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

08/16/2023

Greenlake Management Pasco, LLC
Tri-Cities Assisted Living
4441 W. Airport FWY Ste 160
Irving, TX 75062

RE: Tri-Cities Assisted Living # 2549

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 28178 (Completion Date 08/16/2023) and 27176 (Completion Date 08/02/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/16/2023 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(1) General characteristics:

(b) Residents may not enter their rooms through another resident unit or resident bedroom;

(4) Bathrooms: Access to bathing/toileting facilities within the resident unit must not be through a resident sleeping room or otherwise compromise resident dignity or privacy.

(5) Sleeping rooms size:

(c) When a resident sleeping room is located within a private apartment:

(i) The private apartment includes a resident sleeping room, a resident living room, and a private bathroom;

(iii) There are no more than two residents living in the apartment; or

(8) Miscellaneous: Each sleeping room must have:

(a) One or more outside windows with:

(i) Window sills at or above grade, with grade extending horizontally ten or more feet from the building; and

(ii) Adjustable curtains, shades, blinds, or equivalent for visual privacy.

(d) An individual towel and washcloth rack or equivalent, except when there is a private bathroom attached to the resident sleeping or living room, the individual towel and washcloth rack may be located in the attached private bathroom;

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

(f) Separate storage facilities for each resident in or immediately adjacent to that residents sleeping room to adequately store a reasonable quantity of clothing and personal possessions; and

The Department staff who did the On Site verification:
Laurel Knight, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Tri-Cities Assisted Living
Provider Type: Assisted Living Facility

License/Cert.#: 2549
Intake ID: 90943
Compliance Determination #: 27176
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 07/27/2023 through 08/02/2023
Complainant Contact Date(s):

Allegation(s):

1. Identified resident's medication were not given as ordered.
2. Identified resident is living in the common area of the apartment.

Investigation Methods:

Sample:	Total residents: 95 Resident sample size: 7 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Kitchen staff
Record Reviews:	Medical records including careplan, notes, medication administration records

Investigation Summary:

1. Identified resident interview confirmed they had missed multiple doses of their thyroid and anxiety medication. Facility staff interview confirmed there were missed doses of the anxiety medication while the resident obtained an appointment with the prescriber. Facility records showed requests to the physician as well as notes stating the resident needed an appointment prior to the medications being refilled. No deficient practice identified.
2. Identified resident was observed living in the living room area of the apartment and the other room was required to walk through the area to get to the bathroom or leave the apartment. Deficient practice identified as the room did not meet the requirements to be designated a sleeping room. Please see the statement of deficiency dated 08/02/2023 with citations for 388-78a-3010.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2549	Compliance Determination # 27176
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Pasco, LLC	08/02/2023

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 an unannounced on-site complaint investigation on 07/27/2023 and 07/27/2023 of:

Tri-Cities Assisted Living
2000 N 22nd Ave
Pasco, WA 99301

This document references the following complaint number(s): 90943, 90548, 90481, 90479, 89834, 91122, 87741, 91120

The following sample was selected for review during the unannounced on-site visit: 7 of 95 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility.

Laurel Knight, Community Complaint Investigator
Anna Cairns, ALF Long Term Care Surveyor

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

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.

Gwin Kaercher
Residential Care Services

08/11/2023
Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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1200 Alder Street
Union Gap, WA 98903

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Residential Care Services

Date

Statement of Deficiencies	License #: 2543	Compliance Determination # 27176
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 2 of 3	Licensee: Greenlake Management Pasco, LLC	09/02/2023

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.

Administrator (or Representative) — 8/14/2023 Date

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

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(f) Separate storage facilities for each resident in or immediately adjacent to that residents sleeping room to adequately store a reasonable quantity of clothing and personal possessions; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living facility, (ALF) failed to ensure that each resident had room accommodations that met necessary space and amenities requirements for 3 of 3 sampled residents (Residents 1, 2 and 3), who each shared a one-bedroom apartment with another resident and the rooms were only licensed

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Statement of Deficiencies	License # 2549	Compliance Determination # 27175
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 3 of 3	Licensee. Greenlake Management Pasco, LLC	09/02/2023

for one resident. This failure resulted in residents sharing apartments that were not approved for more than one licensed sleeping room and placed the residents at risk for not having privacy and dignity.

Findings included...

During an observation on 07/27/2023 at 11:07 AM, Resident 1's apartment was observed. Their bed was in the living area of the apartment with a partial curtain panel around the head of their bed in the living room area of the apartment. Resident 1 stated they did not have any privacy when their roommate or staff walked by to the sleeping room and wanted to move to a room with a door.

During an observation on 07/27/2023 at 11:30 AM Resident 2 was observed in their bedroom which was shared by with resident who resident in the living area of the apartment. Resident 2 stated they were going to be moving out because they were uncomfortable with the shared living accommodations. The room did not meet the necessary space and amenities requirements to include an area to hang towels and washcloth or store personal items such as clothing. There were no secure locking drawer/cabinet to store items for resident use.

During an observation on 07/27/2023 at 11:40 AM Resident 3 was observed in the living room area of a shared one-bedroom apartment. The room. The room did not meet the necessary space and amenities requirements to include an area to hang towels and washcloth or store personal items such as clothing. Resident 3 stated they were not happy with the shared space, but they valued having a place to live.

During an interview on 07/02/2023 at 12:15 PM with Staff A, Administrator stated that they did not know residents could not live in the one-bedroom apartment's living room and was not aware the room did not meet the requirements for each resident.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 8/11/2023

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

Administrator (or Representative) — Date: 8/11/2023

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_____ _____

Administrator (or Representative) Date