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

05/13/2025

Cascade Living Group - Cottage, LLC
The Cottage
3210 Rickey Rd NE
Bremerton, WA 98310

RE: The Cottage # 2246

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59327 (Completion Date 05/13/2025) and 54102 (Completion Date 02/26/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

**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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:**

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

**WAC 388-78A-3090 Maintenance and housekeeping.**

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

**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.**

(4) Assisted living facility administrators or their designees within one hundred twenty days of date of hire.

(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.

The Department staff who did the On Site verification:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D

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



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 01/29/2025 and 01/31/2025 of:
The Cottage
3210 Rickey Rd NE
Bremerton, WA 98310

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

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) — 03.07.25. Date

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

**This requirement was not met as evidenced by:**

Based on observation and interview the facility failed to keep food in an airtight container for 1 of 1 dry storage food pantry, exposing dry food products to the open air. This failure placed 60 of 86 residents at risk of harm for exposure to bacteria or vermin.

Findings included...

WAC 246-215-03351
Preventing contamination from the premises—Food storage (FDA Food Code 3-305.11).
(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:
(a) In a clean, dry location;
(b) Where it is not exposed to splash, dust, or other contamination; and
(c) At least six inches (15 cm) above the floor.

In an observation on 01/30/2025 at 11:44 AM when entering the dry storage pantry, a bin of brown rice was observed uncovered and open to the air.

In an interview on 01/30/2025 at 11:55 AM Staff J, Cook, said the watertight lid was lost. Staff J said a request was previously made for a new watertight lid.

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.

Residential Care Services | 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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Findings included…

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In an interview on 01/30/2025 at 11:55 AM Staff J, Cook, said the watertight lid was lost. Staff J said a request was previously made for a new watertight lid.

**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, The Cottage is or will be in compliance with this law and / or regulation on (Date) 03-14-25

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

Administrator (or Representative) 03/07/25 Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

**This requirement was not met as evidenced by:**

Based on records review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled Staff (Staff A and D) completed their required mental health specialty training. This failure placed 66 of 66 residents at risk for having received care from unqualified and untrained staff.

Findings included...

WAC 388-112-0400 states "(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:
(a) Developmental disabilities specialty training as described in WAC 388-112A-0420;
(b) Dementia specialty training as described in WAC 388-112A-0440;
(c) Mental health specialty training as described in WAC 388-112A-0450."

**Plan/Attestation Statement**

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

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Administrator (or Representative) Date

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(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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

**This requirement was not met as evidenced by:**

Based on records review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled Staff (Staff A and D) completed their required mental health specialty training. This failure placed 66 of 66 residents at risk for having received care from unqualified and untrained staff.

Findings included…

WAC 388-112-0400 states "(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:
(a) Developmental disabilities specialty training as described in WAC 388-112A-0420;
(b) Dementia specialty training as described in WAC 388-112A-0440;
(c) Mental health specialty training as described in WAC 388-112A-0450."

WAC 388-112A-0490
What are the specialty training requirements for applicants, resident managers, administrators, and other types of entity representatives in adult family homes, assisted living facilities, and enhanced services facilities?

Assisted living facilities.
(3) If an assisted living facility serves one or more residents with special needs, the assisted living facility administrator or designee must complete specialty training and demonstrate competency within one hundred twenty days of date of hire.
(4) If a resident develops special needs while living in an assisted living facility, the assisted living facility administrator or designee has one hundred twenty days to complete specialty training and demonstrate competency, or demonstrate proof of specialty training.

WAC 388-112A-0495
What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities?

Assisted living facilities.
(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within 90 days of completion of basic training.
(5) Until a long-term care worker completes the specialty training and demonstrates competency as required under subsection (4) of this section, the home must not allow the long-term care worker to provide personal care to a resident with special needs without direct supervision, unless indirect supervision is allowed under subsection (6) of this section.
(6) The long-term care worker may provide personal care with indirect supervision if one or more of the following requirements are met:
(a) The long-term care worker is a nursing assistant certified (NA-C) under chapter 18.88A RCW;
(b) The long-term care worker is a certified home care aide (HCA) under chapter 18.88B RCW;
(c) The long-term care worker is a licensed practical nurse (LPN) under chapter 18.79 or 18.80 RCW;
(d) The long-term care worker is a registered nurse (RN) under chapter 18.79 or 18.80 RCW; or
(e) The long-term care worker is exempt from the 70-hour basic training under WAC 388-112A-0090.

