



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Ruan's Garden, Ltd
Ruan's Garden
2839 W Kennewick Ave #312
Kennewick, WA 99336

RE: Ruan's Garden License # 2206

Dear Administrator:

This letter addresses Compliance Determination(s) 65919 (Completion Date 09/22/2025) and 62123 (Completion Date 07/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/22/2025 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-2487, WAC 388-78A-2474-2-b, WAC 388-78A-2474-4, WAC 388-112A-0080-5, WAC 388-112A-0105-1, WAC 388-78A-2470-1

The Department staff who did the on-site verification:
Robin Barnes, Assisted Living Facility Licensors

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2206	Compliance Determination #62123
Plan of Correction	Ruan's Garden	Completion Date
Page 1 of 6	Licensee: Ruan's Garden, Ltd	07/14/2025

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 the unannounced on-site full inspection on 07/08/2025 and 07/09/2025 of:

Ruan's Garden
3502 W 4th Ave
Kennewick, WA 99336

The following sample was selected for review during the unannounced on-site visit: 4 of 9 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licenser
Elaine Lopez, Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies	License # 2206	Compliance Determination #62123
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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.

Laura Williams-Davis

Residential Care Services

07/21/2025

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.

for Lot Hollenback

by [Signature]
Administrator (or Representative)

7-24-2025
Date

WAC 388-76A-2487 Tuberculosis Declining a skin test. The assisted living facility must ensure that a staff person take the blood test for tuberculosis if they decline the skin test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff who declined the tuberculosis skin test upon hire took a tuberculosis blood test for 2 of 2 staff (Staff B and D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

In an interview on 07/09/2025 at 1:21 PM, Staff F, Administrator, stated that Staff B declined a skin test for TB upon hire due to having a history of a positive skin test.

Review of the personnel file for Staff B, Caregiver/Housekeeper, showed that they were hired on 12/11/2024. The personnel file did not show that Staff B had taken a Tuberculosis (TB) blood test upon hire.

In an interview on 07/09/2025 at 1:55 PM, Staff F stated that Staff D declined a skin test for TB upon hire due to having a history of a positive skin test. Staff F stated that they did not know that Staff D needed another TB blood test upon hire since they had a previous negative blood test.

Review of the personnel file for Staff D, Caregiver/Medication Technician, showed that they were hired on 06/17/2024. The personnel file did not show that Staff D had taken

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.

Laura Williams-Davis
Residential Care Services

07/21/2025
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.

Administrator (or Representative)

Date

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07.21.2025 12:47:05

State of Washington

Statement of Deficiencies	License # 2206	Compliance Determination # 62123
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a TB blood test upon hire.

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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 8.1.25.

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

For Lot Hollenback
by Subic S
Administrator (or Representative)

7/24/25
Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-880-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that caregivers met the long-term care worker training requirements for 2 of 2 staff (Staff B and D). This failure placed the residents at risk of being cared for by untrained staff.

This document was prepared by Residential Care Services for the Locator website.

a TB blood test upon hire.

Plan/Attestation Statement

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

Administrator (or Representative)

Date

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WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that caregivers met the long-term care worker training requirements for 2 of 2 staff (Staff B and D). This failure placed the residents at risk of being cared for by untrained staff.

Statement of Deficiencies	License #: 2206	Compliance Determination #62123
Plan of Correction	Ruan's Garden	Completion Date
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Findings included...

Review of Washington Administrative Code (WAC) 246.980.030 showed that a Long-Term Care Worker (LTCW) must submit an application for a Home Care Aid (HCA) certification within 14 days of hire. The WAC also showed that LTCW training must be completed within 120 days of hire, and the certification must be obtained within 200 days of hire.

Staff records were reviewed on 07/09/2025, with Staff A, Manager, and Staff F, Administrator.

<Staff B>

Observation on 07/09/2025 at 9:45 AM showed that Staff B, Caregiver/Housekeeper, took a facility resident to a doctor's appointment, unsupervised.

Review of the personnel file for Staff B showed that they were hired on 12/11/2024 as a housekeeper. The file showed that Staff B had transitioned to working as a caregiver as of 01/07/2025. Staff B's file did not show that they had an HCA certification application submitted or a pending HCA credential. The file further showed that Staff B had not completed the 70-hour LTCW training and had worked at the facility as a caregiver for 183 days.

In an interview on 07/09/2025 at 12:57 PM, Staff F stated that they did not know that the HCA application needed to be submitted within 14 days.

In an interview on 07/09/2025 at 1:09 PM, Staff B stated that when they sent their HCA application to the Department of Health, there were errors on the application, so it was rejected. Staff B stated that they had not yet re-submitted the application.

<Staff D>

Review of the personnel file for Staff D, Caregiver/Medication Technician, showed that they were hired on 06/17/2024. The file showed that Staff D had a pending HCA credential. The file showed that Staff D had completed the 70-hour LTCW training on 12/13/2024, which was 179 days after they were hired. Staff D had not obtained the HCA certification within 200 days of hire. Staff D had worked at the facility for 387 days.

In an interview on 07/09/2025 at 1:37 PM, Staff F stated that Staff D had completed the LTCW training late and was still waiting to receive their HCA certificate.

Statement of Deficiencies	License # 2206	Compliance Determination #62129
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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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) <u>8-1-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
for Lot Hollenback by <u>SUON S</u> Administrator (or Representative)	<u>7/24/25</u> Date

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830, if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-119 WAC, unless the individual is eligible for an exception under WAC 388-113-0040.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff member was not hired and worked with a disqualifying background check for 1 of 1 staff (Staff G). This failure resulted in a disqualified staff member having unsupervised access to residents living in the facility.

Findings included...

Staff records were reviewed on 07/09/2025 with Staff A, Manager, and Staff F, Administrator

Review of the personnel file for Staff G, Housekeeper/Clerical, showed that they were hired on 2/20/2025. The file contained a final fingerprint background check dated 2/20/2025 which showed that Staff G had a disqualifying crime on their background. Staff G worked in the facility unsupervised with residents for 139 Days.

In an interview on 07/09/2025 at 3:20 PM, Staff F stated that they thought that Staff G could work in the facility with a disqualifying background as long as they were not a caregiver.

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, Ruan's Garden 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

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(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff member was not hired and worked with a disqualifying background check for 1 of 1 staff (Staff G). This failure resulted in a disqualified staff member having unsupervised access to residents living in the facility.

Findings included...

Staff records were reviewed on 07/09/2025 with Staff A, Manager, and Staff F, Administrator.

Review of the personnel file for Staff G, Housekeeper/Clerical, showed that they were hired on 2/20/2025. The file contained a final fingerprint background check dated 2/20/2025 which showed that Staff G had a disqualifying crime on their background. Staff G worked in the facility unsupervised with residents for 139 Days.

In an interview on 07/09/2025 at 3:20 PM, Staff F stated that they thought that Staff G could work in the facility with a disqualifying background as long as they were not a caregiver.

Statement of Deficiencies	License # 2206	Compliance Determination # 62123
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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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date) 8.1.25

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

For Lot Hollenback
by Susan S
Administrator (or Representative)

7/24/25
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, Ruan's Garden 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