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

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

RE: Tri-Cities Assisted Living License # 2549

Dear Administrator:

This letter addresses Compliance Determination(s) 37039 (Completion Date 02/20/2024) and 33833 (Completion Date 12/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2024 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-2660-1

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: 109674
Compliance Determination #: 33833
Region/Unit #: RCS Region 1 / Unit G
Investigator: Gwin Kaercher
Investigation Date(s): 12/13/2023 through 12/27/2023
Complainant Contact Date(s): 12/13/2023, 12/27/2023

Allegation(s):

1. Identified resident did not receive their refund within thirty days as required.
2. The identified resident experienced food insecurity.
3. Identified resident had clothing go missing and then was given someone else's pants.

Investigation Methods:

Sample:	Total residents: 88 Resident sample size: 4 Closed records sample size: 1
Observations:	Dining Food supplies Residents
Interviews:	BOM staff Staff
Record Reviews:	Medical records incident report and investigations financial documents

Investigation Summary:

1. The resident's representative confirmed they did not receive a refund from the facility within the specified time period. Facility records showed the refund was received 58 days after the resident was discharged. Deficient practice was identified. Please see the Statement of Deficiency dated 12/27/2023 for WAC 388-78a-2660 (1).
2. The resident's representative stated that the resident told them they didn't have food and they went to the food bank after three days without food. Facility staff interviews confirmed they had discussed food preferences with the resident and had went to various specialty food stores to meet the resident's preferences. The kitchen was well stocked with food, a variety of snacks, beverages and supplements were available in between meals. No deficient practice identified.
3. Identified resident representative stated that the resident had said they lost some clothing but were unsure of the amount. Facility staff interview confirmed the resident had clothing that no longer fit them and felt the clothing did not belong to them

because it was too small. New clothing was purchased by the facility in response to the concern they had lost clothing. No deficient practice identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2549	Compliance Determination # 33833
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Pasco, LLC	12/27/2023

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 12/13/2023 and 12/26/2023 of:

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

This document references the following complaint number(s): 109674, 108684, 108520, 108432

The following sample was selected for review during the unannounced on-site visit: 4 of 88 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator
Gwin Kaercher, Community Field Manager

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

01/11/2024
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.

Administrator (or Representative) 1-11-24 Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to issue a refund within 30 days of discharge for 1 of 1 resident (Resident 1) who had moved out of the facility. This failure placed the resident at risk for financial hardship when monies owed to them were not refunded in a timely manner.

Findings included...

RCW 70.129.150 (1) Disclosure of fees and notice requirements—Deposits, states in part that all long-term care facilities or nursing facilities covered under this section are required to refund any and all refunds due the resident or resident representative to the extent provided by law, within thirty days from the resident's date of discharge from the facility.

Record review of Resident 1's ALF Admission Agreement dated 08/16/2022, showed that the facility would refund the resident's deposit to the Resident or his or her representative within 30 days of the Resident's death, discharge, or transfer.

Record review showed that Resident 1 was admitted to the facility on [redacted]2022 and moved out on [redacted]/2023.

On 12/13/2023 at 9:29 AM, Collateral Contact 1 (CC1), Resident's 1 Power of Attorney, stated that Staff A, Business Office Manager, had contacted the family, several weeks prior, to verify the address in which to send the refund check and they had not received a check as of that date.

On 12/13/2023 at 9:58 AM, Staff A stated that they oversaw submitting the discharged

Statement of Deficiencies	License #: 2549	Compliance Determination # 33833
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resident information to their corporate billing office for refunds since July of 2023. They stated that Resident 1's information was not in the initial report they ran at the end of October. They stated that they were told a refund check had been issued for $814.00 on 11/30/2023 and mailed to the POA's address as requested. This was 43 days after Resident 1 moved out of the facility.

On 12/27/2023 at 11:22 AM, Staff B, Corporate Controller stated that they had submitted Resident 1's refund request to accounting on 11/30/2023. Staff B stated that typically the accounting department had 30 days to issue the payment per policy and they were not aware of the time elapsed prior to the submission of the refund request and the check was sent to the POA on 12/15/2023, 58 days after the resident moved out.

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) 2·10·24 .

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

Administrator (or Representative) 1/11/24 Date