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

Callaway Gardens OpCo LLC
Callaway Gardens Alzheimers Special Care Center
5505 W Skagit Ct
Kennewick, WA 99336

RE: Callaway Gardens Alzheimers Special Care Center License # 2511

Dear Administrator:

This letter addresses Compliance Determination(s) 63139 (Completion Date 07/30/2025) and 60011 (Completion Date 05/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/30/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320-1-b, WAC 388-78A-3090-1-c

The Department staff who did the on-site verification:
Robin Barnes, Assisted Living Facility Licensor

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

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

Statement of Deficiencies	License #: 2511	Compliance Determination # 60011
Plan of Correction	Callaway Gardens Alzheimers Special Care Center	Completion Date
Page 1 of 9	Licensee: Callaway Gardens OpCo LLC	05/29/2025

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 the unannounced on-site full inspection and complaint investigation on 05/27/2025, 06/28/2025 and 05/29/2025 of:

Callaway Gardens Alzheimers Special Care Center
5505 W Skagit Ct
Kennewick, WA 99336

This document references the following complaint numbers: 180719.

The following sample was selected for review during the unannounced on-site visit: 8 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
Elizabeth Hall, AFH/ALF Licensor

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

Statement of Deficiencies	License #: 2511	Compliance Determination # 60011
Plan of Correction	Callaway Gardens Alzheimers Special Care Center	Completion Date
Page 2 of 9	Licensee: Callaway Gardens OpCo LLC	05/29/2025

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

06/12/2025
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.

Laura Rupp
Administrator (or Representative)

6.26.25
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the registered nurse delegator assessed each resident who received delegated task assistance from staff every 90 days for 4 of 4 residents (Resident 2, 4, 5 and 7). Additionally, the facility failed to ensure that nurse delegated medication administration was performed by staff who were properly trained and/or credentialed to perform delegated tasks; for 1 of 1 staff (Staff C). These failures placed residents at risk of having their medications administered incorrectly.

Findings included...

Review of Washington Administrative Code (WAC) 246-840-930, titled, "Criteria for delegation," showed that the criteria for delegation included reevaluation and documentation was to occur at least every 90 days. Further review showed that the registered nurse delegator (RND) was to verify that the nursing assistant or home care aid (HCA) was currently registered or certified as a nursing assistant or HCA in Washington state. Additionally, the RND must teach the nursing assistant or HCA how to perform the task, including verification of competency.

Review of the facility's policy titled, "Delegation of Nursing Tasks," dated 06/20/2024, showed that the RND must assess the resident, evaluate the staff member's ability to perform the task, and reevaluate the appropriateness for nurse delegation periodically

per state regulations.

<Resident 2>

Review of the facility's undated characteristic roster showed that Resident 2 was admitted to the facility on [redacted]/2025. The record showed that Resident 2 required nurse delegation.

Review of Resident 2's full facility assessment, dated 04/23/2025, showed that Resident 2 had a diagnosis of [redacted]. The record showed that Resident 2 received routine capillary blood glucose testing (a fingerstick blood test to measure the amount of sugar in the bloodstream [CBG]) and insulin (a medication to lower blood sugar levels) injections. The assessment showed that Resident 2 required medication administration under nurse delegation.

Review of Resident 2's Negotiated Service Agreement (NSA), dated 04/23/2025, showed that Resident 2 required delegated Medication Technicians (MT) to perform CBG testing and insulin injections.

Review of Resident 2's April 2025 MAR showed that the resident had an order for sliding scale insulin (short-acting medication dose based on the CBG result) three times daily, long-acting insulin once daily, and CBG testing four times daily. The MAR showed that MTs had administered Resident 2's insulin injections four times daily, for 30 days. Additionally, the MAR showed that the MTs had administered Resident 2's CBG tests four times daily, for 30 days.

Review of Resident 2's May 2025 MAR showed that the MTs had administered Resident 2's insulin injections four times daily, for 26 days (as of the review date of 05/27/2025). The MAR showed that the MTs had administered Resident 2's CBG tests four times daily, for 26 days.

Review of Resident 2's record showed that there was no nurse delegation documentation. Resident 2's record showed that Resident 2 was not assessed by the RND for needed delegation.

In an interview on 05/29/2025 at 9:40 AM, Staff I, MT, stated that Resident 2 required nurse delegation for long-acting insulin injections, sliding scale insulin injections and CBGs.

<Resident 4>

Review of the facility's undated characteristic roster showed that Resident 4 was

admitted to the facility on [redacted]/2017. The record showed that Resident 4 required nurse delegation and injections.

Review of Resident 4's full facility assessment, dated 04/09/2025, showed that Resident 4 had a diagnosis of [redacted]. The record showed that Resident 4 required routine CBG testing and insulin injections.

Review of Resident 4's NSA, dated 04/09/2025, showed that Resident 4 required delegated MTs to perform CBG tests and insulin injections.

Review of Resident 4's April 2025 MAR showed that Resident 4 had an order for Lantus (a long-acting injected insulin used to lower blood glucose). The MAR showed that the MTs had administered Resident 4's Lantus injection once daily, from 04/20/2025 to 04/30/2025 for a total of 10 days. Additionally, the record showed that the MTs had administered Resident 4's CBG tests once daily, during the same period.

