



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 License # 2376

Dear Administrator:

This letter addresses Compliance Determination(s) 45438 (Completion Date 08/09/2024) and 42193 (Completion Date 06/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/09/2024 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-2462-1-a, WAC 388-78A-2466-1-a, WAC 246-980-030-1-b

The Department staff who did the off-site verification:  
Anna Cairns, ALF Long Term Care Surveyor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

*Michelle Closner*

Michelle Closner, Field Manager  
Region 1, Unit G  
Residential Care Services

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



## Residential Care Services Investigation Summary Report

**Provider/Facility:** Pacifica Senior Living  
Ellensburg

**License/Cert.#:** 2376

**Compliance Determination #:** 42193

**Investigator:** Anna Cairns

**Investigation Date(s):** 06/04/2024 through 06/10/2024

**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 130588

**Region/Unit #:** RCS Region 1 / Unit G

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### Allegation(s):

The named resident had a fall with injury to their head.

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### Investigation Methods:

|                        |                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sample:</b>         | Total residents: 69<br>Resident sample size: 3<br>Closed records sample size: 0                                                                                                                                                                |
| <b>Observations:</b>   | Common areas<br>Hallways<br>Stairways<br>Television room                                                                                                                                                                                       |
| <b>Interviews:</b>     | Administrator<br>Facility nurse<br>Staff<br>Residents                                                                                                                                                                                          |
| <b>Record Reviews:</b> | Characteristic roster<br>Incident investigations<br>Resident records (Assessments, care plans, progress notes, monitoring, MAR)<br>Abuse and neglect policy<br>Staff records (background checks, credentials, specialty training for dementia) |

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### Investigation Summary:

Observation, interviews, and record review showed that the named resident fell unwitnessed in the television common area. Facility staff responded immediately, assessed the resident, put pressure on the area that bled on their head, and called emergency services. The named resident was placed on hourly checks when they returned from the hospital and continued monitoring. Record review showed that the staff providing care to the resident did not have their credential application sent to the state within 14 days and one of the staff did not have their initial and two year background checks completed on time. Failed practice identified. WAC 388-78A-2462 (1)(a), WAC 388-78A-2466 ((1)(a), and WAC 246-980-030 (1)(b).

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**Conclusion / Action:**

- ☒ 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**

|                           |                                      |                                  |
|---------------------------|--------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2376                      | Compliance Determination # 42193 |
| Plan of Correction        | Pacifica Senior Living Ellensburg    | Completion Date                  |
| Page 1 of 5               | Licensee: Pacifica SL Ellensburg LLC | 06/10/2024                       |

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 an unannounced on-site complaint investigation on 06/04/2024 and 06/04/2024 of:

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

This document references the following complaint number(s): 130588

The following sample was selected for review during the unannounced on-site visit: 3 of 69 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

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.

*Michelle Cloosner*

Residential Care Services

06/18/2024

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.

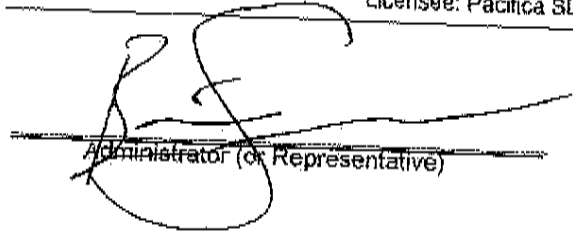
This document was prepared by Residential Care Services for the Locator website.

06.18.2024 09:01:07

State of Washington

6/12

Statement of Deficiencies License #: 2376 Compliance Determination # 42193  
 Plan of Correction Pacifica Senior Living Ellensburg Completion Date  
 Page 2 of 5 Licensee: Pacifica SL Ellensburg LLC 06/10/2024

  
 Administrator (or Representative)

6/20/2024  
 Date

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

(1) Applicants for an assisted living facility license, as defined in WAC 388-78A-2740, must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a Washington state name and date of birth background check was completed for 1 of 2 Staff (A). This failed practice placed residents at risk of being cared for by disqualified staff.

**Findings included...**

On 06/04/2024 at 2:18 PM staff records were reviewed with Staff C, Business Office Manager (BOM). Staff C stated that they had started as the facility BOM in December 2020 and was responsible for staff background checks as of July of 2023.

Staff A's file showed that they were hired on 07/26/2021 as a Caregiver. Staff A's file did not have a Washington state name and date of birth background check completed upon hire. Staff A's file showed that it was completed on 11/30/2021, 127 days after they were hired.

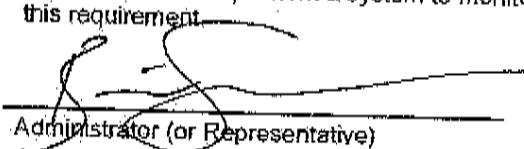
Staff C stated that they did not know why Staff A did not have their Washington state name and date of birth background completed upon hire.

