



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

08/07/2025

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) 63797 (Completion Date 08/07/2025) and 60671 (Completion Date 06/26/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/07/2025 and found no deficiencies.

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

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

The Department staff who did the On Site verification:

Felicia Cantu, Community Complaint Investigator

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: Ellensburg Senior Living **Provider Type:** Assisted Living Facility
License/Cert. #: 2376 **Intake ID:** 171870
Compliance Determination #: 57027 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 03/27/2025 through 04/16/2025
Complainant Contact Date(s): 04/16/2025

Allegation(s):

- 1) Facility is not providing personal hygiene and not managing medications appropriately for a named resident.
 - 2) The facility has not met with the named resident to update care plan.
 - 3) The facility threatened to make a named resident move out of the facility.
-

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 3 Closed records sample size:
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies Resident records (face sheet, care plans, assessments, chart notes, medication administration records, doctor orders)

Investigation Summary:

1) Observations showed that staff were attending to resident needs. The named resident was no longer living in the facility. Other residents appeared dressed and groomed. Residents apartments were clean. Interviews and record review showed that the named resident often refused medications. The facility notified their physician and obtained new orders to initiate in their medication administration record. No failed practice identified. 2) Observations showed that the named resident no longer lived in the facility. Interviews and record review showed that the facility failed to agree upon the Negotiated Service Plan(NSA) with sampled residents and their representatives. Failed practice identified. WAC 388-78A-2150

(1) 3) Observations showed that staff to resident interactions were safe, helpful, and respectful. Interviews and record review showed that the named resident's family voluntarily moved the named resident to another facility. No failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2376	Compliance Determination # 60671
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 1 of 3	Licensee: Pacifica SL Ellensburg LLC	06/26/2025

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 06/05/2025 of:

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

This document references the following SOD dated: 06/26/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 70 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

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

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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

07/03/2025

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)

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that negotiated service agreements were signed and agreed upon annually for 2 of 3 sampled residents (Resident 1 and 2). This failure placed the residents at risk for unmet care needs.

Findings included...

Review of the ALF's policy titled, "Negotiated Service Agreements (NSA)," dated 12/13/2024, showed that the ALF must ensure that the NSA is agreed to and signed at least annually by the resident, or the resident's representative.

Resident 1

Review of Resident 1's undated demographic sheet showed that the resident moved into the ALF on [REDACTED] 2020.

Review of Resident 1's NSA signature sheet, dated 01/06/2025, showed that it had not been signed by Resident 1 or their representative.

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

Resident 2

Review of Resident 2's undated demographic sheet showed that the resident moved into the ALF on [REDACTED] 2023.

Review of Resident 2's NSA showed that it was not signed by facility staff and Resident 2 until 07/23/2024.

In an interview on 06/05/2025, Staff A, Administrator, stated that they were unable to get the NSAs signed due to staffing issues.

This is an uncorrected deficiency previously cited on 04/16/2025.

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) <u>7/30/2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
Administrator (or Representative) <u>[Signature]</u>	Date <u>7/17/2025</u>

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Statement of Deficiencies	License #: 2376	Compliance Determination # 57027
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 1 of 4	Licensee: Pacifica SL Ellensburg LLC	04/16/2025

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 03/27/2025 of:

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

This document references the following complaint number(s): 171870

The following sample was selected for review during the unannounced on-site visit: 3 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
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showed that Resident 1 needs assistance with Activities of Daily Living such as showers, personal hygiene, housekeeping, and laundry service.

Review of Resident 1's NSA dated 01/17/2024, showed that it was last signed by their Representative on 01/17/2024.

On 03/27/2025 at 1:30 PM Resident 1's Collateral Contact 1 (CC1), Representative stated that the facility should assist Resident 1 with a shower twice a week, assist them with personal hygiene, and assist with providing laundry service. Additionally, CC1 stated that they often assist Resident 1 with those services themselves when they are in the facility visiting Resident 1. CC1 expressed that they could not recall the last time they discussed, agreed, and signed the NSA for clarification of what services the facility should provide for Resident 1.

Resident 2

Review of Resident 1's demographic sheet showed that they moved into the facility on [REDACTED]/2023 with a diagnosis of [REDACTED] ([REDACTED]).

Review of Resident 2's NSA showed that it was last updated and signed on 11/10/2023. The NSA showed that Resident 2 was independent with using the restroom.

On 03/26/2025 at 5:05 PM Resident 2's Collateral Contact 2 (CC2), Representative stated that they requested to talk to the facility nurse to discuss Resident 2's care plan because they thought that Resident 2 was declining and needed more care. Resident 2 had been frequently incontinent (the inability to control urination or bowel movements) and needed more assistance to the restroom. "The care plan was minimal, it showed that [Resident 2] did everything on their own it had not been updated since Resident 2 moved in." Additionally, CC2 could not recall the last time they discussed, agreed, and signed the NSA for clarification of what services Resident 2 needed while living in the facility.

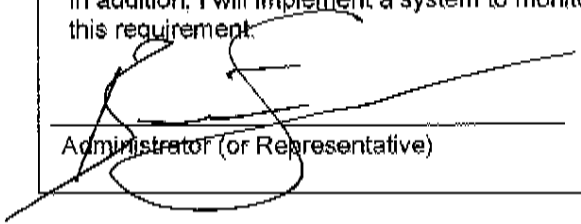
On 04/15/2025 at 2:35 PM Staff A, Administrator, could not recall if they had signed NSA's from Resident 1 and Resident 2 within the last year. Additionally, Staff A acknowledged that the NSA's for Resident 1 and 2 needed to be updated, agreed upon, and signed by all residents at least annually.

Statement of Deficiencies	License #: 2376	Compliance Determination # 57027
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 4 of 4	Licensee: Pacifica SL Ellensburg LLC	04/16/2025

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) 6/02/2025

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



Administrator (or Representative)

5/02/2025

Date

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