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

08/13/2025

Pacifica SL Ellensburg LLC
Ellensburg Senior Living
818 E Mountain View Ave
Ellensburg, WA 98926

RE: Ellensburg Senior Living # 2376

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 64091 (Completion Date 08/13/2025) and 61608 (Completion Date 06/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(ii) Resident living rooms and resident sleeping rooms; and

The Department staff who did the On Site verification:
Tracy Ramirez, Assisted Living Facility Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 06/25/2025 of:

Ellensburg Senior Living
818 E Mountain View Ave
Ellensburg, WA 98926

This document references the following SOD dated: 06/27/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 73 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor

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

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

for Laura Williams-Davis
Residential Care Services

07/10/2025
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)

8/15/2025
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment.

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to ensure hazardous supplies and toxic chemicals were not accessible to residents in 2 of 2 Memory Care Units (Memory Care Unit 1 and 2). This failure resulted in resident access to unsafe materials and placed residents at risk of injury from hazardous supplies and toxic chemicals.

Findings include...

Observations on 06/25/2025 showed that the facility had two memory care units and each unit provided specialized care for residents with dementia (condition that affects memory, decision making and behavior). Observation showed that each unit had a kitchen area that was accessible to residents.

<Kitchen 1>

Observation on 06/26/2025 at 11:29 AM, showed that an unlocked cabinet under the

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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to ensure hazardous supplies and toxic chemicals were not accessible to residents in 2 of 2 Memory Care Units (Memory Care Unit 1 and 2). This failure resulted in resident access to unsafe materials and placed residents at risk of injury from hazardous supplies and toxic chemicals.

Findings include…

Observations on 06/25/2025 showed that the facility had two memory care units and each unit provided specialized care for residents with dementia (condition that affects memory, decision making and behavior). Observation showed that each unit had a kitchen area that was accessible to residents.

<Kitchen 1>

Observation on 06/25/2025 at 11:29 AM, showed that an unlocked cabinet under the

kitchen sink contained two cans of Febreze (air freshener that can cause skin irritation and respiratory problems when not used properly) and three large containers of sanitizing wipes. There was an unlocked drawer that contained a pair of non-safety scissors, a bottle of extra strength glue and a tube of Coloplast cream that can cause skin irritation. Observation showed that there were four residents seated in the area and were unattended.

In an interview on 06/25/2025 at 11:36 AM, Staff D, Caregiver, stated the staff kept air fresheners and sanitizing wipes under the kitchen sink and was not sure about other hazardous/toxic chemical items.

Observation on 06/25/2025 at 11:50 AM, showed a resident was opening and closing drawers in the kitchen. The resident and was observed to pull out a napkin and fold it on the kitchen counter.

In an interview and observation on 06/25/2025 at 11:52 AM, Staff D attempted to lock the unsecured cabinet under the kitchen sink and was unsuccessful. Staff D stated that the cabinet's lock had not worked for a long time.

<Kitchen 2>

Observation on 06/25/2025 at 11:38 AM, showed that an unsecured cabinet under the kitchen sink contained an opened, large container of Mycolio sanitizing wipes (designed for equipment sanitation and can cause skin, eye and respiratory problems if not used properly). Observation showed that there were 12 residents seated in the area and that they were unattended.

In an interview on 06/25/2025 at 11:45AM, Staff F, Caregiver, stated the sanitizing wipes were always kept in the cabinet under the sink.

This is an uncorrected deficiency previously cited on 05/07/2025 for subsections (1)(2).

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, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) 8/15/2025

08/10/2025

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

Administrator (or Representative) — Date 7/17/2025

Per facility Administrator, Brian Sorenson, via telephone on 07/24/2025, the BIC date has been changed to 08/10/2025. ME

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure staff implemented the facility's reporting and investigation policy and procedure for 2 of 3 incidents (Incident 1 and 2). This failed practice precluded the department from conducting a timely investigation and resulted in a lack of preventative measures to prevent further incidents.

Findings included...

Review of the facility's policy titled, "Incident Reports," revised 06/01/2024, showed that the facility would do an internal report and investigation of all incidents, determine the circumstances, put preventative measures in place, complete staff training if needed, and report to the department.