**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, Pacifica Senior Living Ellensburg is or will be in compliance with this law and / or regulation on

(Date) 7/31/2024

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

  
 Administrator (or Representative)

6/20/2024  
 Date

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|                                   |      |
|-----------------------------------|------|
|                                   |      |
| Administrator (or Representative) | Date |

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Findings included...

On 06/04/2024 at 2:18 PM staff records were reviewed with Staff C, Business Office Manager (BOM). Staff C stated that they had started as the facility BOM in December 2020 and was responsible for staff background checks as of July of 2023.

Staff A's file showed that they were hired on 07/26/2021 as a Caregiver. Staff A's file did not have a Washington state name and date of birth background check completed upon hire. Staff A's file showed that it was completed on 11/30/2021, 127 days after they were hired.

Staff C stated that they did not know why Staff A did not have their Washington state name and date of birth background completed upon hire.

**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

7/12

|                           |                                      |                                  |
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| Statement of Deficiencies | License #: 2376                      | Compliance Determination # 42193 |
| Plan of Correction        | Pacifica Senior Living Ellensburg    | Completion Date                  |
| Page 3 of 5               | Licenses: Pacifica SL Ellensburg LLC | 06/10/2024                       |

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

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

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

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a Washington state name and date of birth background check was submitted every two years for staff that had worked in the ALF for more than two years for 1 of 1 staff (Staff A). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

On 06/04/2024 at 2:27 PM, staff records were reviewed with Staff C, Business Office Manager (BOM). Staff C stated that they were responsible for staff background checks.

Review of Staff A's, Caregiver, file showed that they had been hired on 07/26/2021. Staff A's file showed that they had a Washington state name and date of birth background check result on 11/30/2021, that had expired on 11/30/2023. Staff A's second, Washington state name and date of birth background check was completed on 01/09/2024, which was 40 days late.

On 06/04/2024 at 2:35 PM, Staff C acknowledged stated that Staff A's two-year, Washington state name and date of birth background check was completed late.

| Plan/Attestation Statement                                                                                                                                                                                                                          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
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| (Date)                                                                                                                                                                                                                                              | 7/31/2024 |
| In addition, I will implement a system to monitor and ensure continued compliance with this requirement.                                                                                                                                            |           |
| Administrator (or Representative)                                                                                                                                                                                                                   | 6/20/2024 |
|                                                                                                                                                                                                                                                     | Date      |

**WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?**

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Findings included...

On 06/04/2024 at 2:27 PM, staff records were reviewed with Staff C, Business Office Manager (BOM). Staff C stated that they were responsible for staff background checks.

Review of Staff A's, Caregiver, file showed that they had been hired on 07/26/2021. Staff A's file showed that they had a Washington state name and date of birth background check result on 11/30/2021, that had expired on 11/30/2023. Staff A's second, Washington state name and date of birth background check was completed on 01/09/2024, which was 40 days late.

On 06/04/2024 at 2:35 PM, Staff C acknowledged stated that Staff A's two-year, Washington state name and date of birth background check was completed late.

**Plan/Attestation Statement**

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\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date

**WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?**

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06.18.2024 09:01:07

## State of Washington

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| Page 4 of 5               | Licensee: Pacifica SL Ellensburg LLC | 06/10/2024                       |

(1) A nonexempt long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:

(b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a Home Care Aide (HCA) application was sent to the department within 14 days of hire for 2 of 2 current Staff (A, B). This failure placed residents at risk of being cared for by unqualified staff and disabled the department from the ability to track and monitor home care aide applicants.

Findings included...

Staff records were reviewed with Staff C, Business Office Manager (BOM) on 06/04/2024 at 2:18 PM. Staff C stated that they had started as the facility BOM in December 2020 and were responsible for ensuring that long term care workers HCA applications were submitted within 14 days of hire to the department.

Review of staff records showed that Staff A, Caregiver, was hired on 07/26/2021. Staff A's file showed that their HCA application submitted to the Department of Health (DOH) on 12/02/2021, 115 days after the requirement.

Review of staff records showed that Staff B, Caregiver, was hired on 05/30/2023. Staff B's file showed that their HCA application submitted to the Department of Health (DOH) on 07/03/2023, 20 days after the requirement.

On 06/04/2024 at 2:27 PM, Staff C acknowledged that the HCA applications for Staff A and Staff B were not submitted to the DOH within 14 days.

**Plan/Attestation Statement**

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| Page 5 of 5                                                                                                            | Licensee: Pacifica SL Ellensburg LLC | 06/10/2024                                                                                  |
| <br>Administrator (or Representative) |                                      | <br>Date |

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|                                   |       |
|-----------------------------------|-------|
| _____                             | _____ |
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