



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

AVALON PROGRESSIVE CARE LLC
AVALON PROGRESSIVE CARE LLC
1937 2ND AVE
CLARKSTON, WA 99403

RE: AVALON PROGRESSIVE CARE LLC License # 2039

Dear Administrator:

This letter addresses Compliance Determination(s) 43841 (Completion Date 07/09/2024) and 41213 (Completion Date 05/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/09/2024 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-3090-1-b

The Department staff who did the on-site verification:
Stephanie Jenks, Community Field Manager

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services



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Statement of Deficiencies	License #: 2039	Compliance Determination # 41213
Plan of Correction	AVALON PROGRESSIVE CARE LLC	Completion Date
Page 1 of 3	Licensee: AVALON PROGRESSIVE CARE LLC	05/17/2024

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 05/15/2024, 05/16/2024 and 05/17/2024 of:

AVALON PROGRESSIVE CARE LLC
1937 2ND AVE
CLARKSTON, WA 99403

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patty Ford, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

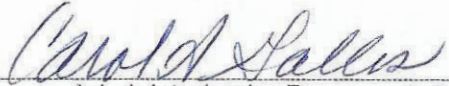
Residential Care Services

05/21/2024

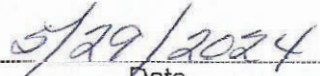
Date

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.

Statement of Deficiencies	License #: 2039	Compliance Determination # 41213
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Administrator (or Representative)



Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that the exterior of the facility and grounds were safe and well maintained. This failure placed residents at risk of injury and decreased quality of life.

Findings included...

During the environmental tour on 05/15/2024, from 2:07 PM to 2:45 PM, accompanied by Staff B, Assistant Administrator, observation showed:

<South side of building>

Observation showed the deck exhibited physical signs of distortion from its original flat or straight form. The deck boards that were meant to be straight had noticeable sway or curve to them. In addition, some boards were unstable underfoot. Further observation showed the deck boards appeared to be warped with uneven surfaces and misalignment of boards.

<Southeast side of building>

The wood deck staircase on the Southeast of the building showed significant signs of deterioration posing both aesthetic and safety concerns. The wood deck staircase was warped and coming loose from the foundation. In addition, it showed clear signs of rotted wood and cracked and splinted wood throughout the entire staircase. Observation further showed the wood deck staircase had extensive peeling paint exposing the bare wood along the handrails and floor beams of the deck and the remaining paint appeared discolored, uneven, and patchy.

In an interview on 05/15/2024 at 4:38 PM, Staff A, Administrator, and Staff B stated there had not been any repairs performed on either deck since their last full inspection.

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This is a previous consultation on 09/28/2022.

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, AVALON PROGRESSIVE CARE LLC is or will be in compliance with this law and / or regulation on

(Date) July 1, 2024 5/29/24

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

Camp A. Gallen
Administrator (or Representative)

5/29/2024
Date