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

06/18/2025

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

RE: Woodland Retirement & Assisted Living Community # 1709

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 61141 (Completion Date 06/18/2025) and 55799 (Completion Date 03/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

(2) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the assisted living facility.

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

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

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

The Department staff who did the On Site verification:

Anaya Balter, Community Programs Nurse Licensor and Complaint Investigator

If you have any questions, 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

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 #: 55799
Investigator: Pamela Horlick
Investigation Date(s): 03/05/2025 through 03/19/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 168142
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Resident/Patient/Client Abuse: Report of sexual abuse from caregiver.
2. Financial exploitation: Report of caregiver trying to persuade resident to give them money.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Resident to resident interactions
Interviews:	Residents Executive director Reporter
Record Reviews:	State reporting log Incident investigation Facility policies Personnel files Staff training records Staff List

Investigation Summary:

1. Resident/Patient/Client Abuse: Based on interview and record review the facility failed to report sexual abuse to the department, failed to ensure caregiver license was current, failed to conduct a CCS review when required, and failed to ensure final fingerprint background checks were completed. Failed practice identified.
2. Financial exploitation: Based on interview no other residents had concerns related to financial exploitation. Not enough evidence to substantiate failed practice.

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

Conclusion / Action:

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

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

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 #:55799
Plan of Correction	Woodland Retirement & Assisted Living Community	Completion Date
Page 1 of 9	Licensee: Woodland Retirement & Assisted Living Community LLC	03/19/2025

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 an unannounced on-site complaint investigation on 03/05/2025 and 03/19/2025 of:

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

This document references the following complaint number(s): 168142

The following sample was selected for review during the unannounced on-site visit: 3 of 51 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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

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

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

03/28/2025
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)

4.3.2025
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

(2) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to complete a character, competence, and suitability for 1 of 3 staff members (Staff B) before they were determined they were cleared to work with vulnerable adults. This placed 51 of 51 residents at risk for potentially being cared for by an unauthorized staff member.

Findings included...

"WAC 388-113-0060 How and when must a character, competence, and suitability [CCS] determination be conducted by the department or an authorized entity? (1) The department or an authorized entity must conduct a character, competence, and suitability determination of an employee, prospective employee, or other individual who is required to undergo a background check when the applicant has received a "review required" result as defined in WAC 388-113-0101(b). (3) If an applicant is required to have a character, competence, and suitability determination under this section, the applicant may not have unsupervised access to minors or vulnerable adults unless the character, competence, and suitability determination has: (a) Been completed and documented in writing.."

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

Record review of the facility provided document titled, "Employee List," undated, showed Staff B, Caregiver, was hired and started employment at the facility on 12/01/2021.

Record review of Staff B's final fingerprint Washington state name and date of birth and fingerprint background check, dated 01/03/2022, showed "Review required" and there was "information reported by one or more background check sources that requires a character, competency, and suitability (CCS) review."

Record review of Staff B's CCS document, dated 01/03/2022, under "Section 2. Information to review for determination" showed no convictions, pending charges, or negative actions listed.

Record review of Staff B's interim Washington state name and date of birth and fingerprint background check, dated 05/17/2023, showed "Review required" and there was "information reported by one or more background check sources that requires a character, competency, and suitability (CCS) review."

Record review of Staff B's CCS document, dated 05/17/2023, under "Section 2. Information to review for determination" showed no convictions, pending charges, or negative actions listed.

In an interview on 03/05/2025 at 10:13 AM, Staff A, Executive Director, was asked what the process was for background checks, they stated we run them before we offer a position and make sure they were clear. Staff A stated if it says "review required" we will sit and talk with the prospective employee and do the CCS. Staff A was asked what they fill out on the CCS, they stated they fill out what was listed on the background check. They stated they fill out the crime and how many years ago it was. Staff A was asked if the crime needs to be written in on the CCS, they stated yes. Staff A was asked if either one of Staff B's CCS were complete, they stated no. Staff A was asked what Staff B's convictions were, they stated they didn't know.

