STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Granite Falls Retirement Plaza Limited Liability Company
The Village at Granite Falls
302 N Alder Ave
Granite Falls, WA 98252

RE: The Village at Granite Falls # 2499

Dear Administrator:

This document references Compliance Determination 46468 (10/28/2024), which included complaint number(s) 141166, 144290.

The Department completed a complaint investigation of your Assisted Living Facility on 10/28/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Karen Glover, Complaint Investigator

Consultation:

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

(ii) Electrical fixtures or systems;

(iii) Mechanical equipment or systems;

(iv) Fire alarm fixtures or systems;

(v) Fire sprinkler fixtures or systems;

(vi) Wall coverings 1/28 inch thick or thicker; or

(vii) Kitchen or laundry equipment.

The Assisted Living Facility (ALF) failed to contact construction review before starting repairs to 2 resident rooms and the main floor laundry room which had water damage from a broken pipe. This deficiency was corrected onsite at the time of visit.

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 (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: The Village at Granite Falls **Provider Type:** Assisted Living Facility

License/Cert.#: 2499
Compliance Determination #: 46468
Investigator: Karen Glover
Investigation Date(s): 08/29/2024 through 10/28/2024
Complainant Contact Date(s):

Intake ID: 141166
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
Two residents have been relocated due to a water pipe rupture and water damage affecting their rooms.

Investigation Methods:

Sample:	Total residents: 20 Resident sample size: 3 Closed records sample size: 0
Observations:	Resident rooms Laundry room Hallways
Interviews:	Maintenance staff Nursing staff Administration
Record Reviews:	Incident investigation

Investigation Summary:
The facility had a water pipe burst in the laundry room and two residents needed to be relocated to other rooms. Both residents were placed on observation and every 2 hour safety checks to monitor for any needs. Repair of the laundry room and both resident rooms had started which included carpet replacement in both rooms and sheet rock replacement in one room. The facility had not reached out to the Department of Health (DOH) Construction Review before starting the repairs. Consultation issued under WAC 388-78A-2850.

Conclusion / Action:

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