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

SENIOR HOME CARE SERVICES LLC
NEW WESTSIDE TERRACE (NWST)
2025 TIBBETTS DRIVE
LONGVIEW, WA 98632

RE: NEW WESTSIDE TERRACE (NWST) License # 1590

Dear Administrator:

This letter addresses Compliance Determination(s) 60831 (Completion Date 06/09/2025) and 58038 (Completion Date 04/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2025 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-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

The Department staff who did the on-site verification:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 04/16/2025 and 04/18/2025 of:
NEW WESTSIDE TERRACE (NWST)
1200 17TH AVENUE
LONGVIEW, WA 98632

The following sample was selected for review during the unannounced on-site visit: 8 of 53 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 I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Jody Just
Residential Care Services

04/22/2025
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-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.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

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 4 of 8 residents (Resident 3, 5, 7 and 8) had medications that were not given and had no corresponding documentation. The facility also failed to ensure that no expired medications were still in the medication cart for 2 of 2 facility medication carts (Med Cart 1 and 2) and were not administered to any residents. These failures placed residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 3 (R3)

During an unannounced full licensing inspection on 04/17/2025 at 11:35 AM, R3's records showed that they admitted to the facility on [redacted]/2015 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of R3's medication administration records (MAR), dated 02/01/2025 – 04/16/2025, showed the following:

- Famotidine 20 milligrams (mg) (a medication to treat acid reflux and indigestion) to be given by mouth twice a day was not documented on 02/13/2025 at 3:30 PM. No corresponding information was found to explain why the medication was not documented.
- Norco 5/325 mg (a pain medication) to be given by mouth four times a day was not documented on 02/25/2025 at 7:30 PM. No corresponding information was found to explain why the medication was not documented.
- Alpha lipoic acid 600 mg (a supplement) to be given by mouth daily was not documented on 02/23/2025 at 7:30 AM. No corresponding information was found to explain why the medication was not documented.

Resident 5 (R5)

On 04/16/2025 at 1:40 PM, R5's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], [redacted].

Record review of R5's MARs, dated 02/01/20 – 04/16/2025, showed the following:

- Capillary blood glucose (CBG) monitoring was not documented during the 4:30 PM check time on 03/5/2025, 03/08/2025 through 03/12/2025, 03/23/2025, 03/24/2025, 03/29/2025, 04/13/2025. No corresponding information was found to explain why the CBG was not documented.
- Lantus (a medication to regulate the blood sugar levels in diabetics) 11 units (U) /milliliters (mL) 15U to be given subcutaneously twice a day was not documented for the 4:30 PM dosage time on 03/05/2025, 03/08/2025, 03/09/2025, 03/23/2025, 03/29/2025, and 04/13/2025. No corresponding information was found to explain why the insulin had not been given or why it was not documented.

Resident 7 (R7)

On 04/16/2025 at 1:40 PM, R7's records showed that they admitted to the facility on [redacted]/2016 with various diagnoses including [redacted], [redacted] ([redacted] and [redacted].

Record review of R7's progress notes, showed an entry on 03/31/2025 stating that the resident had been out of a long-acting insulin (Glargine) (a medication to treat diabetes) for six days, since 03/26/2025.

Record review of R7's MARs, dated 02/01/2025 – 04/16/2025, showed the following

diabetes medications:
- Insulin Aspart 14U to be given with dinner at 4:30 PM was not documented on 02/11/2025 and 03/10/2025. No corresponding information was found to explain why the medication was not given or documented.
- Insulin Aspart 4U to be given with a sandwich at bed time at 8:30 PM was not documented on 03/05/2025. No corresponding information was found to explain why the medication was not given or documented.
- Novolog sliding scale was not documented on 02/10/2025, 03/10/2025, and 03/14/2025 at 4:30 PM. No corresponding information was found to explain why the medication was not given or documented.
- Basaglar/Glargine 100U/mL 26 U to be given at bedtime at 8:30 PM was not documented on 03/21/2025 and 03/22/2025. Between the timeframe when the medication was not available, on 03/27/2025 it was circled but no corresponding information was found and the other days were signed off as given.

