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

12/15/2025

CHP Longview-Monticello Park WA Tenant Corp
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

RE: Prestige Senior Living Monticello Park # 2238

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 69823 (Completion Date 12/15/2025) and 66799 (Completion Date 10/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

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(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or

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services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

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(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

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;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

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

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

(b) Staff persons document in the resident's record the agreed upon plan for services.

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:

(e) Continuing education.

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

The Department staff who did the Off Site verification:

Jacob Ubl, ALF NCI CI
Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, Adult Family Home Nurse Field Manager

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

Region 3, Unit E
Residential Care Services

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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 #: 2238	Compliance Determination # 66799
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 1 of 16	Licensee: CHP Longview-Monticello Park WA Tenant Corp	10/14/2025

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 10/08/2025 and 10/13/2025 of:
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 12 of 88 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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

10/23/2025
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)

10/24/25
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed every two years for 1 of 2 sampled staff (Staff E). This failure placed all residents at risk for harm by receiving care and services from staff whose criminal history was unknown.

Findings included...

During an unannounced licensing full inspection on 10/08/2025 at 1:30 PM, the department received the requested staff documents.

Record review for Staff E, Medication Technician, showed that Staff E was hired on 07/08/2021. Review of Staff E's Washington State name and date of birth background check showed that it was completed on 09/16/2021 and expired on 09/16/2023. The next Washington State name and date of birth background check was completed on 03/27/2024, a little over six months after the previous one had expired.

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

On 10/13/2025 at 1:55 PM, Staff A, Executive Director, acknowledged that the current Washington state name and date of birth background check for Staff E was completed late.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/24/25.

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

Administrator (or Representative) — Date: 10/24/25

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must

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specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 9 of 12 sampled residents (Residents 1, 2, 3, 4, 6, 8, 10, 11 and 12). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)

During an unannounced full licensing inspection on 10/08/2025 at 12:30 PM, R1's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Review of the facility's resident characteristic roster (RCR) showed that R1 has urinary incontinence and that R1 utilizes a medical device.

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Record review of R1's assessments, showed a medical device assessment, dated 09/19/2025, for use of a bed cane.

Record review of R1's NSA's, showed an NSA, dated and signed 01/21/2025, with no documentation that R1 has urinary incontinence, uses a bed cane, or the type of diet R1 is receiving. No other NSAs were found or provided for R1.

Resident 2 (R2)

During an unannounced full licensing inspection on 10/08/2025 at 12:30 PM, R2's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Review of the facility's RCR showed that R2 is receiving home health services.

Review of R2's records showed a Physicians Order Life Sustaining Treatment (POLST) completed on 09/26/2025.

Record review of R2's NSA's, showed an NSA, dated and signed 05/27/2025, with no documentation that R2 is receiving home health services and the POLST is marked as nonapplicable.

Resident 3 (R3)

On 10/08/2025 at 12:50 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Review of the facility's RCR showed that R3 has home health services and is independent with medication management.

Record review of R3's NSA's, showed an NSA, dated and signed 06/25/2025, with no documentation that R3 is receiving home health services or the type of diet R3 is receiving. The NSA also documented that R3 does not take any medications.

Record review of R3's Medication Administration Records (MAR), dated 07/01/2025 through 10/08/2025, showed that R3 was taking medications in August, September, and October of 2025.

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Resident 4 (R4)

During an unannounced full licensing inspection on 10/08/2025 at 1:05 PM, R4's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Review of the facility's RCR showed that R4 has utilizes a medical device.

Record review of R4's assessments, showed a medical device assessment, dated 09/19/2025, for use of a bed cane.

Record review of R4's NSA's, showed an NSA, dated and signed 09/24/2025, with no documentation that R4 uses a bed cane.

Resident 6 (R6)

On 10/09/2025 at 12:15 PM, R6's records showed that they admitted to the facility on [redacted]/2018 with various diagnoses including [redacted] and [redacted].

Review of the facility's RCR showed that R6 has a urinary catheter and is receiving hospice services.
Record review of R6's NSA's, showed an NSA, dated 09/04/2025, with documentation to show that R6's catheter is managed by home health.