Review of Resident 4's May 2025 MAR showed that the MTs had administered Resident 4's Lantus injection once daily, for 26 days. Additionally, the record showed that the MTs had administered Resident 4's CBG tests once daily, for 26 days.

Review of Resident 4's nurse delegation paperwork on 05/29/2025, showed that the resident's assessment for delegation had last been documented on a "Nurse Delegation: Nursing Visit" form, dated 01/20/2025. The form showed that the next nurse delegation assessment and review was to be done by 04/20/2025. There were no additional nurse delegation documents to show that Resident 4's nurse delegation had been reviewed every 90 days as required.

In an interview on 05/29/2025 at 9:23 AM, Staff I, MT, stated that Resident 4 was insulin dependent and required nurse delegation for insulin injections and CBG tests.

<Resident 5>

Review of the facility's undated characteristic roster showed that Resident 5 was admitted to the facility on [redacted]/2023. The record showed that Resident 5 required nurse delegation.

Review of Resident 5's full facility assessment, dated 05/28/2025, showed that Resident 5 was receiving skilled nursing care for wound care to buttocks.

Review of Resident 5's NSA, updated 05/28/2025, showed that Resident 5 required a delegated MT to apply topical treatment to their buttocks.

Review of Resident 5's March 2025 MAR showed that Resident 5 had an order for Calmoseptine (an ointment used to protect and help heal skin) to be applied topically to coccyx and inner buttocks until healed. The MAR showed that the MTs administered Resident 5's Calmoseptine ointment 124 times.

Review of Resident 5's April 2025 MAR showed that the MTs administered the Calmoseptine ointment 107 times.

Review of Resident 5's May 2025 MAR showed that the MTs administered the Calmoseptine ointment 110 times.

Review of Resident 5's nurse delegation paperwork showed that Resident 5 was not assessed by the RND for the need for delegation.

In an interview on 05/29/2025 at 9:21 AM, Staff I, MT, stated that Resident 5 required nurse delegation for application of the resident's Calmoseptine ointment.

<Resident 7>

Review of the facility's undated characteristic roster showed that Resident 7 moved into the facility on [redacted]/2025. The record showed that Resident 7 required nurse delegation.

Review of Resident 7's full facility assessment, dated 04/08/2025, showed that Resident 7 had a diagnosis of [redacted]. The assessment showed that Resident 7 was not able to manage or administer their own medication regimen. Additionally, the record showed that Resident 7 required delegated MTs to administer the resident's oral medications.

Review of Resident 7's NSA, dated 04/08/2025, showed that Resident 7 required the delegated MTs to administer the resident's oral medications. The record showed that Resident 7's medications were to be crushed and mixed in pudding for administration.

Resident 7 moved into the facility after the RND had last reviewed delegation at the facility on 01/20/2025.

Review of the facility's nurse delegation paperwork showed that Resident 7 had not been assessed by the RND for the need for nurse delegation.

Review of Resident 7's [redacted] 2025 MAR showed that the MT's administered Resident 7's oral medications from [redacted]/2025 to [redacted]/2025.

Review of Resident 7's April 2025 MAR showed that the MT's administered Resident 7's oral medications from 04/01/2025 to 04/30/2025.

Review of Resident 7's May 2025 MAR showed that the MT's administered Resident 7's oral medications from 05/01/2025 to 05/28/2025.

In an interview on 05/29/2025 at 9:20 AM, Staff I, MT, stated that Resident 7 required their medication to be crushed, placed in pudding and spoon fed to them (this task would require the supervision of an RND).

<Staff C>

Review of the personnel file for Staff C, MT, showed that Staff C was hired on 05/13/2025. Staff C's file showed that they did not have a valid credential needed to be delegated for nursing tasks.

Review of Staff C's training records showed that they had not received basic nurse delegation certification until 05/21/2025. Staff C had not received nurse delegation certification focused on diabetes and insulin administration until 05/23/2025.

Review of Resident 2's May 2025 MAR showed that Staff C had administered Resident 2's evening and bedtime insulins and CBG tests seven days between 05/17/2025 and 05/26/2025.

Review of Resident 4's May 2025 MAR showed that Staff C, MT, administered Resident 4's Lantus injection seven days between 05/17/2025 and 05/26/2025.

Review of Resident 5's May 2025 MAR showed that Staff C had administered Resident 5's Calmoseptine ointment 7 days between 05/17/2025 and 05/26/2025.

Review of Resident 7's May 2025 MAR showed that Staff C had administered Resident 7's medications for seven days between 05/17/2025 and 05/26/2025.

Review of Resident 2, 4, 5, and 7s record showed that Staff C had not been trained or had their credentials verified by the RND to be appropriate to perform resident delegated tasks.

In an interview on 05/28/2025 at 12:23 PM, Staff F, Resident Care Coordinator, stated that Staff C had been training on medications, including insulin injections and CBG tests,

with other medication technicians. Staff F stated that as of 05/23/2025, Staff C had been working on their own administering medication.

