



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) 41866 (Completion Date 05/29/2024) and 37625 (Completion Date 03/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/29/2024 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-2160, WAC 388-78A-2660, WAC 388-78A-2660-1

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

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

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit E
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Woodland Retirement & Assisted Living Community

License/Cert.#: 1709

Compliance Determination #: 37625

Investigator: Paul Aube

Investigation Date(s): 03/01/2024 through 03/06/2024

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 119861

Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Dietary Services: Public report of facility failing to deliver meal trays which resulted in resident missing meals.
2. Physical Environment: Public report of facility failing to maintain clean carpeting in resident rooms.
3. Quality of Care/Treatment: Public report of facility failing to deliver meal trays which resulted in resident missing meals and failing to maintain clean carpeting in resident rooms.

Investigation Methods:

Sample:	Total residents: 63 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Residents Nursing staff Family members Management
Record Reviews:	Grievance log Facility policies Disclosure of Services Admission Agreements Negotiated Service Plans

Investigation Summary:

1. Dietary Services: Facility not following process to ensure all trays delivered to residents, or meal orders were taken. Additional resident made similar allegations

which were able to be substantiated in an unresolved grievance/complaint made by the resident. Failed practice identified.

2. Physical Environment: Carpets observed to be clean, with no foul odors. Per facility signed Admission Agreement, this is the resident's responsibility. No failed practice.

3. Quality of Care/Treatment: Carpets observed to be clean, with no foul odors. Per facility signed Admission Agreement, this is the resident's responsibility. No failed practice. Facility not following process to ensure all trays delivered to residents, or meal orders were taken. Additional resident made similar allegations which were able to be substantiated. Failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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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 03/01/2024 and 03/06/2024 of:

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

This document references the following complaint number(s): 119861

The following sample was selected for review during the unannounced on-site visit: 2 of 63 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

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

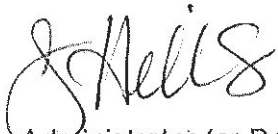
03/18/2024

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.

This document was prepared by Residential Care Services for the Locator website.

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Administrator (or Representative)

3.19.24

Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on, interview and record review, the Assisted Living Facility (ALF) failed to provide the care and services as agreed upon in the Negotiated Service Agreement for 2 of 2 sampled residents, (Resident 1 [R1]), and Resident 2, [R2]). This failure resulted in residents not receiving meal services as agreed upon and placed all the residents in the community at risk for unmet care and service needs.

Findings included...

Review of the facility's Disclosure of Services, last reviewed in March 2017, under the "Eating" category it stated, "If needed, assisted living facilities providing assistance with ADL's [Activities of Daily Living] must occasionally remind you to eat and drink, and occasionally help you cut up your food, prepare food and beverages for you, and bring them to you."

During an interview on 03/01/2024 at 12:02PM, Staff C, Caregiver, was asked how they knew which residents ate in the dining room, versus received a room tray. Staff C stated, "Their service plans. They will let me know if they are eating in their room or not, and I will ask them." Staff C was asked to explain the process for obtaining a room tray for a resident. "I would let the Med Tech [Medication Technician] know they are not feeling well, and that they are requesting a room tray." Staff C was asked to explain the process for meal trays being delivered to rooms. "The care staff deliver trays. The kitchen rolls out a cart with all the meal slips for our room trays. Sometimes one person will do the meal carts. If the call lights are calm, we will work together and do them."

During an interview on 03/01/2024 at 12:10PM Staff B, Medication Technician, was asked how they knew which residents were to receive room trays. Staff B stated, "It is based off their care [Service] plan." Staff B was asked to explain the process for ordering, and tray delivery, and Staff B stated, "We have slips we fill out that has the resident and the room number. Usually, the caregiver goes to the room and takes their order. [Residents] have the special, and 12 other options on what to order. The residents can pick whatever they want for that meal. The slip goes down to the kitchen and they [prepare] all the room trays at once. Once the kitchen brings out the cart, then the care staff deliver all the room trays."

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Staff B was asked how they know that all residents are being accounted for during meal service. Staff B stated there was a Binder [Meal Roster] to which staff are to mark all residents as having received a meal, or if they refused, etc.

