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

COMPREHENSIVE HEALTHCARE
GLEED ORCHARD MANOR
PO BOX 959
YAKIMA, WA 98907

RE: GLEED ORCHARD MANOR # 1916

Dear Administrator:

This document references Compliance Determination 33116 (12/14/2023), which included complaint number(s) 104186.
The Department completed a complaint investigation of your Assisted Living Facility on 12/14/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Lucinda Vautour, Licensor

Consultation:

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

The facility failed to follow their accounting policy and inform residents who received funds from the department of a thirty dollar monthly increase.

You Must:

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- 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

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: GLEED ORCHARD MANOR **Provider Type:** Assisted Living Facility

License/Cert.#: 1916
Intake ID: 104186
Compliance Determination #: 33116
Region/Unit #: RCS Region 1 / Unit G
Investigator: Lucinda Vautour
Investigation Date(s): 11/28/2023 through 12/14/2023
Complainant Contact Date(s):

Allegation(s):

Facility staff and a named resident who received funds from the department were not aware that residents received a thirty dollar monthly increase.

Investigation Methods:

Sample:	Total residents: 15 Resident sample size: 15 Closed records sample size:
Observations:	Environment Cares Residents
Interviews:	Residents Facility Staff Others not associated with the facility
Record Reviews:	Resident accounting forms Resident admission agreements Resident individual account balance sheets

Investigation Summary:

Observations, interviews and record reviews showed the residents were observed to be clean, well groomed and cheerful and there were no safety concerns observed. Interviews with the named resident and other residents who received funds from the State of Washington showed that they were not informed that their monthly amount of personal needs assessment increased thirty dollars starting in July. Interviews and record reviews showed the residents accounts were increased by thirty dollars starting in July of 2023 but the residents or facility staff were not informed. Failed facility practice found. WAC 388- 78A- 2600. Reference Statement of Deficiencies dated 12/14/2023.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

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☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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