STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CENTRAL COLUMBIA SENIOR LIVING
THE CAMBRIDGE
301 H ST SW
QUINCY, WA 98848

RE: THE CAMBRIDGE # 1716

Dear Administrator:

This document references Compliance Determination 26155 (07/24/2023), which included complaint number(s) 85039.
The Department completed a complaint investigation of your Assisted Living Facility on 07/24/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Brittney Shull, Community Complaint Investigator

Consultation:

WAC 388-110-100 Discharge, social leave, and bed hold. The contractor is not required to discharge (move out) and readmit a resident for absences of less then twenty-one consecutive days. The contractor must:

(3) Notify the department within one working day whenever the resident:

(d) Is missing from the assisted living facility and his or her whereabouts are unknown.

The
facility failed to notify the department of the resident's unknown whereabouts
within one working day.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: THE CAMBRIDGE
Provider Type: Assisted Living Facility
License/Cert.#: 1716
Compliance Determination #: 26155
Intake ID: 85039
Investigator: Brittney Shull
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 07/05/2023 through 07/24/2023
Complainant Contact Date(s):

Allegation(s):
The facility failed to report that a resident eloped from the facility and returned a few days later.

Investigation Methods:

Sample:	Total residents: 25 Resident sample size: 5 Closed records sample size: 0
Observations:	Environment, Staff to resident interaction, Resident to resident interaction, Resident appearance, Facility Exits.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policies.

Investigation Summary:
Observation showed that staff to resident interaction was appropriate. Named Resident interview showed that they felt safe and understood the process for social leave but failed to notify the facility that they were not returning as expected. Record review and staff interview showed the facility followed the named resident's care plan. The facility failed to notify the department of the resident's unknown whereabouts within one working day, but all other notifications were made. Reference Consultation dated 07/25/2023 for WAC 388-110-100 (3)(d).

Conclusion / Action:

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