STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

CASCADE LIVING GROUP - KENT LLC
ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY
24121 116TH AVE SE
KENT, WA 98030

RE: ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY License # 1993

Dear Administrator:

This letter addresses Compliance Determination(s) 58134 (Completion Date 04/24/2025) and 54682 (Completion Date 02/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/24/2025 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-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2474-2-e, WAC 388-112A-0611-2, WAC 388-112A-0611-1-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-a-iv, WAC 388-112A-0611-1-a-v, WAC 388-78A-2483-2, WAC 388-78A-2140-1-a-iii, WAC 388-78A-3000-1-a, WAC 388-78A-3030-2-e, WAC 388-78A-3040-7-a-iv, WAC 388-78A-3090-2-c-iv, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:
Jane Hermano, NCI
Kathy Young, Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1993	Compliance Determination # 54662
Plan of Correction	ARBOR VILLAGE RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 12	Licensee: CASCADE LIVING GROUP - KENT LLC	02/25/2025

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 the unannounced on-site full inspection on 02/12/2025 and 02/18/2025 of:
ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY
24121 116TH AVE SE
KENT, WA 98030

The following sample was selected for review during the unannounced on-site visit: 9 of 59 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

02/27/2025
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)

03.03.25
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 2 of 3 pets (Pet 2 and Pet 3), living on the premises, received regular veterinary examinations, received current vaccinations, and were veterinarian certified to be free of disease transmittable to humans. These failures placed all 59 residents at risk of contracting illnesses spread by pets.

Findings included...

Review of the facility's policy titled, "Pets", revised September 2011, showed the facility required residents, prior to bringing a pet into the facility, obtain a statement from the veterinarian the pet was free from diseases transmittable to humans. The policy showed the facility required all pet immunizations get updated per the veterinarian's recommendations.

PET 2
Observation on 02/13/2025 at 1:12 PM, showed Pet 2 inside the resident's apartment.

Review of the undated veterinary records showed no documentation that Pet 2 was veterinarian certified to be free of disease transmittable to humans. The records showed Pet 2 was past due for a rabies and Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia (FVRCP) vaccines. The records showed the vaccinations were all due on 02/01/2025.

PET 3
Observation on 02/13/2025 at 10:06 AM, showed Pet 3 inside of the resident's apartment.

Review of the facility's form titled, "Pet Health Record", dated 07/17/2023 and signed by a veterinarian, showed Pet 3 was due for an annual examination on 12/20/2023. The form did not indicate when Pet 3's vaccinations were due.

During an interview on 02/14/2025 at 12:53 PM, Staff A, Executive Director, stated that they were unaware Pet 2 and Pet 3's records were overdue. Staff A stated that the facility used a pet tracking system for pets that resided in the facility. Staff A stated that the system stopped functioning due to all the staffing changes.

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, ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 04.10.25 .

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

Administrator (or Representative) 03.03.25 Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

(iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 2 sampled night staff (Staff E) met all their training requirements required to provide resident care. This failure placed all 59 residents at risk of receiving inadequate care from untrained staff.

Findings included...

Review of the facility's Care Associate job description, revised 09/28/2021, showed Care Associates provided direct resident care. The job description showed the facility required Care Associates to maintain yearly state training requirements.

Review of Staff E's employee file showed the facility hired Staff E as a Care Associate on 02/06/2018. The records showed Staff E maintained an active Nursing Assistant Registered (NAR) credential. The records showed documentation Staff E completed four of the required 12 hours of continuing education trainings from their December 2023 birthday to their December 2024 birthday.

Review of the facility Care Staff schedules from December 2024 through February 2025 showed Staff E worked five shifts per week. The schedules showed Staff E worked a total of 41 shifts without completion of the training requirements.

During an interview on 02/18/2025 at 8:20 AM, Staff A, Executive Director, stated that they were unaware Staff E worked in the facility without completion of their annual training requirements.

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, ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 04.10.25 .

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

Administrator (or Representative) 03.03.25 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 3 staff (Staff B) completed one tuberculosis (TB) test upon hire. This failure placed all 59 residents at risk of contracting tuberculosis, a contagious illness.

Findings included...

Review of the facility's Care Associate job description, revised 09/28/2021, showed Care Associates provided direct resident care. The job description showed the facility required Care Associates to meet all health requirements, including TB testing.

Review of Staff B's employee records showed the facility hired Staff B as a Care Associate on 11/06/2024. The records showed that on 08/06/2024, Staff B completed a TB blood test, with negative results. There was no documentation that showed Staff B completed a TB test when hired.

Review of the facility's Care Staff schedules from December 2024 through February 2025 showed Staff B worked two to four shifts per week.

During an interview on 02/18/2025 at 8:20 AM, Staff A, Executive Director, stated that they were aware Staff B was required to complete a one TB test when hired.

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, ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 04.10.25 .

