**STATE OF WASHINGTON**
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**
**Aging and Long-Term Support Administration**
PO Box 45600, Olympia, WA 98504-5600

December 15, 2023
**EMAIL**

Willow Grove
1620 E Mead St
Spokane, WA 99218
RyanKnudson@legacy1864.com

ALF License # 2399 **IDR RESULTS**

Dear Administrator:

Thank you for participating in the Informal Dispute Resolution (IDR) process on November 28, 2023. This letter is a follow up to my telephone message earlier today during which I informed you of the results of the IDR. As we discussed, the following information was considered during the review:

- All written materials presented by the assisted living facility;
- All oral statements and explanations offered by the assisted living facility;
- Records gathered by the Residential Care Services (RCS) regional staff.

After careful review and consideration, I have decided to make the following changes to the Statement of Deficiencies dated October 5, 2023:

**WAC 388-78A-2600** – delete sentence "CC1 stated they asked Staff A, Director of Care, about this allegation and Staff A stated, "that this is where we are at with [Resident 1]."

**WAC 388-78A-2660** - delete sentence "CC1 stated they asked Staff A, Director of Care, about this allegation and Staff A stated, "that this is where we are at with [Resident 1]."

**WAC 388-78A-2130** – add in interview: In an interview on 9-26-23 at 1:30 PM, Staff A was asked about the Negotiated Care Plan and lack of behavioral interventions documented on the plan as required. Staff A stated that behavioral intervention included "redirection, time and space and re-attempting". Staff A stated interventions were noted in the behavior logs in Resident 1's file. No documentation was found.

**Next Steps:**

- If you have not done so already, begin the process of correcting the disputed deficiency or deficiencies immediately.

- Contact the local field manager if you need clarification related to the SOD report.

- Within ten calendar days after you receive this letter, complete and return the "Plan/Attestation Statement" for all disputed deficiencies.
    - For each disputed deficiency, indicate the date you have or will have corrected each one.
    - Next to each disputed deficiency, sign and date certifying that you have or will correct each disputed deficiency.
    - Mail the "Plan/Attestation Statement" with original signatures to:

      Stephanie Jenks, Field Manager
      Residential Care Services
      Region 1, Unit B
      8517 E Trent Ave, Ste 102
      Spokane Valley, WA 99212
      Fax: (509)329-3993

- You must complete corrections within 45 days or less if directed by the department after review of your proposed correction dates.

If you have any questions, please contact me at Rebecca.Fueston@dshs.wa.gov.

Sincerely,

Rebecca Fueston

Rebecca Fueston
IDR Program Manager
Residential Care Services

*The length of time for completion and posting of final documents, including amended documents, will vary. If you are looking for specific information not currently posted, please contact pdd@dshs.wa.gov*

cc: Regional Administrator, Region 1
Field Services Administrator, Region 1
Field Manager, Region 1, Unit B
Statewide Long Term Care Ombuds
Regional Long Term Care Ombuds
Field File
Central File
IDR File