doses missed

Record review of R4's MAR dated 06/01/2025 through 08/31/2025 showed that ondansetron (for nausea) to dissolve one to two tablets under the tongue every 12

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hours as needed. No documentation was found to show direction for when medication technicians were to give one versus two tablets.

Resident 5 (R5)

On 09/03/2025 at 1:50 PM, R5's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Record review of R5's nurse delegation documents showed a nursing visit on 07/22/2025 that documented that R5 was receiving nurse delegation for oral medication administration and safe administration.

Record review of R5's MAR dated 06/01/2025 through 08/31/2025 showed an order for loperamide (to manage diarrhea) to be given one to two tablets (2 to 4 milligrams) as needed. No documentation was found to show direction for when medication technicians were to give one versus two tablets

Resident 6 (R6)

On 09/04/2025 at 10:45 AM, R6's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R6's MAR dated 06/01/2025 through 08/31/2025 showed that acetaminophen was not marked and left blank for the bedtime dose on 08/11/2025 and the evening dose on 08/23/2025. No corresponding documentation was found.

Record review of R6's MAR dated 06/01/2025 through 08/31/2025 showed that gabapentin ( for seizures) was not marked and left blank for the evening dose on 08/23/2025. No corresponding documentation was found.

Record review of R6's MAR dated 06/01/2025 through 08/31/2025 showed that lisinopril (for high blood pressure) was not marked and left blank for the bedtime dose on 08/11/2025. No corresponding documentation was found.

Record review of R6's MAR dated 06/01/2025 through 08/31/2025 showed that quetiapine (an anti-psychotic) was not marked and left blank for the bedtime dose on 08/11/2025. No corresponding documentation was found.

Resident 8 (R8)

On 09/04/2025 at 12:20 PM, R8's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

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Record review of R8's MAR dated 06/01/2025 through 08/31/2025 showed that hydrocod/APAP (for severe pain) was not marked and left blank from the lunch dose on 07/22/2025 through 07/25/2025 and the bedtime dose on 0811/2025 and 08/16/2025. No corresponding documentation was found.

Record review of R6's MAR dated 06/01/2025 through 08/31/2025 showed that naproxen (for pain and inflammation) to be given twice daily was marked as not given due to the medication being unavailable as follows:

- 07/26/2025 in the evening
- 07/27/2025 in the evening
- 07/28/2025 through 07/31/2025, missing the morning dose

Resident 9 (R9)

On 09/04/2025 at 9:20 AM, R9's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's nurse delegation documents showed a nursing visit on 08/17/2025 documenting that R9 was receiving nurse delegation for oral, topical, and safe medication administration related to dementia.

Record review of R9's progress notes dated 06/01/2025 through 09/03/2025 showed a note dated 07/17/2025 stating, "AVS (after visit summary) from nephrology appointment yesterday with orders to change Lasix to PRN however we need clarification on when to start PRN Lasix. MD is wanting daily weights also which has to do with when would implement the PRN Lasix. This LN contacted MD for clarification, waiting on call or fax back for direction. Placing resident on alert charting for change in Lasix. At this time resident does not have any edema."

Record review of R9's MAR dated 06/01/2025 through 08/31/2025 showed that furosemide/lasix (for fluid overload) to be given daily with a start date of 06/25/2025 was not marked and left blank 06/25/2025 through 08/15/2025. On 08/16/2025 it was marked as not given due to medication not being available.

Record review of R9's MAR dated 06/01/2025 through 08/31/2025 showed that furosemide/Lasix to be given as needed (PRN). No documentation was found to show parameters for when to give the medication.

Vital signs showed that on 07/26/2025 R9's weight was 139 pounds. On 07/27/2025 R9's weight was 142.2 pounds. No documentation was found to show any intervention or communication.

On 09/05/2025 at 1:00 PM, Staff B, Director of Resident Services, acknowledged that a

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3.2-pound weight gain overnight would require intervention.

On 09/04/2025 at 1:15 PM, during an audit of the medication carts, the department observed open creams, eye drops, and inhalers with no open on dates. Staff F, licensed nurse, acknowledged that open dates were missing and stated that they could see why that would be an issue when the department showed them a medication order with a label that stated, "Expires 30 days after removal from foil pouch."

**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, DELAWARE PLAZA RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date): 10/24/2025

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

Shawna Cronk — Administrator (or Representative)

9/17/2025 — Date

**WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:**

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

**WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:**

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure the second step of the two-step tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing was read within 48 to 72 hours from when it was given for 1 of 3 sampled staff (Staff D).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced full licensing inspection on 09/03/2025 at 12:30 PM, the department received the requested staff documents.

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Staff D

Record review for Staff D, Licensed Nurse, showed that Staff D was hired on 03/12/2024. Review of Staff D's TB test records showed that the first step TB test was completed on 03/12/2024 and read on 03/14/204. The second step TB test was completed on 03/28/2024 and read on 04/02/2024, five days after the skin test was given.

On 09/10/2025 at 3:16 PM, Staff A, Executive Director acknowledged the department's findings.

**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, DELAWARE PLAZA RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 10/24/2025

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

Shawna Clark — Administrator (or Representative)

9/17/2025 — Date

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***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

926 DELAWARE LLC
DELAWARE PLAZA RETIREMENT INN
926 Delaware St
Longview, WA 98632

RE: DELAWARE PLAZA RETIREMENT INN # 1574

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/10/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

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eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• 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-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:**

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

The facility failed to ensure the resident characteristics roster reflected all the residents' current services and care needs. The facility was able to provide an updated resident characteristics roster prior to the department completing the full inspection.

**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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

**If You Have Any Questions:**

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• Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

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