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

Administrator (or Representative) 03.03.25 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 4 of 5 residents' (Resident 4, Resident 6, Resident 7, and Resident 8) service plans with their current needs. This failure placed Resident 4, Resident 6, Resident 7, and Resident 8 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

Review of the facility's policy titled "Customized Service Plan (CSP)," revised December 2024, showed the CSP was developed based on the resident's needs and preferences. The policy showed the residents health care services were coordinated between the facility and outside services to ensure that resident's needs were met safely.

RESIDENT 4
Review of Resident 4's records showed that the facility admitted Resident 4 on [redacted]/2024.

Observation on 02/13/2025 at 2:15 PM showed Resident 4's left heel was covered with

wound dressing. The wound dressing was intact. During an interview at this time, Resident 4 stated that they occasionally experienced pain in their left heel throughout the day.

Review of the physician's order, dated 02/07/2025, showed Resident 4's left heel had an unstageable wound (the base of the wound was covered with dead tissue and was difficult to assess the extent of the wound's depth). Review of the order showed that home health care (external health care services) provided treatment and changed Resident 4's wound dressing, two times weekly. Review of the order showed staff were to monitor the left heel wound for signs and symptoms of infection, twice daily. The order requested staff to call home health if Resident 4's wound dressing came off.

Review of Resident 4's Service Plan, dated 05/30/2024, showed no documentation that Resident 4 had a wound on their left heel. There was no documentation that showed who was responsible to routinely change the wound dressing. The service plan showed no staff instructions about how to monitor for signs and symptoms of infection. There were no staff instructions about what actions to take if Resident 4's wound dressing fell off.

RESIDENT 6
Review of Resident 6's records showed that the facility admitted Resident 6 on [redacted]/2023.

During an interview on 02/13/2025 at 10:10 AM, Resident 6 stated that they previously used a CPAP device that helped their breathing while asleep. Resident 6 stated that their sleep quality improved, and since last year, they no longer used the CPAP. Resident 6 stated that their physician was aware they no longer use the CPAP device.

Review of Resident 6's Service Plan, dated 02/20/2024, showed that Resident 6 independently used a bilevel positive airway pressure (BIPAP)/continuous positive airway pressure (CPAP). The BIPAP/CPAP machine was a non-invasive ventilation therapy used to treat sleeping disturbance or other breathing disorders. There was no documentation in the plan that showed Resident 6 no longer used the device.

RESIDENT 7
Review of Resident 7's records showed that the facility admitted Resident 7 on [redacted]/2024.

Review of Resident 7's medical records showed an outside physician summary visit note, dated 09/27/2024, with an order for 10 units of Humalog Insulin (fast acting medication used to treat high blood sugar levels), administered subcutaneously (under the skin), before each meal. The summary note showed an order that requested the staff to hold the dose of Humalog Insulin if Resident 7's blood sugar level was below 90 milligrams per deciliter (mg/dL) and ensure Resident 7 received a meal.

Review of Resident 7's Service Plan Report, dated 12/16/2024, showed staff instruction to observe and report when Resident 7's blood sugar level was below 70 mg/dL. There was no guidance that instructed staff to ensure Resident 7 received a meal if Resident 7's blood sugar level was below 90 mg/dL, as ordered.

RESIDENT 8
Review of Resident 8's records showed that the facility admitted Resident 8 on [redacted]/2024.

Review of Resident 8's December 2024, January 2025, and February 2025 Medication Administration Records (MARs) showed that Resident 8 received 2.5 milligrams (mg) of Eliquis (medication to prevent blood clots), one tablet once a day, by mouth. The MARs showed Resident 8 received 75 mg of Clopidogrel (medication to prevent stroke, heart attack, and other heart problems), one tablet once a day in the morning, by mouth.

Review of Resident 8's Service Plan, dated 10/21/2024, showed no documentation that Resident 8 received a daily dose of Eliquis and Clopidogrel, as ordered.

Review of Resident 8's service plan showed that Resident 8 received Coumadin (medication to treat and prevent blood clots) and Aspirin, two medications with blood thinning properties. Review of Resident 8's MARs showed no orders Resident 8 received Coumadin and Aspirin.

During an interview on 02/18/2025 at 8:46 AM, Staff A, Executive Director, stated that they were unaware Resident 4, Resident 6, Resident 7, and Resident 8's service plans were not updated.

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, ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 04.10.25.

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

Administrator (or Representative) — Date: 03.03.25

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

WAC 388-78A-3030 Toilet rooms and bathrooms.

(2) The assisted living facility must provide each toilet room and bathroom with:

(e) Provide mechanical ventilation to the outside; and

WAC 388-78A-3040 Laundry.

(7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is:

(a) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 8 of 8 (two first floor common bathrooms, one second floor common bathroom, three resident's laundry rooms on the first, second, and third floor, and the second and third floor housekeeping rooms) provided proper air flow and ventilation to the outside of the facility. This failure placed all 59 residents at risk of potential respiratory illness and diminished quality of life from poor air circulation in the building.

