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

Woodland Retirement & Assisted Living Community LLC
Woodland Retirement & Assisted Living Community
3425 Boone Rd SE
SALEM, OR 97317

RE: Woodland Retirement & Assisted Living Community License # 1709

Dear Administrator:

This letter addresses Compliance Determination(s) 29028 (Completion Date 09/06/2023) and 25457 (Completion Date 06/16/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/06/2023 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-3152-7

The Department staff who did the on-site verification:
Anissa Bearden, Licensor

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

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit E
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

Statement of Deficiencies	License #: 1709	Compliance Determination # 25457
Plan of Correction	Woodland Retirement & Assisted Living Community	Completion Date
Page 1 of 3	Licensee: Woodland Retirement & Assisted Living Community LLC	06/16/2023

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 follow-up on 06/15/2023 and 06/15/2023 of:
Woodland Retirement & Assisted Living Community
4532 INTELCO LOOP SE
LACEY, WA 98503

This document references the following SOD dated: 06/16/2023

The following sample was selected for review during the unannounced on-site visit: 62 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
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.

Cory Cisneros
Residential Care Services

06/29/2023
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) 7-2-23 Date

WAC 388-78A-3152 Plan of correction Required.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure they submitted a completed Plan of Correction within 10 calendar days in response to the Statement of Deficiencies dated 02/23/2023. This failure placed all 62 of 62 residents at risk of residing in a facility with continued noncompliance with the minimum licensing requirements required by the Washington Administrative Code.

Findings included...

Review of Department records showed a complaint investigation at the facility with failed practice identified in a Statement of Deficiencies completed on 02/23/2023.

On 03/08/2023, Collateral Contact 1, (CC1), Department Administrative Assistant 3, documented that the facility was mailed a Statement of Deficiencies letter via certified mail for citations issued on 02/23/2023.

On 03/15/2023, CC1 documented the facility received the mailed Statement of Deficiencies via certified mail. The Plan of Correction was due to be sent back to the Department by 03/25/2023.

On 03/30/2023 at 9:18 AM, CC1 documented a call to the facility. A message was left for Staff A, Facility Executive Director, asking Staff A to email the overdue Plan of Correction to CC1 that day. The Department did not receive the document.

On 04/05/2023 at 8:57 AM, CC1 documented a call to the facility. Staff C, Receptionist, stated Staff A was not in the facility yet. CC1 left a message with Staff C, for Staff A that the call was the second reminder to complete and send the overdue Plan of Correction. CC1 did not receive any emails by 5 PM that day.

On 04/06/2023 at 10:40 AM, CC1 documented a call to the facility and spoke with Staff A, who stated they would have Staff B, Assistant Executive Director, email the Plan of Correction to CC1's email on 04/06/2023.

Statement of Deficiencies	License #: 1709	Compliance Determination # 25457
Plan of Correction	Woodland Retirement & Assisted Living Community	Completion Date
Page 3 of 3	Licensee: Woodland Retirement & Assisted Living Community LLC	06/16/2023

On 04/06/2023 at 5:10 PM, CC1 documented a missed call from Staff B needing to clarify some information.

On 04/07/2023 at 10 AM, CC1 documented a call from Staff A, clarifying which citation they were to send in, as Staff B told them everything had been submitted.

In an interview on 06/15/2023 at 3:57 PM, Staff A stated that they were unsure why the Plan of Correction was 12 days late being sent to the Department.

In an interview on 06/15/2023 at 4:11 PM, Staff B stated that they emailed the Plan of Correction to CC1 when they had talked to CC1 on 04/07/2023. Staff B stated they had not sent the Plan of Correction before that date.

This is an uncorrected deficiency previously cited on 02/23/2023.

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, Woodland Retirement & Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 7-29-23 .

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

Administrator (or Representative) — Date: 7-2-23

Residential Care Services
Investigation Summary Report

Provider/Facility: Woodland Retirement & Assisted Living Community
License/Cert.#: 1709
Compliance Determination #: 20256
Investigator: Anissa Bearden
Investigation Date(s): 02/22/2023 through 02/23/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 71266
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
1) facility failed to send the Plan of Correction within the 10 days of receiving to the department.