<Incident 1>

Review of an incident report, dated 06/22/2025, showed that Resident 1 had a physical altercation with Resident 2. The report showed Resident 1 became agitated with Resident 2 and hit them on the head. The report showed the residents were separated from one another and that pain medication was provided to Resident 2. The report did not show what measures were initiated to prevent future occurrences and did not show

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, Ellensburg Senior Living 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

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure staff implemented the facility's reporting and investigation policy and procedure for 2 of 3 incidents (Incident 1 and 2). This failed practice precluded the department from conducting a timely investigation and resulted in a lack of preventative measures to prevent further incidents.

Findings included…

Review of the facility's policy titled, "Incident Reports," revised 06/01/2024, showed that the facility would do an internal report and investigation of all incidents, determine the circumstances, put preventative measures in place, complete staff training if needed, and report to the department.

<Incident 1>

Review of an incident report, dated 06/22/2025, showed that Resident 1 had a physical altercation with Resident 2. The report showed Resident 1 became agitated with Resident 2 and hit them on the head. The report showed the residents were separated from one another and that pain medication was provided to Resident 2. The report did not show what measures were initiated to prevent future occurrences and did not show

that the department was notified of the incident.

Review of the department's reporting database on 07/03/2025, showed no facility report of the altercation between Resident 1 and Resident 2.

<Incident 2>

Review of an incident report, dated 06/24/2025, showed that Resident 4 had fallen outside and that another resident alerted facility staff. The report showed that Resident 4 was assessed and assisted to get up by facility staff. The report did not show the circumstances of how the resident fell or what measures were initiated to prevent a future occurrences.

In an interview on 06/26/2025 at 11:22 AM, Staff C, Community Support Nurse/Licensed Practical Nurse (LPN), stated that Resident 1 and Resident 2's altercation met abuse and reporting requirements. Staff C stated that Residents 1 and Resident 2's records did not show the required information related to the incidents.

In an interview on 06/26/2025 2:46 PM, Staff A, Business Office Manager, stated the facility's administrator should have reviewed and completed a follow up for incident reports.

This is an uncorrected deficiency previously cited on 05/07/2025 for subsections (2)(a).

Plan/Attestation Statement

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08/10/2025

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

Administrator (or Representative) — Date 7/17/2025

Per facility Administrator, Brian Sorenson, via telephone on 07/24/2025, the BIC date has been changed to 08/10/2025. ME

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(ii) Resident living rooms and resident sleeping rooms; and

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to ensure that residents had a way to summon staff for assistance in 5 of 5 facility areas (two resident living rooms, sleeping areas, hallway, dining room and activity room). This failure resulted in residents not having access to a communication system to request staff assistance and placed the residents at risk of harm and unmet care needs.

Findings included...

Observations on 06/25/2025, showed that the facility had two memory care units (units that provided specialized care for residents who experienced memory problems, poor decision making, and behaviors) and each unit had resident living rooms, sleeping rooms, a hallway, a dining room and an activity room.

Observation on 06/25/2025 at 11:43 AM, showed that Memory Care Unit 1 had a dining room, activity area and hallway that did not have a means (call light or pendants) to summon staff when assistance was needed. Observation showed that eight residents were in their rooms and that the eight residents did not have a means to summon staff for assistance.

In an interview on 06/25/2025 at 11:43 AM, Staff D, Caregiver, stated that they had not observed and had not heard of any way for memory care residents to summon staff for

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, Ellensburg Senior Living 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

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

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(ii) Resident living rooms and resident sleeping rooms; and

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to ensure that residents had a way to summon staff for assistance in 5 of 5 facility areas (two resident living rooms, sleeping areas, hallway, dining room and activity room). This failure resulted in residents not having access to a communication system to request staff assistance and placed the residents at risk of harm and unmet care needs.

Findings included…

Observations on 06/25/2025, showed that the facility had two memory care units (units that provided specialized care for residents who experienced memory problems, poor decision making, and behaviors) and each unit had resident living rooms, sleeping rooms, a hallway, a dining room and an activity room.

