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

05/09/2025

Victoria Aid Opco LLC
Victoria Place
491 Discovery Rd
Port Townsend, WA 98368

RE: Victoria Place # 2185

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59381 (Completion Date 05/09/2025) and 55191 (Completion Date 02/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/09/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3152 Plan of correction Required.

(4) For purposes of this section an "attestation of correction statement" means a statement developed by the department and signed and dated by the home, that the home:

(a) Has or will correct each cited deficiency; and

(b) Will maintain correction of each cited deficiency.

(5) The home must be able to show to the department, upon request, that, for each deficiency cited, the home has:

(b) Corrected or is correcting each deficiency; and

(c) Maintained or is maintaining compliance.

(6) On each attestation of correction statement, the home must:

(b) By signature and date showing that the home has or will correct, and maintain correction, of each deficiency.

The Department staff who did the On Site verification:

Anissa Bearden, Licensor

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

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit F
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Victoria Place
Provider Type: Assisted Living Facility
License/Cert.#: 2185
Compliance Determination #: 55191
Intake ID: 168409
Investigator: Celeste Vashey
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 02/18/2025 through 02/21/2025
Complainant Contact Date(s):

Allegation(s):

1) The facility was not back in compliance by the attestation date per their plan of correction.

Investigation Methods:

Sample:	Total residents: 26 Resident sample size: 26 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Kitchen
Interviews:	Nursing staff Residents
Record Reviews:	Facility policies Personnel files Staff training records

Investigation Summary:

1) Based on observation, interview, and record review the facility was not back in compliance by their attestation date.

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 02/18/2025 and 02/21/2025 of:

Victoria Place
491 Discovery Rd
Port Townsend, WA 98368

This document references the following complaint number(s): 168409

The following sample was selected for review during the unannounced on-site visit: 26 of 26 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Celeste Vashey, ALF LTC 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.

Cory Cisneros
Residential Care Services

02/28/2025
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)

3-19-2025
Date

WAC 388-78A-3152 Plan of correction Required.

(4) For purposes of this section an "attestation of correction statement" means a statement developed by the department and signed and dated by the home, that the home:

(a) Has or will correct each cited deficiency; and

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(5) The home must be able to show to the department, upon request, that, for each deficiency cited, the home has:

(b) Corrected or is correcting each deficiency; and

(c) Maintained or is maintaining compliance.

(6) On each attestation of correction statement, the home must:

(b) By signature and date showing that the home has or will correct, and maintain correction, of each deficiency.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to maintain compliance and to implement a plan of correction by the facility's attestation date for 1 of 1 facility's reviewed. These failures placed all 26 of 26 residents at risk for unmet care needs, and decreased quality of life.

Findings included...

Kitchen Environment

Record review of the "Department of Social And Health Services" document, Completion date 01/02/2025, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-78A-2305] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Senior Executive Director, signed the document on 01/24/2025. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 01/21/2025."

Record review of the facility document, "Plan of Corrections", undated, showed for WAC 388 78A 2305 the facility obtained quotes from contactors to renovate the broken cabinets, drawers, and kitchen countertops.

In an interview and observation on 02/18/2025 at 12:20 PM, Staff D, Director of Culinary Services, said they had been unsure when the maintenance was scheduled to take place inside of the kitchen to fix the cabinet drawers and missing cabinet doors. Staff D said three days ago they were provided four blue cloths to drape over the cabinet doors that were missing. Observation of the blue cloths showed they were velcroed at the top of the cabinet. The blue drapes were very long with the bottom of the drapes laid on the ground of the kitchen. Staff D said some of the drawers inside of the kitchen did not close all the way. Staff D had been observed to open a drawer that was attached to the kitchen island and faced the kitchen stove. The drawer could not evenly go into the hole it was intended to. There had been a kitchen sink that was located next to the stove. The sink did not have any cabinet doors or drapes on the right- or left-hand side. The kitchen cabinet on the right-hand side of the sink had cloths, pans, and other cookware inside of it that. The cabinet did not have a blue drape that covered it. Staff D said the cabinet did not have a blue drape over it because they only were provided a total of four to use to see if the drape system would work. The kitchen island had four cabinet doors that were missing without the blue drapes.

In an interview on 02/18/2025 at 1:08 PM, Staff A, Senior Executive Director, said the facility did not have a start date of when maintenance work was scheduled to take place inside of the kitchen. Staff A said they received two bids for the work that needed to be completed inside of the kitchen. Staff A said they were requested to obtain a third bid before the owner would decide to move forward with the kitchen maintenance.

Background Checks

Record review of the "Department of Social And Health Services" document, Completion date 01/02/2025, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-

78A-2462] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Senior Executive Director, signed the document on 01/24/2025. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 01/31/2025."

Record review of the facility document, "Plan of Corrections", undated, showed for WAC 388 78A 2462, background checks for contracted agency workers would be available on site prior to the first shift worked in the community. All community staff would have background checks submitted within two weeks of hire and be available in a secured location in the community.

