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

06/12/2025

Greenlake Management Columbian, LLC
Royal Columbian Senior Living
5615 W Umatilla Ave
Kennewick, WA 99336

RE: Royal Columbian Senior Living # 2581

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 60725 (Completion Date 06/12/2025) and 54291 (Completion Date 04/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/12/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

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,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Royal Columbian Senior Living
License/Cert.#: 2581
Compliance Determination #: 54291
Investigator: Laurel Knight
Provider Type: Assisted Living Facility
Intake ID: 165633
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 02/05/2025 through 04/15/2025
Complainant Contact Date(s): 02/04/2025, 03/04/2025

Allegation(s):

1. Identified resident's medication are messed up, they have missed meds.
2. Identified resident's delivery has not made it to their apartment.
3. Identified resident's call light is not being answered in a timely manner.

Investigation Methods:

Sample:	Total residents: 75 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Medication administration
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations.

Investigation Summary:

1. The Identified resident interview confirmed they had missed days of pain medication. The facility staff interview confirmed the resident had missed medications and they were not sure what took so long for the delivery from the pharmacy. Facility record review showed the resident missed their pain medications for three consecutive days. Failed practice identified for having a safe medication system in place. Please see the Statement of Deficiency dated 04/15/2025 for Washington Administrative Code (WAC) 388-78a-2210(1)(a)(b)(2)(a)(b).
2. Identified resident stated they had cancelled and received a refund for the delivery that didn't arrive to them and were not concerned. Facility staff stated they had delivered all of the packages to the room that arrived to the facility. No

failed practice identified.
3. Identified resident interview confirmed they had a few times where the call light was delayed. The facility staff stated that the call light average was 11 minutes for the month. Sampled residents stated they felt they were being helped as soon as they could. No failed 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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1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2581	Compliance Determination # 54291
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 1 of 5	Licensee: Greenlake Management Columbian, LLC	04/15/2025

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 an unannounced on-site complaint investigation on 02/05/2025 and 04/14/2025 of:

Royal Columbian Senior Living
5615 W Umatilla Ave
Kennewick, WA 99336

This document references the following complaint number(s): 162252, 165633, 163235, 172249

The following sample was selected for review during the unannounced on-site visit: 5 of 75 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

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 #: 2581	Compliance Determination # 54291
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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

04/28/2025
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.

Administrator (or Representative)

4/30/25
Date

WAC 388-78A-2210 Medication services.

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This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure safe medication systems were in place and medication was administered as prescribed for 2 of 3 residents (Resident 1 and 2). This failure resulted in Resident 2 not getting correct doses and Resident 1 not receiving medications as ordered.

Findings included...

Review of the facility's policy titled, "Medication Incidents and Errors," revised on

02/15/2024, showed that medication administration or assistance will be provided to residents in a manner that is safe and consistently free of errors . All medication incidents and errors will be investigated thoroughly and reported consistently. Corrective action will be taken with every error. Staff members who commit medication errors will receive appropriate re-training and disciplinary action as indicated.

Resident 1

Review of Resident 1's Negotiated Service Agreement (NSA) dated 11/16/2024, showed that the facility managed and assisted Resident 1 with their medications. Resident 1's diagnoses included [redacted] and [redacted] that caused Resident 1 to not be able to do their own medication management.

Review of Resident 1's December 2024, Medication Administration Record (MAR) showed an order of Oxycodone (pain medication) 5 mg tablets, 2 tablets every six hours by mouth as needed for pain entered to start 11/20/2024 and ending on 12/26/2024. The MAR showed that a new medication order was written on 12/26/2024 for 12/26/2024 through 01/31/2025. Resident 1's December 2024 MAR documentation showed no doses of Oxycodone were administered to Resident 1 on 12/28/2024, 12/29/2024 and 12/30/2024.

In an interview on 02/05/2025 at 10:30 AM, Staff B, Facility Licensed Nurse stated that Resident 1's Primary Care Provider (PCP) had been notified that Resident 1 needed an order for pain medication renewed on 12/26/2025. Staff B stated they were not sure why the pain medication was not delivered right away and attributed the delay to a change in the Resident Care Coordinator's ability to complete order verifications in a timely manner.