In an interview on 05/28/2025 at 11:30 AM, Staff F stated that the RND had not been to the facility since 01/20/2025.

In an interview on 05/28/2025 at 3:21 PM, Staff F stated that Resident 2 moved into the facility after the RND's last visit. Staff F stated that Staff E, Licensed Practical Nurse/Health Services Director, had emailed the RND when Resident 2 moved into the facility, but they just learned it had gone to the wrong email address.

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, Callaway Gardens Alzheimers Special Care Center is or will be in compliance with this law and / or regulation on (Date) 6.27.25 .

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

Administrator (or Representative) Laura Rupp Date 6.27.25

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that chairs in the facility were kept clean and in good repair, in 6 of 6 areas (hallways, north and south dining rooms, south TV room, activity room and lobby). This failure placed residents at risk of injury from exposed metal and plastic on chairs in common spaces.

Findings included...

Review of the facility's undated resident characteristic roster showed that the facility provided care to individuals with dementia, Alzheimer's disease (a progressive disease that causes memory loss and confusion) and other cognitive impairment.

Observations during the environmental tour on 05/27/2025 at 9:56 AM, showed the following:

<Hallways>

- Two gold upholstered swivel rocker chairs located near room 21 were heavily stained under the seat cushions with water staining and black and brown spots, and there were small tears on the bottom of the left arm rests, exposing a sharp metal edge. One additional identical chair near room 17 was observed to be in the same condition.

- 4 of 4 large brown vinyl-type recliner chairs in the south hallway showed cracks and rips in the vinyl material on the seats and arms leaving rough sharp edges.

- 2 green striped upholstered armchairs by room 28 were torn on the front corners of the leg rest area, exposing sharp metal edges.

<North Dining Room>

- 11 out of the 20 dining room style chairs showed cracks in the vinyl seat covering which created rough sharp edges.

<South Dining Room>
- 15 out of the 21 dining room style chairs showed cracks in the vinyl seat covering which created rough sharp edges.

<South TV Room>

- A brown suede-leather type chair showed a dark round stain in the seat and had a tear on the edge of the right armrest.

- 2 dining room style chairs showed cracks in the vinyl seat covering which created rough sharp edges.

<Activity Room>

- 10 out of the 11 dining room style chairs showed cracks in the vinyl seat covering which created rough sharp edges.

<Lobby>

- 2 green striped upholstered armchairs showed brown areas on the armrests and seats, and the rolled edge of the upholstery was torn exposing the hard plastic ribbing inside.

- 4 of 4 large brown vinyl-type recliner chairs in the south hallway showed cracks and rips in the vinyl material on the seats and arms leaving rough sharp edges.

In an interview on 05/27/2025 at 10:33 AM, Staff G, Maintenance Director, stated that the gold upholstered chairs were routinely cleaned by hosing them off outside and letting them dry. Staff G stated that the brown and black stains under the cushions were likely due to mold.

In an interview on 05/27/2025 at 2:53 PM, Staff H, Administrator, stated that they had previously requested the furnishings be replaced in the facility, but their corporation had denied the request.

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, Callaway Gardens Alzheimers Special Care Center is or will be in compliance with this law and / or regulation on (Date) ~~August 8, 2025~~ . 07/13/2025

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

Administrator (or Representative) Laura Riojas Date 6.27.25

Per facility Administrator, Laura Riojas, the BIC date has been changed to 07/13/2025. ME

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

Callaway Gardens OpCo LLC
Callaway Gardens Alzheimers Special Care Center
5505 W Skagit Ct
Kennewick, WA 99336

RE: Callaway Gardens Alzheimers Special Care Center # 2511

Dear Administrator:

This document references the following complaint numbers 180719.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 05/29/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services

Region 1, Unit G
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

The facility failed to ensure that the menu was written one week in advance and posted or delivered to resident rooms, failed to provide alternative choices and failed to follow the dietary manual for prescribed diets. The facility implemented a plan to post the weekly menu, provide alternatives and follow the dietary manual for prescribed diets.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

Enclosure

Plan of Correction 2025 Survey

Intermittent Nursing services WAC 388-78A-2320
Facility failed to ensure that the registered nurse delegator assessed each resident who received delegated task assistance from staff every 90 days. Additionally, the facility failed to ensure that nurse delegated medication administration was performed by staff who were properly trained/and or credentialed to perform delegated tasks.

The HSD and or/RCC will reach out to Regional Nurse Delegator when we have a new resident needing to be assessed and delegated. If no response in the days following HSD and/or RCC will reach out Regional Vice President to get assistance scheduling assessment of resident to stay in compliance.

When we hire new delegated med tech, HSD and/or RCC will reach out to Regional Nurse delegator and if no response in the days following HSD and/or RCC will reach out to Regional Vice President to get assistance scheduling to ensure we stay in compliance. New Delegated med techs will continue to shadow until Regional Nurse Delegator completes verification of competency.

WAC 388-78A -3090 Maintenance and housekeeping.

We have procured bids for new furniture and will be ordering as soon as possible. The Furniture Proposal is attached. New furniture should be here by August 8th, 2025.