STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

AMENDED
03/06/2025

Caring Places Management, LLC
Easthaven Villa
311 Cullens St NW
Yelm, WA 98597

RE: Easthaven Villa # 2144

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55696 (Completion Date 03/06/2025) and 52236 (Completion Date 01/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/06/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

The Department staff who did the On Site verification:
Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Scotti Bower

IDR Program Manager signed for Jody Just

Jody Just, Field Services Administrator
Region 3, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Easthaven Villa
Provider Type: Assisted Living Facility
License/Cert.#: 2144
Compliance Determination #: 52236
Intake ID: 157558
Investigator: Emily Boniface
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 12/26/2024 through 01/03/2025
Complainant Contact Date(s):

Allegation(s):
Received intake due to resident-to-resident sexual contact in memory care unit.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Staff to resident interactions
Interviews:	Identified staff Identified resident Administrator Care Staff Resident Care Coordinator
Record Reviews:	State reporting log Incident investigation Facility policies Negotiated Service Agreements department case manager assessments

Investigation Summary:
After observation, interview, and record review the facility failed to incorporate the department's assessment into the resident service agreement which led to the resident-to-resident interaction. Failed practice identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Easthaven Villa
Provider Type: Assisted Living Facility
License/Cert.#: 2144
Compliance Determination #: 52236
Intake ID: 159781
Investigator: Emily Boniface
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 12/26/2024 through 01/03/2025
Complainant Contact Date(s):

Allegation(s):
Received complaint for resident-to-resident sexual contact in memory care unit.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Staff to resident interactions
Interviews:	Identified staff Identified resident Administrator Care Staff Resident Care Coordinator
Record Reviews:	State reporting log Incident investigation Facility policies Negotiated Service Agreements department case manager assessments

Investigation Summary:
After observation, interview, and record review the facility failed to incorporate the department's assessment into the resident service agreement which led to the resident-to-resident interaction. 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

Statement of Deficiencies	License #: 2144	Compliance Determination #52236
Plan of Correction	Easthaven Villa	Completion Date
Page 1 of 3	Licensee: Caring Places Management, LLC	01/03/2025

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 an unannounced on-site complaint investigation on 12/26/2024, 12/26/2024 and 12/26/2024 of:

Easthaven Villa
311 Cullens St NW
Yelm, WA 98597

This document references the following complaint number(s): 157558, 159781

The following sample was selected for review during the unannounced on-site visit: 5 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

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.

Jody Just
Residential Care Services

01/09/2025
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.

Statement of Deficiencies	License #: 2144	Compliance Determination # 52236
Plan of Correction	Easthaven Villa	Completion Date
Page 2 of 3	Licensee: Caring Places Management, LLC	01/03/2025

Administrator (or Representative) 1/10/2025 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

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(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to incorporate information from the department case manager's assessment into the facility's service plan (facility's negotiated service agreement [NSA]) for 1 of 1 sampled residents (Resident 4 [R4]). This failure placed R4 at risk for not receiving necessary services resulting in unmet care needs

Record review of R4's "Resident Info Sheet," showed R4 was admitted to the memory care unit within the facility on [redacted]'2024 and had a diagnosis of [redacted].

Record review of the department's CARE assessment, dated 07/16/2024 and completed by the department's case manager, showed that staff instructions under sections labeled "safety," and "locomotion outside of room," was to keep client within line-of- sight. The record showed the facility was the paid provider for those tasks and that the support needs were unmet in those categories. Under the cognitive section of the assessment, it noted "the client made impulsive decisions related to ADLs and was unaware of the consequences. The client required reminders, cues, and supervision in planning, organizing and correcting daily routines."

Record review of R4's NSA, last updated 06/21/2024, did not show instructions to staff to keep R4 within line of sight.

In an interview on 12/26/2024 at 4:07 PM, Staff B, Resident Care Coordinator, stated they were the staff person who completed and updated the facility NSAs for all memory care residents

In an interview on 12/26/2024 at 4:15 PM, Staff B, Resident Care Coordinator, stated they failed to include the "line-of-sight" instructions to caregivers when they reviewed the CARE assessment and updated R4's NSA on 06/21/2024.

Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

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Statement of Deficiencies	License #: 2144	Compliance Determination # 52236
Plan of Correction	Easthaven Villa	Completion Date
Page 3 of 3	Licensee: Caring Places Management, LLC	01/03/2025

In an interview on 01/09/2025 at 11:00 AM, Staff A, Administrator, and Staff B acknowledged R4's NSA did not include the line- of- sight instructions to caregivers and acknowledged that it should have been included in the NSA.

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, Easthaven Villa is or will be in compliance with this law and / or regulation on (Date) 2/17/25 .

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

Administrator (or Representative) — Date: 1/10/2025

In an interview on 01/03/2025 at 11:00 AM, Staff A, Administrator, and Staff B acknowledged R4's NSA did not include the line- of- sight instructions to caregivers and acknowledged that it should have been included in the NSA.

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, Easthaven Villa 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