On 03/01/2024 at 01:21PM, Staff A, the Executive Director was asked to explain how the Meal Roster was filled out. Staff A stated that every resident should be accounted for. Staff A stated that if a resident went to the Dining room for Dining Service, it would be indicated next to their name with a "Check" or an "X". If a resident refused, there would be an "R" next to their name. If a resident was out of the facility, there would be an "O" next to their name. If a resident was sleeping, there would be an "S" next to their name, and if they received a meal tray, there would be a "T" marked next to their name.

During an interview on 03/01/2024 at 1:47PM, Staff D, Dietary Aide, was asked if kitchen staff assisted in delivering room trays to residents, and Staff D stated, "We do all the orders at once. We prep them and put them on the cart, and it is up to the other staff to deliver them. We often times get food back afterwards that wasn't delivered. Sometimes they [caregivers] say it was extra, but we don't make extra. I am not sure if the resident refused, or if they just didn't deliver it."

Review of the January Meal Roster Binder showed a total of 6 missed days, which included 01/05/2024, 01/09/2024, 01/18/2024, 01/19/2024, 01/23/2024, and 01/27/2024. Review of the February Meal Roster showed a total of 8 missing days, which included 02/03/2024, 02/04/2024, 02/05/2024, 02/10/2024, 02/17/2024, 02/21/2024, 02/24/2024, and 02/29/2024. In addition to these missing days, for both January and February Rosters, there were multiple missing entries, including resident meals that were not documented/missed, and entire shifts that were undocumented/missed.

<R1>

Review of R1's face sheet showed that the resident was admitted to the facility on [REDACTED]/2022.

Review of R1's Admission Agreement, signed on 06/19/2022 by the resident and a facility representative, under section 2, "Room and Board in Return for Monthly rent" it stated, "For purposes of this Admission Agreement, 'Room and Board' shall include... c. three (3) meals daily, snacks and beverages." In section 3.1, it stated, "Community agrees to provide the personal care services to Resident that are set forth in the Resident Service Plan that is a part of the Negotiated Service Agreement between Community and Resident and any amendments thereto, whether executed on the date hereof or hereafter, and Resident agrees to pay Community the Monthly costs ('Assisted Living Service Fee') for those services."

Review of R1's Personal Service Plan (Negotiated Service Agreement), last reviewed on 01/25/2024, under the section titled "Nutrition" it stated tray services were requested for breakfast and dinner only. Under "Comments" it stated, "Staff are to assist with bringing [R1] a room tray at breakfast and at times dinner. At lunch and dinner, staff are to offer to escort [R1] to the dining room and if [they] refuse, [staff] are to assist [R1] with getting

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[them] a room tray."

During an interview with Collateral Contact 1 (CC1) on 03/01/2024 at 11:31AM, CC1 was asked if there was an issue with trays being delivered to R1's room. CC1 stated, "They are supposed to offer tray services in the room. It is supposed to be automatic now. But there have been times where [R1] did not get a tray. I am worried that if I was not here, [R1] wouldn't have gotten anything." CC1 was asked how often R1 was not receiving meal trays. "There were two, maybe three occasions where they did not come in, and that resulted in [R1] not being able to get a meal because the kitchen was closed by the time we called the front desk."

Review of the January 2024 Meal Roster for R1 showed that for the days that the Meal Roster was completed by staff, there were a total of 26 undocumented meal trays.

Review of the February 2024 Meal Roster for R1 showed that for the days the meal roster was completed by staff, there were a total of 20 undocumented meal trays.

<R2>

Review of R2's face sheet showed that the resident was admitted to the facility on [REDACTED] 2023.

Review of R2's Admission Agreement, signed on 03/22/2023 by the resident and a facility representative, under section 2, "Room and Board in Return for Monthly rent" it stated, "For purposes of this Admission Agreement, 'Room and Board' shall include... c. three (3) meals daily, snacks and beverages." In section 3.1, it stated, "Community agrees to provide the personal care services to Resident that are set forth in the Resident Service Plan that is a part of the Negotiated Service Agreement between Community and Resident and any amendments thereto, whether executed on the date hereof or hereafter, and Resident agrees to pay Community the Monthly costs ('Assisted Living Service Fee') for those services."

Review of R2's Personal Service Plan (Negotiated Service Agreement), last reviewed on 12/13/2023, under the section titled "Nutrition" it stated tray services were requested for breakfast, lunch, and dinner. "Staff are to deliver breakfast, lunch, and dinner to resident's apartment daily. Staff to assist resident with meal choices if needed."