In an interview on 03/05/2025 at 11:14 AM, Staff A stated normally they get a full report attached to the background check to see what needs to be reviewed then they will fill out the CCS. Staff A stated there was nothing for Staff B. Staff A was asked if someone should have followed up to find out why nothing was received, they stated, yes absolutely. Staff A was asked if staff without background results would have been allowed to work, Staff A stated, they would have not hired them if it said review required and there was nothing to review. Staff A stated we would have had to review it first.

This is a recurring deficiency previously cited on 02/07/2024.

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

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) May 3, 2025.

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

Administrator (or Representative) 4.3.25 Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to immediately report abuse to the department's Complaint Resolution Unit for 1 of 3 residents (Resident 1 [R1]) reviewed. This failure placed 51 of 51 residents at risk for ongoing abuse and unmet care needs.

Findings included...

Review of the facility policy, titled, "Abuse, Neglect or Exploitation Policy", undated, stated, "Our community staff prides itself in providing exceptional service to our residents and will not tolerate verbal, physical, mental or sexual abuse, including involuntary seclusion of any resident by any staff member, other resident or visitor to the community. Abuse, whether toward residents or staff, will not be tolerated. All staff members are mandatory reporters. As mandatory reporters, staff members have the responsibility to report abuse, neglect, and / or exploitation to the proper authorities without fear of retaliation (Reference: RCW 74.34; RCIY 70.129; ILAC 388-78A-2630). The law requires that anyone who witnesses or has reason to believe that an incident is

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

the result of abuse/assault, exploitation, or neglect, must report immediately to the Department of Social and Health Services (866-3634276). One may wish to consult the Executive Director or Nurse Manager for assistance in making a determination if you have reasonable cause to believe or reason to expect the incident is reportable... Under the section titled, "Reporting Requirements," stated, "It is the responsibility of each staff member to immediately contact the department directly regarding suspected or alleged abuse or other improprieties. This community will not retaliate against any resident and / or staff member who reports an alleged incident of abuse in good faith."

Review of Department Records showed that a report was made on 02/20/2025 notifying the Department that a resident, who no longer resides at the facility and wanted to remain anonymous, experienced sexual abuse by a staff member at the facility. Further review of Department records showed no facility report for the alleged incident.

In an interview on 03/04/2025 at 5:27 PM, Collateral Contact 1 (CC1) stated they made the report after learning of an incident that occurred between their patient and a staff member of the facility. CC1 stated their patient was a former resident of the facility and that a staff member had touched the resident inappropriately. CC1 stated their patient, the former resident, wanted to remain anonymous.

Record review of R1's face sheet, undated, showed that R1 admitted to the facility on [redacted]/2020.

Record review of an investigation, dated, 02/26/2025, showed that [redacted] ([redacted]) entered the facility and inquired about an incident of potential sexual abuse. [redacted] informed Staff A, Executive Director, that the incident involved a resident who previously resided at the facility and a caregiver. Staff A confirmed the staff member was still employed at the facility. On 02/27/2025, Staff A met with several residents in the facility, including R1. R1 stated there was a situation that happened one time prior to 10/2023. R1 stated Staff B grabbed their hand and told them they loved them and had loved them since the day they met them. The next day R1 reiterated the incident to Staff A. R1 stated that it made them uncomfortable.

In an interview on 03/05/2025 at 8:43 AM, Staff A, Executive Director was asked to provide a staff list with hire and termination dates of employees for the past 6 months. Staff A stated, Staff B, caregiver, was terminated today. Staff A was asked what happened to Staff B. Staff A stated [redacted] had been out to the facility last week due to an allegation from a resident who previously resided at the facility. Staff A stated Staff B was suspended during the investigations and then was terminated. During the investigation and questioning of other residents, Staff A stated there was a current resident (R1) who reported to them an employee that had made them feel uncomfortable before. R1 stated Staff B told them they were attractive, wanted to marry them and loved them. Staff A was asked if they reported the incident when [redacted] came out to the facility regarding the initial report, they stated no because [redacted] was already involved and they didn't have a name for the previous resident.

