



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

RSL La Conner, LLC
La Conner Retirement Inn
PO Box 1087
La Conner, WA 98257

RE: La Conner Retirement Inn License # 2254

Dear Administrator:

This letter addresses Compliance Determination(s) 51836 (Completion Date 12/16/2024) and 50459 (Completion Date 11/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/16/2024 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-2462-2-b

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licenser

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services



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Statement of Deficiencies	License #: 2254	Compliance Determination # 50459
Plan of Correction	La Conner Retirement Inn	Completion Date
Page 1 of 2	Licensee: RSL La Conner, LLC	11/22/2024

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 11/19/2024 and 11/21/2024 of:

La Conner Retirement Inn
204 N 1st St
La Conner, WA 98257

The following sample was selected for review during the unannounced on-site visit: 7 of 39 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licenser
Cristina Gonzalez, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff F) completed a national fingerprint background check. This failure resulted in Staff F working with vulnerable adults while having an unknown criminal background with potentially disqualifying crimes and placed all 39 residents at risk for harm.

Findings included...

Review of the ALF's employee files showed Staff F, Caregiver, was hired on 09/29/2022. No fingerprint background checks for Staff F were available for review.

On 11/20/2024 at 3:09 PM, Staff A, Executive Director, stated that they did not have any fingerprint background checks for Staff F. Staff A stated that Staff F originally started work in the kitchen and when Staff F transferred to a caregiver position on 12/10/2023, the fingerprint background check must have got missed.

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, La Conner Retirement Inn 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