Record review of R7's physician communication records showed a note, dated 03/27/2025 at 1:27 PM, stating that R7 is out of the medication and has been out for three days.

On 04/18/2025 at 10:58 AM, Staff B, Registered Nurse, confirmed that R7's Basaglar/Gargine medication was not available from 03/26/2025 – 03/31/2025.

Resident 8 (R8)
On 04/16/2025 at 12:30 PM, R8's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], [redacted] ([redacted]), and [redacted] ([redacted]).

Record review of R8's MARs, dated 02/01/2025 – 04/16/2025, showed the following:
- Oxygen saturation monitoring to be checked twice a day related to R8's COPD was not documented in the morning on 02/16/2025, 02/24/2025, and 04/04/2025 – 04/05/2025, and in the evening on 02/01/2025 – 02/03/2025, 02/05/2025, 02/10/2025, 02/11/2025, 02/13/2025 – 02/17/2025, 02/20/2025 – 02/24/2025, 02/27/2025 – 03/02/2025, 03/06/2025 – 03/11/2025, 03/13/2025 – 03/18/2025, 03/24/2025, 03/27/2025, 04/04/2025 – 04/07/2025, and 04/10/2025 – 04/15/2025. No corresponding information was found to explain why the oxygen monitoring had not been checked or documented.

On 04/17/2025 at 12:50 PM, during an audit of the medication cart labeled med cart 1, the department found the following expired medications:
- Albuterol inhaler 90 micrograms (mcg) (for asthma/breathing) with an expiration date of 03/31/2025 on the cartridge and 10/22/2024 on the sticker label attached to the inhaler.
- Docusate sodium 250 mg (for constipation) with an expiration date of 03/2024.
- Docusate sodium 100 mg with an expiration date of 02/2025.
- Aspirin 81 mg (for heart health) with an expiration date of 10/2023.

- One a day mens 50+ multi vitamin with an expiration date of 12/2024.
- Docusate sodium with an expiration date of 10/2024.
- Magnesium 400 mg (supplement) with an expiration date of 03/2025.
- At 1:10 PM, the department observed Staff G, personal assistance, pour this medication into a medication cup and deliver it to a resident.

During the audit of the medication cart labeled med cart 2, the department found the following expired medications:
- Nitroglycerin 0.3 mg (for chest pain) with a pharmacy expiration date of 06/27/2024.
- Nitroglycerin 0.4 mg with a discard date of 11/10/2023.
- Docusate sodium 100 mg with an expiration date of 09/17/2024.
- Ondansetron 4 mg (for nausea) with an expiration date of 12/26/2023.
- Acetaminophen 500 mg (for pain and fever) with an expiration date of03/09/2025.

On 04/17/2025 at 12:50 PM, Staff F, personal assistance, stated that if there is a blank spot on the MAR, then someone forgot to sign. If this happens, a sticky note will be attached for the next shift.

Record review of the facility's medication policy and procedures, undated, states that the purpose of the policy is to assure proper documentation of medication used by residents. On page 373, a bullet point states "Communication logbook, we use this to communicate to each other about what is going on with the residents, and/or policy changes in the med room." Under a bullet point on 375, the policy states "if a medication is unavailable: On MAR document what you did, or called."

On 04/18/2025 at 12:17 PM, Staff A, Executive Director, acknowledged the department' s findings of expired medications in the medication cart and missing documentation.

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, NEW WESTSIDE TERRACE (NWST) 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

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

04/22/2025

SENIOR HOME CARE SERVICES LLC
NEW WESTSIDE TERRACE (NWST)
2025 TIBBETTS DRIVE
LONGVIEW, WA 98632

RE: NEW WESTSIDE TERRACE (NWST) # 1590

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/18/2025 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:

Jody Just, Field Services Administrator
Residential Care Services
Region 3, Unit I
Preferred methods:

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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The facility failed to ensure all pets living in the facility have had regular examinations by a veterinarian. The facility was able to put a plan in place and provide more recent records for one of the pets with outdated examination records.

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 facility's resident characteristic roster was up-to-date with all of the resident services and needs necessary to provide proper care. The facility was provided with a more current resident characteristic roster template than the one they had been previously using and will be updating their roster.

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:
• Please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit I
Residential Care Services

Enclosure