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

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

RE: Alpine Way Retirement Apartments License # 2141

Dear Administrator:

This letter addresses Compliance Determination(s) 70990 (Completion Date 01/06/2026) and 68712 (Completion Date 11/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/06/2026 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-2120, WAC 388-78A-2120-2, WAC 388-78A-2120-2-a, WAC 388-78A-2120-2-b, WAC 388-78A-2120-3, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse 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 #: 68712
Investigator: Paul Aube
Investigation Date(s): 11/14/2025 through 11/14/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 198883
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
Quality of Care/Treatment: Facility report of a resident fall with injury.

Investigation Methods:

Sample:	Total residents: 81 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Management
Record Reviews:	Incident investigation Facility policies Negotiated Service Agreements Temporary Service Plans Progress Notes/Alert Charting

Investigation Summary:
Quality of Care/Treatment: Facility failed to follow policy and implement preventative interventions after residents fell at the facility. This resulted in a resident being hospitalized, requiring surgical intervention. Failed practice identified.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 11/14/2025 of:

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

This document references the following complaint number(s): 198883

The following sample was selected for review during the unannounced on-site visit: 3 of 81 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

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.

Clinton Fridley RN
Residential Care Services

11/21/2025
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.

Trudy Hurtes
Administrator (or Representative)

11/24/25
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to document and implement preventative fall interventions after residents fell in the community for 2 of 3 residents (Resident 1 [R1] and Resident 3 [R3]). This failure resulted in R1 having another fall to which they sustained an injury which required surgical intervention.

Findings included...

Facility policy titled, "Fall Management," last reviewed on 01/2008, documented after a resident falls, an evaluation of possible causes is done and additional measures are

implemented as indicated to prevent further falls related to a similar cause. The [Temporary] Service Plan (TSP) is updated with additional, on-going measures to reduce or minimize injury related to falls.

On 11/14/2025 at 11:11 AM, Staff A, Health and Wellness Coordinator, stated that "the caregiver is supposed to call the nurse if there is not one already there, and the nurse does an initial assessment [of the resident]. Anything that is not baseline, they are to call EMS (Emergency Medical Services) ... [Staff] need to sit down, and they are supposed to write down what happened. That is what goes in the Incident Report... Then they are to create a Temporary Service Plan (TSP)." Staff A was asked if the TSP would have documented preventative fall interventions. Staff A confirmed this is where the preventative fall interventions were documented and is where the staff go to learn of new interventions after the incident. Staff A was asked if the TSP was pre-populated or pre-filled with generic interventions provided by their computer system, or if they are customized per resident fall. Staff A stated, "Everyone has the standard ones, which included the monitoring interventions. The staff should be thinking of an intervention to prevent future falls, and then write it directly on the TSP."

<R1>

Record review of R1's Face Sheet showed that the resident was admitted to the facility on [redacted]/2020.

Record review of document titled, "incident report," dated 10/17/2025 at 10:15 PM, for R1, documented that "Resident was noted to be on the floor." Further review of the incident report showed that steps taken to protect the resident from further incidents included "Safety Checks" and there was no specification documentation regarding what the safety checks entailed.

Record review of R1's progress note, dated 10/17/2025 at 10:15 PM, documented that "during rounds resident was noted to be on the floor. Resident does not offer an explanation to why [they were] on the floor."

Record review of R1's progress note, dated 10/18/2025 at 2:57 AM, documented "[R1] will be placed on alert charting for non-injury fall. Location of injury is Residents' bathroom. Suspected cause of Non-injury Fall is Acute or change in health condition, further described as resident was having diarrhea 10/16, and [they were] running a fever... Current symptoms present: [R1] will be monitored for standard Non-injury Fall symptoms as stated on TSP. Additional symptoms to monitor include temperature. Actions taken/follow up: Standard Non-injury Fall actions will be taken as stated on TSP. Additional actions to take include..." This section was left blank. There were no additional actions included/provided in the progress note.

Review of the Temporary Service Plan for R1 dated 10/18/2025 at 2:57AM showed a

pre-populated script which is pre-populated for each resident who has a fall in the community. Under the "Symptoms to monitor" section it notified staff to monitor for "Changes in alertness/cognition, new or increased complaints of pain, changes in functional abilities, redness, swelling or warmth at injured site, changes in vital signs, tiny or extra-large pupils, or one pupil larger than the other, and temperature." Under the "Actions to Take," section, it notified staff to, "Report any of the above symptoms/change in condition to the [Licensed Nurse] immediately, monitor vital signs, give [as needed] medications as prescribed by Provider for pain, frequent checks as specified, ensure pathways are clear, well lit & adaptive equipment in use or within reach during checks, and offer to assist with ADL tasks while performing checks to prevent unmet needs." Further review of the TSP showed no personalized written interventions for future fall prevention.

Record review of R1's progress note, dated 10/18/2025 at 5:31 AM, documented that at "4:30 AM resident was noted to be on the floor beside residents' bed... Resident was not able to bear weight on [their] right leg when staff assisted [them] to bed. EMS was dispatched to transport resident to hospital."

Record review of R1's progress note, dated 10/18/2025 at 1:37 PM, documented that an "X-Ray noted with broken right hip; scheduled for surgery tomorrow morning..."

Record review of R1's facility resident records showed that no Incident Report was completed for R1's second fall on 10/18/2025.

<R3>

Record review of R3's Face Sheet showed that the resident was admitted to the facility on [redacted]/2022.

Record review of document titled, "incident report," dated 11/02/2025 at 11:30 PM, for R3, documented that "Resident noted to be on [their] knees on the floor by [their] TV." Review of the steps taken to protect the resident from further incidents included, "vitals, skin assessment, extremity pain and weakness assistance, back to recliner chair, [acetaminophen] given." Further review of the incident report showed that there was no personalized preventative fall interventions listed.

Record review of R3's progress note, dated 11/03/2025 at 10:32 AM, documented that "[R3] is on alert for a fall on 11/2 [11/02/2025]. [R3] with complaints of [pain] over all body aches. Unable to specify what hurts." Further review of progress notes showed there were no personalized preventative fall interventions documented.

Record review of R3's TSP, dated 11/02/2025 at 11:51 AM, showed a pre-populated script which is pre-populated for each resident who has a fall in

the community. Under the "Symptoms to monitor" section it notified staff to monitor for "Changes in alertness/cognition, new or increased complaints of pain, changes in functional abilities, redness, swelling or warmth at injured site, changes in vital signs, tiny or extra-large pupils, or one pupil larger than the other, and temperature." Under the "Actions to Take," section, it notified staff to, "Report any of the above symptoms/change in condition to the [Licensed Nurse] immediately, monitor vital signs, give [as needed] medications as prescribed by Provider for pain, frequent checks as specified, ensure pathways are clear, well lit & adaptive equipment in use or within reach during checks, and offer to assist with ADL tasks while performing checks to prevent unmet needs." Further review of the TSP showed no personalized written interventions for future fall prevention.

On 11/14/2025 at 11:11 AM, Staff A was asked to review the TSP for R1 and demonstrate the documented preventative fall interventions for their falls and stated, "I can see what you mean, there isn't anything there." Staff A was then asked to review the TSP for R3 and demonstrate the documented preventative fall interventions for their fall and stated, "It also is not clear." Staff A was asked if they felt that it was possible that R1's fracture after their fall could have been prevented if fall interventions were put into place. Staff A stated, "It is possible."

This is a recurring deficiency previously cited on 04/25/2024.

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) 12/29/25 .

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

Trudy Hunter — Administrator (or Representative)

12/29/25 — Date