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

This document was prepared by Residential Care Services for the Locator website.

Summer Wood OpCo LLC
Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

RE: Summer Wood Alzheimer's Special Care Center # 2514

Dear Administrator:

This document references Compliance Determination 63783 (08/15/2025), which included complaint number(s) 188218, 187802, 187579, 186791.

The Department completed a complaint investigation of your Assisted Living Facility on 08/15/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Amy Wright, NCI Complain 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:

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

Record review showed that the Alleged Victim's negotiated service agreement (NSA) noted the resident had a history of exit seeking and wandering. Policies showed a resident who is exit seeking is an elopement risk. Facility did not have clear documentation in the NSA specific to residents' ability to be unsupervised when leaving

premises.

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:

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

If You Have Any Questions:
• Please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Summer Wood Alzheimer's Special Care Center
Provider Type: Assisted Living Facility
License/Cert.#: 2514
Intake ID: 188218
Compliance Determination #: 63783
Region/Unit #: RCS Region 1 / Unit B
Investigator: Amy Wright
Investigation Date(s): 08/07/2025 through 08/15/2025
Complainant Contact Date(s): 08/07/2025, 08/15/2025

Allegation(s):
Resident elopement.

Investigation Methods:

Sample:
Total residents: 48
Resident sample size: 6
Closed records sample size: 1

Observations:
Alleged Victim
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Reporter
Executive Director
Resident Representatives
Resident
Alleged Victim's Representative
Lead Medication Technician

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Resident face sheets
*Resident care plans
*Weight documentation
*Elopement policy
*Incident investigations
*Progress notes
*Resident POLST form
*Staff schedule
*Abuse and neglect policy
*Medication administration records
*Grievance log

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*Staff CPR cards

Investigation Summary:

Record review showed that the Alleged Victim's negotiated service agreement (NSA) noted the resident had a history of exit seeking and wandering. Policies showed a resident who is exit seeking is an elopement risk. Facility did not have clear documentation in the NSA specific to residents' ability to be unsupervised when leaving premises. Consultation provided under WAC 388-78A-2140 Negotiated service agreement contents (7).

Conclusion / Action:

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

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