<Staff A>

Record review of the staff roster printed 01/29/2025, showed Staff A, Executive Director, was hired by the ALF on 04/22/2024. Staff A’s personnel file did not find a

completed mental health specialty training certificate due on 08/20/2024.

<Staff D>

Record review of staff roster printed 01/29/2025, showed Staff D, Care Associate, was hired by the ALF on 06/28/2024. Staff D's personnel file did not find a completed mental health specialty training certificate due on 10/24/2024.

In an interview on 02/06/2025 at 11:34 AM, Staff A, Executive Director (ED), stated that she has attempted to obtain a copy of her continuing education documents from a previous facility she worked at with no success, and is trying to obtain copies from the instructor who provided the training to her. Staff A stated the continuing education documents were all the facility had and there were no additional training documents available for Staff D.

**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, The Cottage is or will be in compliance with this law and / or regulation on (Date) 03/19/25.

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

Administrator (or Representative) — Date: 03/07/25

**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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff D) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment. This failure placed 66 of 86 residents, staff, and visitors at risk for TB infection.

completed mental health specialty training certificate due on 08/20/2024.

<Staff D>

Record review of staff roster printed 01/29/2025, showed Staff D, Care Associate, was hired by the ALF on 06/26/2024. Staff D's personnel file did not find a completed mental health specialty training certificate due on 10/24/2024.

In an interview on 02/06/2025 at 11:34 AM, Staff A, Executive Director (ED), stated that she has attempted to obtain a copy of her continuing education documents from a previous facility she worked at with no success, and is trying to obtain copies from the instructor who provided the training to her. Staff A stated the continuing education documents were all the facility had and there were no additional training documents available for Staff D.

**Plan/Attestation Statement**

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

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Administrator (or Representative) Date

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(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff D) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment. This failure placed 66 of 66 residents, staff, and visitors at risk for TB infection.

Findings included...

Record review of the staff roster printed on 01/28/2025, showed Staff D, Care Associate, was hired by the ALF on 07/19/2024. Staff D's personnel file showed no TB test was completed upon hire within three days of employment. Personnel file showed initial TB test was completed on 01/25/2025 and was read on 01/29/2025.

In an interview on 02/06/2025 at 12:15 PM Staff G, Resident Care Coordinator (RCC), confirmed Staff D did not have a TB test completed within three days of being hired at the facility.

**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, The Cottage is or will be in compliance with this law and / or regulation on (Date) 03/14/25.

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

Administrator (or Representative) 03/07/25 Date

**WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:**

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

**This requirement was not met as evidenced by:**

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled pets (Resident 9's pet[R9]) living in the ALF had regular examinations and immunizations by a licensed veterinarian. This failure placed 65 of 66 residents, staff, and visitors at risk of potential disease transmittable by animals to humans.

Findings included...

Findings included…

Record review of the staff roster printed on 01/29/2025, showed Staff D, Care Associate, was hired by the ALF on 07/19/2024. Staff D's personnel file showed no TB test was completed upon hire within three days of employment. Personnel file showed initial TB test was completed on 01/25/2025 and was read on 01/29/2025.

In an interview on 02/06/2025 at 12:15 PM Staff G, Resident Care Coordinator (RCC), confirmed Staff D did not have a TB test completed within three days of being hired at the facility.

**Plan/Attestation Statement**

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

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Administrator (or Representative) Date

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(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

**This requirement was not met as evidenced by:**

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled pets (Resident 9's pet[R9]) living in the ALF had regular examinations and immunizations by a licensed veterinarian. This failure placed 66 of 66 residents, staff, and visitors at risk of potential disease transmittable by animals to humans.

Findings included...

Record review of the facility's "Disclosure of Services," dated 01/2023, stated, "Pets must have a statement from a veterinarian attesting to freedom from communicable disease as well as current vaccination records. Vaccinations must be updated per veterinarian recommendation."

Record review of R9 pet record showed R9s pet was last seen for an examination on 05/04/2023. The record showed R9's pet was due for an examination on 05/04/2024. The record showed the date of the last rabies vaccination was administered on 09/11/2020 due on 09/11/2021.

In an interview on 02/04/2025 at 12:25 PM Staff A, Interim Executive Director, stated that they would contact R9 to request a current pet examination record.

**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, The Cottage is or will be in compliance with this law and / or regulation on (Date) 03/14/25

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

Administrator (or Representative) — Date: 03/07/25

**WAC 388-78A-3090 Maintenance and housekeeping.**

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

**This requirement was not met as evidenced by:**

Based on observations and interviews the Assisted Living Facility (ALF) failed to provide a presentable and well-maintained environment for 2 of 2 areas (exterior environments

Record review of the facility's "Disclosure of Services," dated 01/2023, stated, "Pets must have a statement from a veterinarian attesting to freedom from communicable disease as well as current vaccination records. Vaccinations must be updated per veterinarian recommendation."