Observation on 06/25/2025 at 11:43 AM, showed that Memory Care Unit 1 had a dining room, activity area and hallway that did not have a means (call light or pendants) to summon staff when assistance was needed. Observation showed that eight residents were in their rooms and that the eight residents did not have a means to summon staff for assistance.

In an interview on 06/25/2025 at 11:43 AM, Staff D, Caregiver, stated that they had not observed and had not heard of any way for memory care residents to summon staff for

help.

Observation on 06/25/2025 at 11:29 AM, showed 12 residents were unattended and seated in the Memory Care Unit 2's dining room. Further observation showed the dining room, activity area and hallway did not have a communication system as a means to summon staff.

In an interview on 06/25/2025 at 12:20 PM, Staff E, Activity Assistant, stated they did not know about any method for memory care residents to summon staff for help.

This is an uncorrected deficiency previously cited on 05/07/2025 for subsections (1)(a)(ii).

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, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) 8/15/2025

08/10/2025

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

Administrator (or Representative) — Date 7/17/2025

Per facility Administrator, Brian Sorenson, via telephone on 07/24/2025, the BIC date has been changed to 08/10/2025. ME

help.

Observation on 06/25/2025 at 11:29 AM, showed 12 residents were unattended and seated in the Memory Care Unit 2's dining room. Further observation showed the dining room, activity area and hallway did not have a communication system as a means to summon staff.

In an interview on 06/25/2025 at 12:20 PM, Staff E, Activity Assistant, stated they did not know about any method for memory care residents to summon staff for help.

This is an uncorrected deficiency previously cited on 05/07/2025 for subsections (1)(a)(ii).

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, Ellensburg Senior Living 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Ellensburg Senior Living
Provider Type: Assisted Living Facility

License/Cert.#: 2376
Intake ID: 177798
Compliance Determination #: 59182
Region/Unit #: RCS Region 1 / Unit G
Investigator: Tracy Ramirez
Investigation Date(s): 04/29/2025 through 05/07/2025
Complainant Contact Date(s):

Allegation(s):

1. Staff left a unit at the facility unattended for six to eight hours.
2. Residents were found to have not received care and were significantly soiled with urine.
3. A resident had a fall in their room and received a wound on their arm.
4. A resident representative expressed concern about staff not being available when a resident fell and was injured.

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 11 Closed records sample size: 0
Observations:	Common areas Resident rooms Staff to resident interactions
Interviews:	Administrator Nurse Medication Technicians Caregivers Residents Resident Representative
Record Reviews:	Characteristic roster Resident records (face sheets, assessments, care plans, progress notes, medication administration records, incident investigations) Facility policies Staff records

Investigation Summary:

1. Record review and interview showed that the assigned staff to that unit had been present for that shift. No failed practice identified.
2. Record review and interviews showed that residents received their care and services as scheduled. No failed practice identified.

3. Record review and interviews showed that the named resident had an unwitnessed fall with an injury that had not been investigated. Failed practice identified. Refer to Washington Administrative Code (WAC) 388-78A-2600(2)(a).
4. Record review and interview showed that the assigned staff was available to assist the resident, the resident was provided care for their injury and that the representative did not have concerns with care and services provided. No failed practice was identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 and complaint investigation on 04/29/2025, 04/30/2025, 05/01/2025, 05/02/2025, 05/05/2025 and 05/06/2025 of:
Ellensburg Senior Living
818 E Mountain View Ave
Ellensburg, WA 98926

This document references the following complaint numbers: 177798.

The following sample was selected for review during the unannounced on-site visit: 11 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Tracy Ramirez, Assisted Living Facility Licensor

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

Statement of Deficiencies	License # 2376	Compliance Determination # 55182
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 2 of 13	Licensee: Pacifica SL Ellensburg LLC	06/07/2025

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

05/21/2025
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)

5/31/2025
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility failed to ensure that hazardous supplies and toxic chemicals were not accessible to residents in 2 of 2 Memory Care Units (Memory Care Unit 1 and 2). This failure placed residents at risk of injury from access to hazardous supplies and toxic chemicals.

Findings included...

<Memory Care Unit 1 (MCU 1)>

Observation on 04/29/2025 at 11:35 AM, showed MCU 1's public bathroom had a plastic organizer that contained razors. The bathroom was unlocked and accessible to residents.

Observation on 04/29/2025 at 11:42 AM, showed that a room adjacent to the theatre room had a closet that contained plastic bins with staplers, glue, tacks, a bag of plastic balloons and pliers. The closet was unlocked and accessible to residents.

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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

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This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility failed to ensure that hazardous supplies and toxic chemicals were not accessible to residents in 2 of 2 Memory Care Units (Memory Care Unit 1 and 2). This failure placed residents at risk of injury from access to hazardous supplies and toxic chemicals.

Findings included…

<Memory Care Unit 1 (MCU 1)>

Observation on 04/29/2025 at 11:35 AM, showed MCU 1's public bathroom had a plastic organizer that contained razors. The bathroom was unlocked and accessible to residents.

Observation on 04/29/2025 at 11:42 AM, showed that a room adjacent to the theatre room had a closet that contained plastic bins with staplers, glue, tacks, a bag of plastic balloons and pliers. The closet was unlocked and accessible to residents.

In an interview on 04/29/2025 at 11:43 AM, Staff A, Administrator acknowledged that the MCU 1 had razors in the bathroom and a closet and cabinet that did not lock with chemicals and equipment that could be a danger to residents.

<Memory Care Unit 2 (MCU 2)>

Observation on 04/29/2025 at 12:12 PM, showed that the public restroom for residents had a cabinet to the left of the sink that was not secure. The cabinet contained hydrogen peroxide, hairspray, body fragrance, and liquid hand sanitizer.

Observation on 04/29/2025 at 12:19 PM, showed that the kitchen cabinet under the sink contained a full bottle of bleach, body wash, cleaner with bleach, fabric refresher, glass cleaner, liquid soap, dish soap, and liquid hand sanitizer.

In an interview on 04/29/2025 at 12:13 PM, Staff A acknowledged that there were chemicals in the common areas, resident bathroom and under the sink in MCU 2.

Observation on 04/29/2025 at 12:22 PM, showed that a room adjacent to the dining room had an unlocked closet that contained nail polish remover and liquid make up and cosmetics.

In an interview on 04/29/2025 at 12:23 PM, Staff A stated that the closet would need to have a lock installed or have the chemicals removed by maintenance staff.

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, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) ~~7/02/2025~~ 06/21/2025

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

Administrator (or Representative) — Date: 5/31/2025

Per facility Administrator, Scott Sorenson, via telephone on 06/06/2025, the BIC date has been changed to: 06/21/2025. ME

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090

In an interview on 04/29/2025 at 11:43 AM, Staff A, Administrator acknowledged that the MCU 1 had razors in the bathroom and a closet and cabinet that did not lock with chemicals and equipment that could be a danger to residents.

<Memory Care Unit 2 (MCU 2)>

Observation on 04/29/2025 at 12:12 PM, showed that the public restroom for residents had a cabinet to the left of the sink that was not secure. The cabinet contained hydrogen peroxide, hairspray, body fragrance, and liquid hand sanitizer.

Observation on 04/29/2025 at 12:19 PM, showed that the kitchen cabinet under the sink contained a full bottle of bleach, body wash, cleaner with bleach, fabric refresher, glass cleaner, liquid soap, dish soap, and liquid hand sanitizer.

In an interview on 04/29/2025 at 12:13 PM, Staff A acknowledged that there were chemicals in the common areas, resident bathroom and under the sink in MCU 2.

Observation on 04/29/2025 at 12:22 PM, showed that a room adjacent to the dining room had an unlocked closet that contained nail polish remover and liquid make up and cosmetics.

In an interview on 04/29/2025 at 12:23 PM, Staff A stated that the closet would need to have a lock installed or have the chemicals removed by maintenance staff.

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, Ellensburg Senior Living 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

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090

for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility failed to complete an assessment that specifically focused on residents' identified care needs for 2 of 7 residents (Resident 1 and 2). This failure placed the residents at risk of unmet care needs.

Findings included…

<Resident 1>

Review of Resident 1's assessment, dated 03/05/2025, showed that the resident had a diagnosis of [redacted]. The assessment showed that Resident 1 required one-person assistance with activities of daily living.

Review of Resident 1's progress note, dated 03/26/2025, showed that the resident was resistive to care and had decreased mobility.

Review of Resident 1's progress note, dated 04/25/2025, showed that the resident had, "significant weakness and was non-weight bearing or minimally weight-bearing" on their left leg. Additionally, the progress note showed that, "Transfers are becoming increasingly difficult, unsafe, and staff-intensive, posing a heightened risk of injury for both the resident and caregivers".

In an interview on 05/02/2025 11:26 AM, Staff B, Registered Nurse, stated that Resident 1 required two-person assist for transfers and that they had to wait for additional staff to assist them.

In an interview on 05/06/2025 at 4:08 PM, Staff B acknowledged that Resident 1's assessment did not show that the resident required two-person assistance for transfers. Staff B stated that Resident 1 had been admitted back to the facility as a one-person assistance and had declined quickly and now required two-person

Statement of Deficiencies	License #: 2376	Compliance Determination #: 53182
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 5 of 13	Licensee: Pacifica SL Ellensburg LLC	05/07/2025

assistance. Staff B acknowledge that that Resident 1's assessment had not been updated since their condition had changed.

Resident 1's record review on 04/30/2025 showed that there was no updated assessment or NSA when there was a change in condition since 03/05/2025.

«Resident 2»

Review of Resident 2's assessment, dated 04/24/2025, showed that the resident had a diagnosis of [redacted].

Review of Resident 2's Medication Administration Record for May 2025, showed that the resident was prescribed two medications to treat depression.
On 05/02/2025 at 11:11 AM, Resident 2 was observed to throw papers downward on the seat of their walker. Resident 2 walked past the dining room, entered the library room, grabbed books from the shelf, and threw them onto the table, repeatedly. Resident 2 was observed to yell at another resident in the area.

In an interview on 05/06/2025 at 4:15 PM, Staff B, stated that Resident 2 had combative verbal behavior and that they would physically destroy their own personal items. Staff B stated Resident 2's assessment did not address their behavior. Additionally, Staff B stated that Resident 2 had a diagnosis of [redacted] that should have been included in the assessment.

Resident 2's record review on 04/30/2025 showed that there was no updated assessment or NSA when there was a change in condition since 04/24/2025.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/08/2025 06/21/2025

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

Administrator (or Representative) — Date 5/31/2025

Per facility Administrator, Scott Sorenson, via telephone on 06/06/2025, the BIC date has been changed to: 06/21/2025. ME

assistance. Staff B acknowledge that that Resident 1's assessment had not been updated since their condition had changed.

Resident 1's record review on 04/30/2025 showed that there was no updated assessment or NSA when there was a change in condition since 03/05/2025.

<Resident 2>

Review of Resident 2's assessment, dated 04/24/2025, showed that the resident had a diagnosis of [redacted].

Review of Resident 2's Medication Administration Record for May 2025, showed that the resident was prescribed two medications to treat depression.
On 05/02/2025 at 11:11 AM, Resident 2 was observed to throw papers downward on the seat of their walker. Resident 2 walked past the dining room, entered the library room, grabbed books from the shelf, and threw them onto the table, repeatedly. Resident 2 was observed to yell at another resident in the area.

In an interview on 05/06/2025 at 4:15 PM, Staff B, stated that Resident 2 had combative verbal behavior and that they would physically destroy their own personal items. Staff B stated Resident 2's assessment did not address their behavior. Additionally, Staff B stated that Resident 2 had a diagnosis of [redacted] that should have been included in the assessment.

Resident 2's record review on 04/30/2025 showed that there was no updated assessment or NSA when there was a change in condition since 04/24/2025.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ellensburg Senior Living 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

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(2) The assisted living facility must disclose to the department, residents, the residents' legal representatives, if any, and if not the residents' representative if any, and to interested consumers upon request, information describing whether the assisted living facility permits such family administration or assistance and, if so, the extent of any limitations or conditions.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure a written plan, that included the family member’s name who was responsible for implementing the plan, a description of the medication, an alternate plan, an emergency contact, and a signature by the resident or representative for 2 of 2 residents (Resident 3 and 7). This failure placed residents at risk of not getting their medication in the event that an alternate plan would be needed.

Findings included...

<Resident 3>

Review of Resident 3's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]/2024.

Review of Resident 3's facility assessment, dated 03/12/2024, showed that the resident required staff assistance with medications.

In an interview on 04/30/2025 at 4:33 PM, Collateral Contact 2 (CC2), resident representative, stated that they provided medication assistance by purchasing and delivering Resident 3's over the counter medication to the facility.

Review of Resident 3's Negotiated Service Agreement (NSA), dated 05/29/2024, showed that the resident had diagnoses of [redacted] and [redacted]. The NSA did not show a plan had been developed for family assistance with medications.

Review of Resident 3's record showed that as of 05/06/2025, a family assistance with medications plan had not been documented in the resident record.

<Resident 7>

Review of Resident 7's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]/2023.

Review of Resident 7's facility assessment, dated 05/30/2024, showed that the resident had assistance from their family for routine and over-the-counter medications.

Review of Resident 7's physician orders, dated 04/30/2025, showed that the resident received prescription medications for blood pressure, cholesterol, edema (swelling caused by fluid build up in body tissue) and pain. The document showed that Resident 7 received medication for pain, muscle spasms and received Nitroglycerin (medication used for chest pain) as needed.

Review of Resident 7's NSA, dated 05/30/2024, showed that the resident required self-directed medication administration. The NSA showed that facility staff would prepare the medication and observe Resident 7 taking their medication. The NSA did not show a description of the medication, who was responsible for managing Resident 7's medications and did not show an alternative plan in the event that the person responsible was not able to provide the medication to the resident.

Statement of Deficiencies	License # 2376	Compliance Determination # 53182
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 8 of 13	Licensee: Pacifica SL Ellensburg LLC	06/07/2025

Review of Resident 7's record showed that as of 05/06/2025, a family assistance with medications plan had not been documented in the resident record.

In an interview on 05/02/2025 at 11:01 AM, Resident 7 stated that their family assisted them by setting up their medication organizer weekly. Resident 7 stated they had an alarm on their phone that reminded them when to take their medications.

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, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/07/2025 06/21/2025

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

Administrator (or Representative) — Date 5/31/2025

Per facility Administrator, Scott Sorenson, via telephone on 06/06/2025, the BIC date has been changed to: 06/21/2025. ME

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.

(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 interview and record review, the Assisted Living Facility failed to ensure that staff who worked as long-term care workers obtained home care aide certification for 1 of 2 staff (Staff 1) and completed the required continuing education credits for 3 of 4 staff (Staff C, E and F). These failures placed residents at risk of receiving care from untrained staff and did not allow the department the ability to track and monitor home care aide applicants.

Findings included...

<Home care aide certification>

Review of Resident 7's record showed that as of 05/06/2025, a family assistance with medications plan had not been documented in the resident record.

In an interview on 05/02/2025 at 11:01 AM, Resident 7 stated that their family assisted them by setting up their medication organizer weekly. Resident 7 stated they had an alarm on their phone that reminded them when to take their medications.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(e) Continuing education.

(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 interview and record review, the Assisted Living Facility failed to ensure that staff who worked as long-term care workers obtained home care aide certification for 1 of 2 staff (Staff I) and completed the required continuing education credits for 3 of 4 staff (Staff C, E and F). These failures placed residents at risk of receiving care from untrained staff and did not allow the department the ability to track and monitor home care aide applicants.

Findings included…

<Home care aide certification>

In an interview on 05/01/2025 at 10:21 AM, Staff K, Business Office Manager, stated that they had done an audit and found that Staff C was a MT that had been working with residents and did not have an active credential.

Review of Staff I's, Community Relations Director/Caregiver, personnel file showed that they were hired on 05/01/2023. Staff I's file showed that they did not have an active credential to provide care to residents.

In an interview on 05/01/2025 at 10:51 AM, Staff K, acknowledged that Staff I did not have an active credential and that Staff I had been covering caregiver shifts.

In an interview on 05/01/2025 at 2:35 PM, Staff I stated that they provided hands on care for residents as a caregiver. Staff I stated that they did not have an active credential.

<Continuing education>

Review of Staff C's personnel file, showed that they were hired on 05/01/2023. Staff C's file did not include the required continuing education.

Review of Staff E's, Caregiver, personnel file showed that they were hired on 04/17/2018. Staff E's file did not include the required continuing education.

Review of Staff F's, Caregiver, personnel file showed that they were hired on 09/07/2021. Staff F's file did not include the required continuing education.

In an interview on 05/01/2025 at 9:54 AM, Staff K, stated the facility used a continuing education program and that the trainings scheduled for staff to complete were not certified through the department. Staff K acknowledged that the trainings completed by facility staff would not count towards their continuing education requirements.

Statement of Deficiencies	License # 2376	Compliance Determination # 59182
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 10 of 13	Licensee: Pacifica SL Ellensburg LLC	06/07/2025

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/08/2025

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

Administrator (or Representative) 5/31/2025 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure staff implemented their reporting and investigation policy and procedure for 1 of 1 reportable incident (Incident 1). This failed practice contributed to the facility not following their policies and procedures placing residents at risk for lack of facility investigation.

Findings included...

Review of the facility's policy, "Incident Reports," revised 06/01/2024, showed that the facility would do an internal report and investigation all incidents[JS1] , determine the circumstances, put preventative measures in place, do staff training if needed, and report to the department.

Continued review of the facility policy showed the facility would follow WAC 388-78A-2371 Investigations, the assisted living facility must: (1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life; (2) Determine the circumstances of the event; (3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and (4) Protect residents during the course of the investigation.

In an interview on 05/02/2025 at 11:51 AM, Staff J, Caregiver, stated when they arrived for their 6:00 AM shift about two weeks ago, they found that the facility's memory care unit 2 was disorderly. Staff J stated during their morning rounds all the residents were observed to be significantly soiled with urine that went through the incontinent brief, clothing and bed pads. Staff J stated, "It seemed the residents were left alone for six to

Plan/Attestation Statement

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Administrator (or Representative) Date

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(a) Related to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;

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Based on interview and record review, the Assisted Living Facility failed to ensure staff implemented their reporting and investigation policy and procedure for 1 of 1 reportable incident (Incident 1). This failed practice contributed to the facility not following their policies and procedures placing residents at risk for lack of facility investigation.

Findings included…

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In an interview on 05/02/2025 at 11:51 AM, Staff J, Caregiver, stated when they arrived for their 6:00 AM shift about two weeks ago, they found that the facility's memory care unit 2 was disorderly. Staff J stated during their morning rounds all the residents were observed to be significantly soiled with urine that went through the incontinent brief, clothing and bed pads. Staff J stated, "It seemed the residents were left alone for six to

Review of the veterinary records for Pet 2, canine, showed that there was no documentation that a wellness exam and vaccinations were completed.

Review of the veterinary records for Pet 3, canine, showed that the vaccinations expired on 07/17/2022. The record showed that Pet 3 did not have an annual wellness exam completed.

In an interview on 06/01/2025 at 9:45 AM, Staff K, Business Office Manager, acknowledged that Pet 1 and Pet 3 had expired records. Staff K acknowledged that the facility did not have veterinary records for Pet 2.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 5/31/2025

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(ii) Resident living rooms and resident sleeping rooms; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that memory care residents had a method to summon staff in their sleeping areas when they needed assistance for 6 of 6 residents (Resident 1, 2, 3, 4, 10 and 11). This failure placed residents at risk of unmet care needs when they could not call staff for assistance.

Findings included...

eight hours." Staff J stated that Resident 11 was found on the floor with an injury of an unknown source to their arm. Additionally, Staff J stated that they reported their concerns of care not being done for residents and the resident who had fallen in their room, to Staff A, Administrator.

In an interview on 05/02/2025 at 3:19 PM, Staff A, stated that Staff J had reported their concerns regarding what they had observed on their shift with resident care not being done and the resident who had an injury from falling. Staff A stated they had not completed an investigation or made a report to the department.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) 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 interview and record review, the facility failed to ensure that pets living on the facility premises had regular examinations and immunizations for 3 of 3 pets (Pet 1, 2 and 3). This failure put residents at risk for contact with pets who may have transmissible diseases.

Findings included…

Review of the veterinary records for Pet 1, canine, showed that their records for a wellness exam expired on 09/29/2024. The record showed that Pet 1's vaccinations expired on 09/17/2024.

eight hours." Staff J stated that Resident 11 was found on the floor with an injury of an unknown source to their arm. Additionally, Staff J stated that they reported their concerns of care not being done for residents and the resident who had fallen in their room, to Staff A, Administrator.

In an interview on 05/02/2025 at 3:19 PM, Staff A, stated that Staff J had reported their concerns regarding what they had observed on their shift with resident care not being done and the resident who had an injury from falling. Staff A stated they had not completed an investigation or made a report to the department.

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: 5/31/2025

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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 interview and record review, the facility failed to ensure that pets living on the facility premises had regular examinations and immunizations for 3 of 3 pets (Pet 1, 2 and 3). This failure put residents at risk for contact with pets who may have transmissible diseases.

Findings included...

Review of the veterinary records for Pet 1, canine, showed that their records for a wellness exam expired on 09/29/2024. The record showed that Pet 1's vaccinations expired on 08/17/2024.

Review of the veterinary records for Pet 2, canine, showed that there was no documentation that a wellness exam and vaccinations were completed.

Review of the veterinary records for Pet 3, canine, showed that the vaccinations expired on 07/17/2022. The record showed that Pet 3 did not have an annual wellness exam completed.

In an interview on 05/01/2025 at 9:48 AM, Staff K, Business Office Manager, acknowledged that Pet 1 and Pet 3 had expired records. Staff K acknowledged that the facility did not have veterinary records for Pet 2.

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(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(ii) Resident living rooms and resident sleeping rooms; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that memory care residents had a method to summon staff in their sleeping areas when they needed assistance for 6 of 6 residents (Resident 1, 2, 3, 4, 10 and 11). This failure placed residents at risk of unmet care needs when they could not call staff for assistance.

Findings included…

In an interview on 05/02/2025 at 12:02 PM, Staff J, Caregiver, stated that the residents in the memory care units did not have pendants that they wore or call buttons in their sleeping areas to call staff if they needed assistance.

Observation on 05/02/2025 at 12:34 PM, showed that Resident 11 had a bed and chair in their sleeping area. The walls in their bedroom did not have a button or cord present for Resident 11 to call for assistance.

Observation on 05/02/2025 at 12:46 PM, showed that Resident 2 had a bed next to the wall, and furniture facing towards the wall. The walls around their bed and furniture did not have a button or cord present for Resident 2 to call for assistance

In an interview on 05/06/2025 at 2:18 PM, Collateral Contact 1, Resident Representative, stated that Resident 10 did not have a pendant or call button in their room at the facility.

Record review of Resident 10's, "Care Plan – New Move In", dated 03/31/2025, showed that the facility would, "Provide a call pendant and orient to use of the pendant."

In an interview on 05/02/2025 at 2:40 PM, Staff A, Administrator, stated that Resident 1, 2, 3, 4, 10, and 11 did not have a call system or a pendant that they wore if they needed to call for staff assistance.

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: 5/31/2025

Per facility Administrator, Scott Sorenson, via telephone on 06/06/2025, the BIC date has been changed to: 06/21/2025. ME

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Observation on 05/02/2025 at 12:34 PM, showed that Resident 11 had a bed and chair in their sleeping area. The walls in their bedroom did not have a button or cord present for Resident 11 to call for assistance.

Observation on 05/02/2025 at 12:46 PM, showed that Resident 2 had a bed next to the wall, and furniture facing towards the wall. The walls around their bed and furniture did not have a button or cord present for Resident 2 to call for assistance.

In an interview on 05/06/2025 at 2:18 PM, Collateral Contact 1, Resident Representative, stated that Resident 10 did not have a pendant or call button in their room at the facility.

Record review of Resident 10's, "Care Plan – New Move In", dated 03/31/2025, showed that the facility would, "Provide a call pendent and orient to use of the pendent."

In an interview on 05/02/2025 at 2:40 PM, Staff A, Administrator, stated that Resident 1, 2, 3, 4, 10, and 11 did not have a call system or a pendant that they wore if they needed to call for staff assistance.

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