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

10/25/2024

Cascade Living Group - Shelton, LLC
Alpine Way Retirement Apartments
900 W Alpine Way
Shelton, WA 98584

RE: Alpine Way Retirement Apartments # 2141

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49370 (Completion Date 10/25/2024) and 43051 (Completion Date 07/09/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/25/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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

The Department staff who did the On Site verification:
Pamela Horlick, NCI RN Complaint Investigator

If you have any questions, please contact me at (253)254-3190.

Sincerely,

pp

Cory Cisneros, Field Manager

Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Alpine Way Retirement Apartments
License/Cert.#: 2141
Compliance Determination #: 43051
Investigator: Pamela Horlick
Investigation Date(s): 06/24/2024 through 07/09/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 135340
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Resident/Patient/Client Neglect: Report of a resident not being afforded the opportunity to use the toilet when needed with a mechanical lift device, only receiving one shower a week, and concern of resident not receiving their prescribed medications.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Health and wellness Director
Record Reviews:	State reporting log Incident investigation Care Plans Face Sheets Mechanical Lift Policy Training documents Witness Statement MAR Progress Notes Interview tool

Investigation Summary:

Resident provided two showers a week per the Negotiated Service Agreement and all

medications provided to the resident per review of the residents Medication Administration Record. Facility staff failed to report neglect of a resident when another staff member was informed of it. Failed practice identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2141	Compliance Determination # 43051
Plan of Correction	Alpine Way Retirement Apartments	Completion Date
Page 1 of 4	Licensee: Cascade Living Group - Shelton, LLC	07/09/2024

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 an unannounced on-site complaint investigation on 06/24/2024 and 07/08/2024 of:

Alpine Way Retirement Apartments
900 W Alpine Way
Shelton, WA 98584

This document references the following complaint number(s): 135340, 135964

The following sample was selected for review during the unannounced on-site visit: 3 of 72 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

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

07/10/2024
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.

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Residential Care Services _____ 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) — Date: 7/22/24

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

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff immediately reported neglect to the department's Complaint Resolution Unit for 1 of 3 residents (Residents 1 [R1]) reviewed. This failure placed 72 of 72 residents at risk for neglect and unmet care needs.

Findings included...

"RCW 74.34.035 Reports—Mandated and Permissive—Contents—Confidentiality. (1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

Record review of Assisted Living Facility Guidebook, dated February 2018, showed to report to the department when there was reasonable cause to believe violations had occurred involving abuse, neglect, abandonment, significant injuries of unknown source, or personal and/or financial exploitation.

Record review of the facility policy, titled, "Abuse and Neglect," revised 09/2017, stated, "All alleged/suspected abandonment, abuse, or neglect is investigated by the executive director or designee and timely reported following the Washington Reporting Requirements for Assisted Living... The executive director or designee investigates all cases of alleged/suspected abuse or neglect. All associates are educated on abuse and neglect. Any associate hearing or witnessing any abandonment, abuse, or neglect in the community and has reasonable cause to believe the incident is reportable, must report, without fear of reprisal, as follows:

1.) Notify the Washington State Complaint Resolution Unit (CRU:1-800-562-6078) as soon as the resident is protected from further harm.

Administrator (or Representative) Date

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1.) Notify the Washington State Complaint Resolution Unit (CRU:1-800-562-6078) as soon as the resident is protected from further harm.

2.) Notify their immediate supervisor, manager on duty, or executive director of the alleged incident."

Under "Definitions and Examples," it stated, "Neglect is a pattern of conduct or inaction of a care provider that fails to provide goods or services that maintain physical or mental health; or that fails to avoid or prevent physical or mental harm or pain; or an act of omission that constitute a clear and present danger to health, welfare, or safety of a resident."

Review of R1's face sheet, dated 06/24/2024, showed that R1 was admitted to the facility on [redacted]/2024.

Record review of Residential Care Services Online Incident Report, dated 06/19/2024, showed a report was received to the Complaint Resolution Unit (CRU) regarding R1 not being afforded the opportunity to use the restroom and being instructed to use their brief. There was no report from the facility regarding this incident.

Record review of a witness statement provided to the department, dated 06/26/2024, Staff B, Medication Technician, wrote that Staff C, Caregiver, told them that R1 wanted to get up and use the toilet. Staff C explained that they told R1 they must go to the bathroom in their brief due to them not having the ability to walk or stand on their own. Staff B explained to Staff C that there was a way to get R1 to the restroom by using a toilet sling and a hoyer lift.

In an interview on 06/24/2024 at 11:25 AM, R1 was asked if staff helped them with their toileting needs, R1 stated "yes, sort of. They told me to go in bed. They put diapers on me and I am supposed to go in them." R1 was asked if they call for help from the caregivers to assist with toileting, R1 stated, yes, I am supposed to call them after I go in my brief.

Record review of R1's Negotiated Service agreement, last reviewed on 02/22/2024, under the "Toileting" category stated, "Resident requires total assistance for toileting with 2 person assist with hoyer and incontinence care AM/PM and PRN (as needed). Resident does use the toilet and will require a split leg hoyer sling for toileting."

In an interview on 07/08/2024 at 10:54AM, Staff A, Health and Wellness Director, was asked when Staff B was first made aware of Staff C telling R1 to use his brief, Staff A stated, not until he was cleaned up that day when it happened, when R1 first arrived to the facility. Staff A was asked if Staff B should have reported it to Staff A when they learned of what happened. Staff A stated, yes Staff B should have reported it. Staff A was asked if the facility would have reported the incident to the Complaint Resolution Unit (CRU), they stated, yes, it would have absolutely been reported to CRU at that time we were aware of it.

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Plan of Correction	Alpine Way Retirement Apartments	Completion Date
Page 4 of 4	Licensee: Cascade Living Group - Shelton, LLC	07/09/2024

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, Alpine Way Retirement Apartments is or will be in compliance with this law and / or regulation on (Date) 8/23/24

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

Administrator (or Representative)

7/22/24
Date

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, Alpine Way Retirement Apartments is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date