Review of the facility Grievance Log Binder on 03/01/2024 showed a "Complaint/Concerns Form" made on R2's behalf on 01/30/2024. The complaint/grievance stated, "No housekeeping came, no one took [R2's] dinner order or breakfast for the next day. [R2] also did not get [their] shower."

During an interview on 03/01/2024 at 11:35AM, R2 was asked about the incident where they did not receive a meal tray. R2 stated, "We had a menu that we would make our selections and leave it over on the table and they would come over and write those down."

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But there have been times where an attendant did not come in and take the order. That one time we did not get a meal at all. We eventually called the desk to find out what was going on. At that point it was noticed that no one had taken it [order]. It is just an inconsistency with how things are done."

Review of the January 2024 Meal Roster for R2 showed that for the days that the Meal Roster was completed by staff, there were a total of 22 undocumented meal trays.

Review of the February 2024 Meal Roster for R2 showed that for the days the meal roster was completed by staff, there was a total of 15 undocumented meal trays. Regarding the grievance made by R2 having missed dinner on 01/30/2024, and breakfast the on 01/31/2024, review of the Meal Roster showed that on 01/30/2024, a room tray was marked as "T" for being delivered for breakfast, and lunch. The dinner column was left blank. The following day on 01/31/2024, the breakfast and lunch columns were left blank, and the dinner column was marked as "T".

During an interview on 03/01/2024 at 02:15PM, Staff A, Executive Director, was asked what it meant on the Meal Roster if a spot was left blank next to a resident's name. "If it is left blank, it probably means that whoever delivered the tray didn't write it on there and they just forgot to fill out." Staff A was asked if a blank box could indicate that a resident did not receive their tray. Staff A stated, "Absolutely not. If we don't see them in the dining room, we will go to their room to check on them, and we get them a meal tray. They have the right to refuse, but the staff should be indicating that as an "R" on that sheet." Staff A was asked why there were missing days on the Meal Roster. Staff A stated, "It means that staff just didn't get it filled out." Regarding the residents who have blank spaces on the Meal Roster, Staff A was asked if they can with 100% certainty say that the residents received their meal tray. Staff A stated, "No, I can't."

This is a recurring deficiency previously cited on 08/10/2023 and 09/16/2021.

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 5, 2024.

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


Administrator (or Representative)

3.19.24
Date

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

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

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This requirement was not met as evidenced by:

Based on, interview and record review, the Assisted Living Facility (ALF) failed to promptly resolve grievances made by residents in the facility for 1 of 1 sampled resident (Resident 2, [R2]). This failure placed all the residents in the community who make grievances at risk for unresolved concerns, unmet care and services, and decreased quality of life.

Findings included...

RCW 70.129.060 Grievances. "A resident has the right to: (1) Voice grievances. Such grievances include those with respect to treatment that has been furnished as well as that which has not been furnished; and (2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents."

Review of a facility policy titled, "Grievance Procedure for Residents Policy", last reviewed in December 2010 stated, "Residents and family members and / or responsible parties are encouraged to voice their concerns and provide suggestions to improve and / or compliment customer service without fear of retribution. All formal complaints are to be documented on a Complaints / Concerns Form and final resolution achieved within two weeks. Any complaint / concern coming into the home office will require Regional Director of Operations follow up and any complaint / concern coming into the community will require Executive Director follow up."

Review of the facility Grievance Log Binder on 03/01/2024 showed a "Complaint/Concerns Form" made on R2's behalf on 01/30/2024. The complaint/grievance stated, "No housekeeping came, no one took [R2's] dinner order or breakfast for the next day. [R2] also did not get [their] shower." Under the section "Has caller discussed incident with the Executive Director?" noted the section was blank. Under the section "Findings/plan of action", showed the section was blank.

During an interview on 03/01/2024 at 11:35AM, R2 was asked if anyone from the facility came to speak with them regarding their grievance. R2 stated, "No. No one has come to talk to me about it."

During an interview on 03/06/2024 at 01:09PM, Staff A, Executive Director, was asked the timeframe in which a grievance form should be resolved or addressed. Staff A stated, "We should be following up with them immediately and have plan in place to have a full resolution within 2 weeks." Staff A was asked why the grievance placed by R2 was not addressed within 2 weeks. Staff A stated, "I just forgot to complete it."

Plan/Attestation Statement

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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 5, 2024

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


Administrator (or Representative)

3.19.24
Date