Record review of R9 pet record showed R9s pet was last seen for an examination on 05/04/2023. The record showed R9's pet was due for an examination on 05/04/2024. The record showed the date of the last rabies vaccination was administered on 09/11/2020 due on 09/11/2021.

In an interview on 02/04/2025 at 12:25 PM Staff A, Interim Executive Director, stated that they would contact R9 to request a current pet examination record.

**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, The Cottage 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.

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Administrator (or Representative) Date

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(a) Provide a safe, sanitary and well-maintained environment for residents;

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(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

**This requirement was not met as evidenced by:**

Based on observations and interviews the Assisted Living Facility (ALF) failed to provide a presentable and well-maintained environment for 2 of 2 areas (exterior environments

of the ALF). This failure placed 66 of 66 residents at risk to have a diminished quality of life due to unkept and unmaintained living conditions.

Findings included...

An observation on 01/30/2025 at 1:10 PM on the back exterior of the ALF building found many pieces of loose carpet and several black yard garbage bags full of debris of unknown content laying outside the exit door.

An observation on 01/30/2025 at 1:15 PM showed a thick layer of lint built up outside of the door on (exterior of the ALF building) of the laundry room on the concrete slab where the vents blow on

In an interview on 01/31/2025 at 1:25 PM, Staff A, Executive Director, stated that she was unaware that there was lint debris build up outside the laundry room door (exterior of the ALF building).

In an interview on 01/31/2025 at 1:30 PM, Staff G, Resident Care Coordinator (RCC), stated that the facility is remodeling some of their rooms and that all carpet debris and garbage bags should be disposed of daily in the large garbage dumpsters.

**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 03/07/25

**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.**

(4) Assisted living facility administrators or their designees within one hundred twenty days of date of hire.

(5) Long-term care workers in assisted living facilities within one hundred twenty days

of the ALF). This failure placed 66 of 66 residents at risk to have a diminished quality of life due to unkept and unmaintained living conditions.

Findings included…

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An observation on 01/30/2025 at 1:15 PM showed a thick layer of lint built up outside of the door on (exterior of the ALF building) of the laundry room on the concrete slab where the vents blow on.

In an interview on 01/31/2025 at 1:25 PM, Staff A, Executive Director, stated that she was unaware that there was lint debris build up outside the laundry room door (exterior of the ALF building).

In an interview on 01/31/2025 at 1:30 PM, Staff G, Resident Care Coordinator (RCC), stated that the facility is remodeling some of their rooms and that all carpet debris and garbage bags should be disposed of daily in the large garbage dumpsters.

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Administrator (or Representative) Date

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(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.

**This requirement was not met as evidenced by:**

Based on record review and interview the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled Staff (Staff A) had completed the required seventy-hour long-term care worker basic training. This failure placed 66 of 66 residents at risk for a facility having untrained staff employed to perform their duties.

Findings included…

<Staff A>

Record review of the employee list printed 01/29/2025, showed Staff A, Executive Director (ED), was hired by the ALF on 04/22/2024. Staff A's personnel file did not find the required seventy-hour long-term care worker basic training certification to be completed within one hundred twenty days of date of hire which was due on 08/20/2024.

<Staff C>

Record review of the employee list printed 01/29/2025, showed Staff C, Care Associate, was hired by the ALF on 06/26/2024. Staff C's personnel file did not find the required seventy-hour long-term care worker basic training certification to be completed within one hundred twenty days of date of hire due on 10/24/2024 and was not completed until 11/08/2024, 15 days late.

In an interview on 02/06/2025 at 11:34 AM, Staff A stated that she has attempted to obtain a copy of her continuing education documents from a previous facility she worked at with no success and is trying to obtain copies from the instructor who provided the training to her.

**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)

03/07/25
Date

**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

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



Cascade Living Group - Cottage, LLC
The Cottage
3210 Rickey Rd NE
Bremerton, WA 98310

RE: The Cottage # 2246

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/26/2025 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:

Manfay Chan, Allied Health Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• 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-2730 Licensee's responsibilities.**

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

Facility staff failed to have survey binder posted in entrance of building. Staff I, Activity Director, said the survey binder was found in medication room. The survey binder was placed in the front entry prior to the licensing team departing. This deficiency was corrected on-site at the time of the visit.

**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 Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

**If You Have Any Questions:**

- Please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Enclosure