STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

RP Operations, LLC
Rose Pointe Assisted Living
13013 E Mission Ave
Spokane Valley, WA 99216

RE: Rose Pointe Assisted Living # 2452

Dear Administrator:

This document references Compliance Determination 49698 (11/04/2024), which included complaint number(s) 153695.

The Department completed a complaint investigation of your Assisted Living Facility on 11/04/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Brian Zbylski, ALF Licensor

Consultation:

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

The facility was providing assistance with hygienic care that was not accurately documented on the resident's negotiated service agreement (NSA). The facility updated the resident's NSA to accurately reflect the cares that were being provided to the resident.

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)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Rose Pointe Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2452
Intake ID: 153695
Compliance Determination #: 49698
Region/Unit #: RCS Region 1 / Unit B
Investigator: Brian Zbylski
Investigation Date(s): 11/01/2024 through 11/04/2024
Complainant Contact Date(s): 10/31/2024, 11/05/2024

Allegation(s):
The facility failed to ensure needed care and services were provided to a named resident.

Investigation Methods:

Sample:	Total residents: 83 Resident sample size: 2 Closed records sample size: 0
Observations:	Resident appearance and cleanliness. Residents using supplemental oxygen.
Interviews:	Named resident. Sample residents. Caregivers and Med Techs. Administrator.
Record Reviews:	Resident Characteristic Roster. Disclosure of Services. Staff List. Resident face sheets, assessments, service agreements, progress notes, provider orders, hospital report. Shower schedule.

Investigation Summary:
The facility staff was providing needed care and services to the named resident. Staff was aware of the named resident's needs and were monitoring their well-being. Sample residents expressed no concerns related to receiving the care they required. Facility updated care plan. A consultation was issued relating to Washington Administrative Code (WAC) 388-78A-2140, Negotiated service agreement contents.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A