On 10/13/2025 at 1:55 PM, Staff B, Health Services Director, confirmed that R6's catheter is managed by hospice and that R6 is no longer receiving home health services.

Resident 8 (R8)

On 10/09/2025 at 12:45 PM, R8's records showed that they admitted to the facility on [redacted]/2015 with various diagnoses including [redacted] and [redacted].

Record review of R8's NSA's, showed an NSA, dated 01/21/2025, with documentation to show that R8 is receiving home health physical therapy services and named the agency.

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Review of the facility's RCR showed no documentation that R8 receives any home health services.

Review of R8's records showed no outside provider notes documenting physical therapy home health services.

On 10/13/2025 at 1:55 PM, Staff B stated that R8 has a referral for home health services but is not currently receiving home health services at this time.

Resident 10 (R10)

On 10/13/2025 at 1:20 PM, R01's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Review of the facility's RCR showed documentation that R10 is independent with medication management, uses an ambulation device, and has urinary incontinence.

Record review of R10's NSA's, showed NSAs, dated 08/13/2025 and 08/26/2025, with no documentation to show that R10 uses an ambulation device or what the device is, the type of diet R10 is receiving, or who manages R10's medications. The current NSA dated 08/26/2025 also documented that R10 is independent with toileting and does not document any urinary incontinence.

Resident 11 (R11)

During an unannounced full licensing inspection on 10/13/2025 at 1:15 PM, R11's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R11's NSA's, showed an NSA, dated and signed [redacted]/2025, with no documentation of the type of diet R11 is receiving. No other NSAs were found or provided for R11.

Resident 12 (R12)

During an unannounced full licensing inspection on 10/13/2025 at 1:30 PM, R12's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

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Record review of R12's NSA's, showed a current NSA, dated and signed 10/06/2025, with no documentation of the type of diet R12 is receiving.

On 10/13/2025 at 2:30 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/24/25 .

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

Administrator (or Representative) — Date: 10/24/25

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse

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on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

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(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident admission to the facility for 3 of 5 sampled residents (Residents 2, 4 and 12). This failure placed these three residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)

During an unannounced full licensing inspection on 10/08/2025 at 12:30 PM, R2's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R2's assessments showed a preadmission assessment completed on 04/28/2025 and a 14-day assessment dated 05/27/2025. No other assessments were found to show that a full assessment was completed within 14 days of R3's admission into the facility.

Resident 4 (R4)

During an unannounced full licensing inspection on 10/08/2025 at 1:05 PM, R4's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted]

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Record review of R4's assessments showed a preadmission assessment completed on 06/03/2025 and a 14-day assessment dated 06/26/2025. No other assessments were found to show that a full assessment was completed within 14 days of R3's admission into the facility.

Resident 12 (R12)

During an unannounced full licensing inspection on 10/13/2025 at 1:30 PM, R12's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R12's assessments showed a preadmission assessment completed on 08/28/2025. No other assessments were found to show that a full assessment was completed within 14 days of R3's admission into the facility.

On 10/13/2025 at 1:55 PM, Staff A, Executive Director, acknowledged that the 14-day assessments for R2 and R4 were completed late and that there was no documentation of a 14-day assessment completed for R12.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/24/25 .

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

Administrator (or Representative) — Date 10/24/25

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;

(b) Identifies the resident's immediate needs; and

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(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

(b) Staff persons document in the resident's record the agreed upon plan for services.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility and/or have documentation to show that the resident and/or residents' representative was involved in the service planning for 5 of 12 sampled residents (Resident 3, 8, 9, 10 and 12). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

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Resident 3 (R3)

During an unannounced full licensing inspection on 10/08/2025 at 12:50 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R3's NSAs showed an initial NSA dated 06/25/2025. No other NSA was provided to show that an NSA was completed within 30 days of R3 admitting to the facility.

Resident 8 (R8)

On 10/09/2025 at 12:45 PM, R8's records showed that they admitted to the facility on [redacted]/2015 with various diagnoses including [redacted] and [redacted].