Staff F

In an interview on 02/21/2025 at 11:21 AM, Staff I, Resident Care Coordinator said Staff F's, Agency Medication Technician, first date worked at the facility was on 09/13/2024.

Record review of the facility's untitled and undated document titled "February", dated 02/02/2025 through 02/08/2025, showed a schedule of the caregivers and medication technicians for the facility. On 02/08/2025 from 2:00 PM until 6:00 AM, Staff F was scheduled to work.

As of 02/18/2025 at 5:50 PM, the facility was unable to provide a Washington State Name and Date of Birth background check for Staff F for review.

In an interview on 02/18/2025 at 5:33 PM, Staff A stated the facility did not have a Washington State Name and Date of Birth background check for Staff F for the Department to review.

Record review of Staff F's Washington State Name and Date of Birth background check, dated 02/20/2025, showed it was completed after the Department requested it. The facility was unable to provide any Washington State Name and Date of Birth background results that were completed prior to Staff F's first day worked at the facility.

Staff G

Record review of an email sent to the Department on 02/20/2025 at 1:25 PM, showed Staff G's, Agency Medication Technician, first date worked at the facility was on

01/26/2025 as a facility caregiver.

Record review of the facility's untitled and undated document titled "February", dated 02/02/2025 through 02/08/2025, showed a schedule of the caregivers and medication technicians for the facility. On 02/02/2025 and 02/06/2025 through 02/08/2025 from 2:00 PM until 6:00 AM, Staff G was scheduled to work.

Record review of Staff G's Washington State Name and Date of Birth background check, dated 02/18/2025, showed it was completed when the Department requested it. The facility was unable to provide any Washington State Name and Date of Birth background results that were completed prior to Staff G's first day worked at the facility.

In an interview on 02/18/2025 at 3:09 PM, Staff A stated they were responsible to ensure that all employees and agency employees had their background check completed.

CPR (cardiopulmonary resuscitation)/First Aid Certificate

Record review of the "Department of Social And Health Services" document, Completion date 01/02/2025, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-78A-2474] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Senior Executive Director, signed the document on 01/24/2025. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 12/23/2024."

Record review of the facility document, "Plan of Corrections", undated, showed for WAC 388 78A 2474, requirements would be met by completion of the training tracker for each nursing staff member. The purpose of the tracker was to monitor the completion of CPR and First Aid.

Record review of Staff E's CPR/AED and Standard First-Aid certificate showed it was completed 02/18/2025. Staff E's certificate had been completed 57 days after the plan of correction attestation date.

Disclosure of Services

Record review of the "Department of Social And Health Services" document, Completion date 01/02/2025, showed "As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations [including WAC 388-78A-2710] as stated in the cited deficiencies in the enclosed report. 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." The administrator section showed Staff A, Senior Executive Director, signed the document on 01/24/2025. Staff A signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 01/20/2025."

Record review of the facility document, "Plan of Corrections", undated, showed under WAC 388 78A 2710 the community would ensure all current residents or responsible parties signed the form during their next care conference.

Record review of the facility's, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", undated, showed Resident 6 (R6) moved into the facility on 05/06/2022.

Record request on 02/18/2025 at 3:09 PM, the Department requested R6's signed disclosure of services to review.

Record review of R6's, "Disclosure of Services Required by RCW (Revised Code Washington) 18.20.300", dated 02/18/2025, showed R6 signed the document on 02/18/2025.

In an interview on 02/18/2025 at 4:39 PM, R6 said the facility staff had provided them a copy of the facility disclosure of services form today and requested that R6 signed the document. R6 said prior to today the facility did not provide them with an updated copy of their most current disclosure of services.

In an interview on 02/18/2025 at 3:25 PM, Staff A, Senior Executive Director, stated they would have all the residents that had cognitive deficits, the resident's representatives sign a new copy of the disclosure of services at the residents next care conference.

In an interview on 02/21/2025 at 11:21 AM, Staff I, Resident Care Coordinator, said they were tasked to obtain residents signed disclosure of services agreements on 02/03/2025.

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, Victoria Place is or will be in compliance with this law and / or regulation on (Date) ~~5.15.2025~~ JH 4.7.2025

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

[signature] 3-19-2025

Administrator (or Representative) Date

Plan of Corrections Victoria Place 3/19/2025

- Kitchen Environment
  Kitchen remodel is scheduled for 4/23/25-5/7/25. All cabinets and drawers in the kitchen will be replace to include drawers and doors. A deep clean of the kitchen was completed on 3/7/2025. Scheduled weekly cleaning will be maintanied by Culinary staff.
- Background Checks
  Background checks for employees will be completed within 2 weeks of hire and available on site for review. Background checks for agency workers will be submitted to community by agency prior to first day worked. BCCU background check will be completed by community within first two weeks of contracted employment and available on site for review.
- CPR
  Original CPR taken in December of 2024 had been misplaced, class was retaken on 2/18/2025. Original has now been recovered.
- Disclosure of Services
  Signed Disclosure of Services have been obtained for all residents with the exeption of 4 that we are awaiting postal mail responses for. Signed Disclosure of Services will be obtianed at move in moving forward.