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

In an interview on 03/05/2025 at 10:13 AM, Staff A was asked what their process was when learning of an allegation of abuse, they stated, they would notify the home office, suspend the employee and start their investigation. Staff A stated they would talk with the resident, notify family and their PCP (Primary Care Provider). Staff A stated they will report it to the state if they were able to substantiate it. Staff A was asked if they should report the incident to state regardless of the investigation, they stated yes. Staff A was asked why they didn't report the initial incident, they stated because it was a previous resident and they no longer lived at the facility. Staff A was asked since they knew who the AP (Alleged Perpetrator) was if they should have reported it to state, they stated yes. Staff A was asked once they became aware of the incident with R1 if that should have been reported, they stated probably. Staff A stated when [redacted] came out to the facility, they didn't think they needed to report it. Staff A was asked knowing what you know now, should both situations been reported to state, Staff A stated yes.

This is a recurring deficiency previously cited on 10/26/2023 and 07/10/2023.

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) May 3, 2025.

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

Administrator (or Representative) — Date: 4.3.25

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 3 sampled staff (Staff B) had an active licensed credential to provide care. This failure placed all 51 of 51 residents at risk of being cared for by unqualified staff.

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

Findings included...

Record review of facility document, titled, "Health Services Staff Training," dated 10/11/2023, showed, "The community will assure its staff members are provided training in accordance with state regulations and associated community processes. This training could include pre-service topics, general orientation and initial training as well as provision of ongoing education in accordance with state regulation." Under the section, titled, "Ongoing training," showed, "Staff will assure required certifications are kept current during the course of their employment."

Record review of the facility staff list, undated, showed that Staff B, caregiver, was hired on 12/01/2021.

In an interview on 03/05/2025 at 8:43 AM, Staff A, Executive Director, was asked what Staff B's role was at the facility, they stated, Staff B was a bus driver/caregiver. Staff A stated Staff B then was injured last year and was on light duty.

Record review of an email sent to the department, on 03/19/2025 at 11:32 AM, showed Staff A stated, Staff B's last day of working as a caregiver was 12/16/2023 when they got injured.

Record review of Nursing Assistant Registration, dated 03/19/2025, showed Staff B's license had a "current expiration date" of 11/30/2023.

Record review of the facility provided staff schedule showed Staff B worked:

-12/08/2023 as a caregiver
-12/10/2023 as a caregiver
-12/11/2023 as a bus driver
-12/12/2023 as a caregiver
-12/13/2023 as a bus driver
-12/14/2023 as a bus driver
-12/15/2023 as a bus driver
-12/16/2023 as a caregiver

In an interview on 03/05/2025 at 10:13 AM, Staff A was asked when Staff B was working as a caregiver, they stated, he had been working as a caregiver but in December 2023 they were injured. Staff B would help deliver room trays and packages. Staff A was asked if Staff B was working as a caregiver prior to them being injured, they stated, yes, they were driving the bus and working as a caregiver in the evenings. Staff A was asked if Staff B would still have an active caregiver license when they were injured and driving

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

the bus, they stated yes, Staff B would have kept it up to date. Staff A was asked if Staff B should have an active caregiver license, they stated yes. Staff A showed a copy of Staff B's license that showed it expired on 11/30/2023. Staff A stated they will go pull it and exited the room. Staff A returned and stated Staff B has an expired credential.

In an interview on 03/05/2025 at 11:14 AM Staff A, was asked if they have a policy about licensing, they stated they follow the Washington state guidelines. Staff A was asked what happens if a staff members license was expired, they stated, we should be pulling them off caregiving duties until it was resolved.

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) May 3, 2025

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

Administrator (or Representative) — Date: 4.3.25

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 3 sampled staff (Staff C) had final fingerprint background check completed. This failure placed all 51 of 51 residents at risk of being cared for by unqualified staff.

Findings included...

Record review of the facility staff list, undated, showed that Staff C, caregiver, was hired

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

on 11/23/2024.

In a records request on 03/05/2025 at 9:08 AM, Staff C's final fingerprint background check was not provided.

In an interview on 03/05/2025 at 12:24 PM, Staff A, Executive Director, stated Staff C didn't have a final fingerprint check done. Staff A was asked what the process was for hiring in relation to final fingerprints being done, Staff A stated they should be done within 30 days. Staff A stated they know Staff C was out of compliance. Staff A stated this is a reminder to have staff do audits.

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) May 3, 2025

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

Wells 4.3.25

Administrator (or Representative) Date

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