During initial review of R8's records, no NSA's were found in R8's chart. On 10/10/2025, the facility provided an NSA dated and signed on 01/21/2025. On 10/13/2025, during continued review of R8's NSA, dated 01/21/2025, showed a print date of 10/09/2025.

On 10/13/2025 at 1:55 PM, Staff B, Health Services Director, stated that they had printed out the NSA on 10/09/2025 and had R8 sign it and backdate it for 01/21/2025.

Resident 9 (R9)

On 10/09/2025 at 12:45 PM, R9's records showed that they admitted to the facility on [redacted]/1947 with various diagnoses including [redacted] and [redacted].

Record review of R9's NSAs showed an NSA dated 01/19/2025 with R9's signature dated 02/19/2025. No documentation was found to show that R9 was involved in the service planning of the NSA, dated 01/19/2025, at the time it was implemented. Only documentation was found to show that R9 wasn't involved in the service planning until a month later.

Resident 10 (R10)

On 10/13/2025 at 1:20 PM, R01's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted]

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[redacted] and [redacted].

Record review of R10's NSAs showed no initial NSA completed at the time R10 was admitted to the facility. Record review showed an NSA dated and signed 08/13/2025 and another NSA dated 08/26/2025 and signed on 09/08/2025. No other NSAs were provided to show that an NSA was completed within 30 days of R10 admitting to the facility.

Resident 12 (R12)

During an unannounced full licensing inspection on 10/13/2025 at 1:30 PM, R12's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted]

Record review of R12's NSAs showed an initial NSA completed on 08/28/2025. Record review showed another NSA dated 10/06/2025. No other NSAs were provided to show that an NSA was completed within 30 days of R12 admitting to the facility.

On 10/13/2025 at 1:55 PM, Staff A, Executive Director, acknowledged the department's findings and confirmed understanding that NSA's should never be backdated, but should be dated the actual date the NSA is signed.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/24/25.

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

Administrator (or Representative) — Date: 10/24/25

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:

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(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 2 sampled staff (Staff E) had completed and/or had documentation of them completing their required 12 hours of continuing education (CEUs) per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection on 10/08/2025 at 1:30 PM, the department received the requested staff documents.

Record review for Staff E, Medication Technician, showed that Staff E was hired on 07/08/2021. Review of Staff E's personnel records showed no documentation that Staff E had completed the required annual 12 hours of continuing education. Only one hour of documented approved continuing education was provided for Staff E.

On 10/13/2025 at 2:30 PM, Staff A, Executive Director, acknowledged the department's findings of only one hour of continuing education for Staff E.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/24/25 .

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

Administrator (or Representative) — Date 10/24/25

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of

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employment for 2 of 3 sampled staff (Staff C and D).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 10/08/2025 at 1:30 PM, the department received the requested staff documents.

Staff C

Record review for Staff C, Medication Technician, showed that Staff C was hired on 04/21/2025. Review of Staff C's records showed documentation that a two-step TB test was initiated on 06/19/2025 with negative results. No other TB tests were found to show that Staff C was screened for TB within three days of employment as per regulation.

Staff D

Record review for Staff D, Medication Technician, showed that Staff D was hired on 03/27/2025. Review of Staff D's records showed documentation that a two-step TB test was initiated on 06/19/2025 with negative results. No other TB tests were found to show that Staff D was screened for TB within three days of employment as per regulation.

On 10/13/2025 at 1:55 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff C and D were not completed per regulation.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/24/25 .

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

Administrator (or Representative) — Date 10/24/25

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

CHP Longview-Monticello Park WA Tenant Corp
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

RE: Prestige Senior Living Monticello Park # 2238

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/14/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

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eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

(2) To allow the resident to communicate with family, medical providers, and others; and

(3) To respond appropriately in emergency situations, including, but not limited to, contacting the residents' emergency contact.

The facility failed to ensure the resident characteristics roster reflected all the residents' current services and care needs. The facility provided an updated resident characteristic roster prior to the completion of the onsite full inspection.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

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

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

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