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 50231 (12/05/2024), which included complaint number(s) 153526, 153536, 154600, 156494.

The Department completed a complaint investigation of your Assisted Living Facility on 12/05/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anne Sinclair, NCI Community Complaint Investigator

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:

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

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

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: 156494
Compliance Determination #: 50231
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 11/14/2024 through 12/05/2024
Complainant Contact Date(s): 11/22/2024, 11/27/2024

Allegation(s):

1. Residents not getting showers.
2. Resident not receiving medication as prescribed.

Investigation Methods:

Sample:	Total residents: 87 Resident sample size: 6 Closed records sample size: 0
Observations:	Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents Administrator Two kitchen staff
Record Reviews:	Named resident care plan/face sheet Sample resident care plan/face sheet Disclosure of services Characteristic roster Staff roster

Investigation Summary:

1. Residents interviewed had no concerns with care needs and stated they can talk to staff about concerns. One resident stated they had not received their shower over the weekend. Facility had a shower schedule and log to show resident showers provided/refused. Record review of sample residents negotiated service agreement (NSA) showed residents did not have assistance with showers defined to include frequency and time of activity. Staff interviewed reported immediate correction plan and active updates to resident NSAs to reflect bathing information. Consultation provided for WAC 388-78A-2140(3) Implementation of Negotiated Service Agreement.
2. Residents interviewed had no concerns with medications, felt safe, and can talk to staff about concerns. Residents were observed without distress or unmet health needs and staff were assisting residents during unannounced facility visit. One staff

interviewed reported concern of named resident not receiving a medication as prescribed. Separate staff interviewed reported delayed knowledge of medication concern for named resident and was unable to verify concern beyond evaluation of named resident Medication Administration Record. Record review showed named resident had been receiving their medications as prescribed. Nursing staff interviewed stated no reports of named resident not receiving a medication, had a process to investigate concerns, verified staff had been monitoring resident condition. Resident was not in facility at time of unannounced facility visit. Consultation provided for WAC 388-78A-2210(2)(a) Medication Services.

Conclusion / Action:

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