Investigation Methods:

Sample:	Total residents: 63 Resident sample size: 63 Closed records sample size: 0
Observations:	n/a
Interviews:	regional director of operations Administrator of the facility
Record Reviews:	email USPS mail

Investigation Summary:
1) after interview and record review the facility failed to send the Plan of Correction to the facility within the 10 days that is required.

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 #: 1709	Compliance Determination #20256
Plan of Correction	Woodland Retirement & Assisted Living Community	Completion Date
Page 1 of 3	Licensee: Woodland Retirement & Assisted Living Community LLC	02/23/2023

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 02/22/2023 and 02/23/2023 of:

Woodland Retirement & Assisted Living Community
4532 INTELCO LOOP SE
LACEY, WA 98503

This document references the following complaint number(s): 71266

The following sample was selected for review during the unannounced on-site visit: 63 of 63 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave, Suite 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.

Cory Cisneros
Residential Care Services

03/07/2023
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) April 2, 2023 Date

WAC 388-78A-3152 Plan of correction Required.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Plan of Correction within 10 calendar days in response to the Statement of Deficiencies dated 01/11/2023. This failure placed all 63 of 63 residents at risk of not receiving care and services as required due to continued facility noncompliance with Washington Administrative Code regulations regarding the facility practice failures identified in the Statement of Deficiency.

Findings included...

Review of Department records showed a complaint investigation at the facility with failed practice identified in a Statement of Deficiencies completed on 01/11/2023.

On 01/24/2023, Collateral Contact 1, (CC1), Department Administrative Assistant 3, documented that the facility was mailed a Statement of Deficiencies letter via certified mail for citations issued on 01/11/2023.

On 01/26/2023, CC1 documented the facility received the mailed Statement of Deficiencies via certified mail. The Plan of Correction was due to be sent back to the Department by 02/05/2023.

On 02/07/2023, CC1 documented a call with Staff A, Facility Executive Director, asking Staff A to email overdue Plan of Correction to CC1 that day. Staff A told CC1 that it would be sent right away. The Department did not receive the document.

On 02/14/2023, CC1 documented a call to the facility. Staff A was on the other line. CC1 left a message with Staff C, Activities, for Staff A to respond to CC1's email or call with questions related to overdue paperwork. CC1 did not receive any emails or phone calls by 5 PM that day.

On 02/21/2023, CC1 documented a call to the facility and spoke with Staff D, Receptionist, who stated Staff A was "not in her office." CC1 advised Staff D that this was CC1's third and final attempt to contact Staff A to obtain the Plan of Correction.

In an interview on 02/21/2023 at 12:12 PM, Staff E, Receptionist, reported that Staff A was on a phone call, and Staff B, Assistant Executive Director, was providing a tour of the facility. Staff E stated they would have either Staff A or Staff B, call the Department back.

As of 5 PM on 02/21/2023, the Department had not received a phone call or email back from Staff A or Staff B about the Plan of Correction.

In an interview on 02/22/2023 at 11:34 AM, Staff B, stated that Staff A was out of the facility for an appointment and would return within the hour. They stated they were aware that the Plan of Correction needed to be sent to the Department. Staff B stated they would have Staff A send the Plan of Correction to CC1 when they returned to the facility.

As of 02/22/2023 at 5 PM, the Department had not received the Plan of Correction.

In an interview on 02/23/2023 at 11:04 AM, Staff A stated that they hadn't seen the citation until the Department emailed the Plan of Correction on 02/21/2023.

In an interview on 02/23/2023 at 11:48 AM, Staff F, Regional Director of Operations, stated that both Staff A and Staff F were sent the Plan of Correction on 01/26/2023 via email from the corporate office.

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, Woodland Retirement & Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) APRIL 2, 2023

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

Administrator (or Representative) — Date: April 2, 2023