Findings included...

Note: WAC 388-78A-3030 Toilet rooms and bathrooms: (2) The assisted living facility must provide each toilet room and bathroom with: (e) Provide mechanical ventilation to the outside.
WAC 388-78A-3040 Laundry: (7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is: (a) Equipped with: (iv) Mechanical ventilation to the outside of the assisted living facility.
WAC 388-78A-3090 Maintenance and housekeeping: (2) The assisted living facility must provide housekeeping supply room(s): (c) Equipped with: (iv) Mechanical ventilation to the outside of the assisted living facility.

Review of the facility's automated preventive maintenance system (TELS) showed multiple maintenance tasks, which included exhaust fans inspected for proper operation

and cleaning, as needed. The records showed no documentation about when the air exchange vents were last inspected.

Observation on 02/12/2025 between 11:17 AM and 12:18 PM showed non-functioning ventilation systems in two first floor common bathrooms, one second floor common bathroom, three resident's laundry room on the first, second, and third floors, and the second and third floor housekeeping rooms. Observation showed the housekeeping rooms stored housekeeping carts, buckets, mops, and cleaning chemicals. Observation showed the two housekeeping utility rooms each included a floor mop sink and faucet with drainage.

During an interview on 02/12/2025 at the time of observation, Staff G, Plant Operations Director, stated that an outside heating, ventilation, and air conditioning (HVAC) company maintained the ventilation system quarterly. Staff G stated that the company tested the system, and the air vents were functional at that time. Staff G stated that they were unaware the air exchange vents did not work.

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, ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 04.10.25 .

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

Administrator (or Representative) — Date: 03.03.25

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure hazardous chemicals were securely stored and inaccessible to 53 of 59 ambulatory residents (Resident 1 through Resident 53) with impairments and poor safety awareness. This failure placed Resident 1 through Resident 53 at risk of harm and injury

had they accessed and ingested the hazardous chemicals.

Findings included...

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 07/28/2023. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected on 09/25/2023.

Observation on 02/12/2025 at 11:31 AM, showed an unlocked activity room on the first floor. Observation showed no staff members present in the area. Observation showed a bottle of dishwashing liquid sat on top of the activity sink. The bottle of dishwashing liquid showed a warning label that stated the product may cause eye and skin irritation and vomiting if swallowed. Observation showed an unlocked cabinet that contained two bottles of spray adhesive and a bottle of wood glue. The warning labels showed the product may cause eye and skin irritation, vomiting if swallowed, and may cause respiratory irritation if inhaled.

During an interview on 02/12/2025 at 11:50 AM, Staff I, Life Enrichment Director, stated that they were aware that the hazardous chemicals should be stored in a locked cabinet.

Observation on 02/12/2025 at 12:05 PM in the second-floor hallway, outside of a resident's apartment, showed an unattended housekeeping cart. Observation of the cart showed an open bottom shelf which contained a gallon of hand sanitizer and a bottle of liquid soap. The hand sanitizer warning label showed the product may cause poisoning, with instruction to call Poison Control if swallowed.

During an interview on 02/12/2025 at 12:12 PM, Staff H, Housekeeper, stated that they were aware that the housekeeping carts should not be left unattended or unsecured.

Interview on 02/12/2025 at 12:13 PM, Staff G, Plant Operations Director, stated that the housekeepers were aware all hazardous chemicals were to be lock in the housekeeping cart. Staff G stated they were unaware that Staff H's housekeeping cart contained hazardous chemicals that were not secured or locked.

This is a recurring deficiency previously cited on 08/11/2023.

Statement of Deficiencies	License #: 1993	Compliance Determination # 54682
Plan of Correction	ARBOR VILLAGE RETIREMENT & ASSISTED LIVING	Completion Date
Page 12 of 12	Licensee: CASCADE LIVING GROUP - KENT LLC	02/25/2025

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, ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 04.16.25 .

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

Administrator (or Representative)

03.03.25
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

02/27/2025

CASCADE LIVING GROUP - KENT LLC
ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY
24121 116TH AVE SE
KENT, WA 98030

RE: ARBOR VILLAGE RETIREMENT & ASSISTED LIVING COMMUNITY # 1993

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/25/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 246-215-02120 Food worker cards.

(1) The permit holder and person in charge of the foodestablishment shall ensure that all foodemployees are in compliance with the provisions of chapter 69.06 RCW and chapter 246-217 WAC for obtaining and renewing valid foodworker cards.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

The facility failed to ensure one staff maintained a valid food worker card. During the full inspection, the facility ensured the staff renewed their food worker card.

WAC 388-78A-2220 Prescribed medication authorizations.

(2) The documentation required above in subsection (1) of this section must include the following information:

(a) The name of the resident;

The facility staff failed to label resident prescription and over-the-counter medications stored on the facility medication carts with the residents' name. During the full inspection, the staff labeled all medication containers on all medication carts with corresponding residents names.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure