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

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

RE: Pacifica Senior Living Ellensburg # 2376

Dear Administrator:

This document references Compliance Determination 34998 (01/16/2024), which included complaint number(s) 112865, 111177.
The Department completed a complaint investigation of your Assisted Living Facility on 01/16/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Felicia Cantu, Community Complaint Investigator

Consultation:

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

The Assisted Living Facility(ALF) failed to ensure that one resident received nurse delegated services.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the facility to determine if you have corrected all deficiencies.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
- Please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Pacifica Senior Living Ellensburg
License/Cert.#: 2376
Compliance Determination #: 34998
Investigator: Felicia Cantu
Investigation Date(s): 01/10/2024 through 01/16/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 112865
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

1) A named staff member did not have required references or background check on file.
2) Medication technicians are not delegated to give delegated medications.
3) Staff members are under the influence of alcohol and are rude to residents.
4) Assessments not done appropriately.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: Closed records sample size:
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Facility environment
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster House policies Staff records Resident records (face sheet, care plan, assessments, chart notes, medication administration records)

Investigation Summary:

1) A named staff member and other sampled staff members had required references and background checks with no non qualifying crimes on file. No failed practice identified. 2) Interviews and record review showed that staff members should have been delegated for a named resident who received insulin injections(met criteria for full medication assistance). The facility was in process of getting their facility certified to provide delegated services and updating the named resident's care plan. No harm

or injury to resident occurred. Consultation was provided WAC 388-78A-2320. 3) Observations of all staff showed that they were not under the influence of alcohol. Staff to residents' interactions showed that they were respectful, helpful, and safe. Interviews with residents, family members, and staff showed that they never witnessed any staff member under the influence and felt that they received appropriate care in the facility. No failed practice identified. 4) Record review and interviews showed that the assessments were completed/documented and reflected the care that the sampled residents needed. No failed practice identified.

Conclusion / Action:

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