During an interview on 02/05/2025, at 11:55 AM, Resident 1 stated "I kept asking for the pain medication and there was not any for me. I told my representative who contacted them, and they told them it was year-end and that could possibly be why it took so long. It is a bad pain when I don't have the medication." Resident 1 stated that they had chronic health conditions that required treatment with pain medication. They stated that they had just moved to the facility the month prior and did not understand why they were unable to have their oxycodone every six hours as they were used to.

Resident 2

Review of Resident 2's NSA dated 09/18/2024 showed that the facility managed and assisted Resident 2 with their medications. Resident 2's diagnoses included [redacted].

Review of the Physicians Orders for Gabapentin (medication for treating nerve pain) showed three separate orders.

- Gabapentin 300 Mg by mouth at bedtime written on 09/30/2024.
- Gabapentin 300 Mg by mouth twice daily written on 01/31/2025.
- Gabapentin 300 Mg by mouth twice daily written on 03/04/2025.

Review of an untitled physician visit summary form completed by Resident 2's PCP dated 01/31/2025 showed the resident was reporting pain in their legs and the physician documented they were increasing the Gabapentin to 300 mg by mouth twice daily.

Review of Resident 2's January, February and March 2025 MARs showed Resident 2 received Gabapentin 300 mg three times daily at 8:00 AM, 5:00 PM and again at 8:00 PM from the time of the 01/31/2025 order was initiated until the orders were clarified on 03/15/2025 to show that the physician intended the order to be Gabapentin 300 mg by mouth twice daily.

During an interview on 02/05/2025, at 11:55 AM, Resident 2 stated that they had been getting Gabapentin three times a day, but they switched it to twice a day in March and now it was much better.

In an interview on 03/20/2025, at 1:00 PM, Staff B stated that when Resident 2's PCP wrote the new Gabapentin orders the facility staff did not clarify with the provider if they wanted to continue with the order for the medication at bedtime.

This is a recurring deficiency for Washington Administrative Code (WAC) 388-78a-2210 (1)(a)(b)(2)(a)(b) previously cited on 10/10/2024, 06/21/2023, and 04/04/2022.

Statement of Deficiencies	License #: 2581	Compliance Determination # 54291
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 5 of 5	Licensee: Greenlake Management Columbian, LLC	04/15/2025

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, Royal Columbian Senior Living is or will be in compliance with this law and / or regulation on (Date) 5/25/25.

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

Administrator (or Representative) — Date: 4/30/25

Greenlake SENIOR LIVING

Plan of Correction

Agency Name Licensing	Citation Date
Royal Columbian Assisted Living	04/28/2025
Submitted By	**Date of POC Submission**
Emily A. Merryman	05/09/2025
Complaint Citation Certification Citation	**Compliance Date**
WAC 388-78A-2210 (1)(a)(2)(a)(b) Medication Services	05/25/2025

Citation: 388-78A-2600-Section 2D	
What *initial* or *immediate actions* were taken to address concerns affecting clients?	We had our RCC supervise med-passes and will be conducting an in-service training course on 05/14/2025 to go over the WAC as well as proper medication services.
How will you apply the correction to all clients you support?	Med-techs are to be using the checklists when working the med-cart to avoid future mistakes.
Who will be responsible for implementing changes and monitoring the corrections to ensure the problems do not reoccur?	This will be overseen by the Executive Director with the assistance of the HSD and the RCC
Additional Information:	
In-Service/Training:	Scheduled for 05/14/2025 at 1600

Completion Date:	Completion Date:	Completion Date:	Completion Date:

Plan of Correction Policies:

1. Which the **Statement of Deficiencies** form is received from the State, **Plan of Correction** form(s) are to be completed for each WAC violation with a plan for completion dates and training dates. 2. Once completed, email **Statement of Deficiencies** with the **Plan of Correction** form(s) to Regional Director of Operations, and Clinical Director.

Executive Director Name: Emily A. Merryman Signature: Emily A. Merryman Date: 5/9/25