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

06/06/2025

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) 60726 (Completion Date 06/06/2025) and 55915 (Completion Date 05/01/2025).

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

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2270 Resident controlled medications.**

(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

(2) The assisted living facility must allow a resident to control and secure the medications that he or she self-administers or self-administers with assistance if the assisted living facility assesses the resident to be capable of safely and appropriately storing his or her own medications and the resident desires to do so.

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 #:** 55915
**Investigator:** Robin Barnes
**Investigation Date(s):** 03/06/2025 through 05/01/2025
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 168440
**Region/Unit #:** RCS Region 1 / Unit G

**Allegation(s):**
Identified resident who had been assessed to self- manage medications, had medications go missing.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 85<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents |
| **Interviews:** | Identified resident<br>Nursing staff<br>Residents |
| **Record Reviews:** | Medical records including negotiated service agreement, notes, medication orders, incident report and investigations. |

**Investigation Summary:**
The Identified resident stated that they do their own medications and part of their pain medication is missing. Facility staff interview confirmed the residents did not have all the components to make their self-medication storage secure. Record review showed the residents did not have locks for their locking cabinets and they did not always lock their room door. Failed practice identified. Please see the Statement of Deficiency dated 05/01/2025 for Washington Administrative Codes 388-78a-2270 (1)(2).

**Conclusion / Action:**

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Royal Columbian Senior Living
**License/Cert.#:** 2581
**Compliance Determination #:** 55915
**Investigator:** Robin Barnes
**Investigation Date(s):** 03/06/2025 through 05/01/2025
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 173214
**Region/Unit #:** RCS Region 1 / Unit G

**Allegation(s):**
Identified resident who had been assessed to self- manage medications, had medications go missing.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 85<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents |
| **Interviews:** | Identified resident<br>Nursing staff<br>Residents |
| **Record Reviews:** | Medical records including negotiated service agreement, notes, medication orders, incident report and investigations. |

**Investigation Summary:**
The Identified resident stated that they do their own medications and part of their pain medication is missing. Facility staff interview confirmed the residents did not have all the components to make their self-medication storage secure. Record review showed the residents did not have locks for their locking cabinets and they did not always lock their room door. Failed practice identified. Please see the Statement of Deficiency dated 05/01/2025 for Washington Administrative Codes 388-78a-2270 (1)(2).

**Conclusion / Action:**

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Royal Columbian Senior Living
**License/Cert.#:** 2581
**Compliance Determination #:** 55915
**Investigator:** Robin Barnes
**Investigation Date(s):** 03/06/2025 through 05/01/2025
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 173374
**Region/Unit #:** RCS Region 1 / Unit G

**Allegation(s):**
Identified resident that is self-medication status is missing medications.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 85<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents |
| **Interviews:** | Identified resident<br>Nursing staff<br>Residents |
| **Record Reviews:** | Medical records including negotiated service agreement, notes, medication orders, incident report and investigations. |

**Investigation Summary:**
The Identified resident stated that they do their own medications and part of their pain medication is missing. Facility staff interview confirmed the residents did not have all the components to make their self-medication storage secure. Record review showed the residents did not have locks for their locking cabinets and they did not always lock their room door. Failed practice identified. Please see the Statement of Deficiency dated 05/01/2025 for Washington Administrative Codes 388-78a-2270 (1)(2).

**Conclusion / Action:**

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

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***1200 Alder Street, Union Gap, WA 98903***



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 03/06/2025, 05/01/2025 and 04/17/2025 of:

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

This document references the following complaint number(s): 168440, 170204, 173214, 173374

The following sample was selected for review during the unannounced on-site visit: 4 of 85 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
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 # 55915 |
|---|---|---|
| Plan of Correction | Royal Columbian Senior Living | Completion Date |
| Page 2 of 5 | Licensee: Greenlake Management Columbian, LLC | 05/01/2025 |

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.

Residential Care Services 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) 5/14/25 Date

**WAC 388-78A-2270 Resident controlled medications.**

(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

(2) The assisted living facility must allow a resident to control and secure the medications that he or she self-administers or self-administers with assistance if the assisted living facility assesses the resident to be capable of safely and appropriately storing his or her own medications and the resident desires to do so.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the facility failed to ensure residents had locked storage to secure medications for 4 of 4 residents (Resident 1, 2, 3 and 4). This failure contributed to residents having missing medication from their rooms.

Findings included...

Facility policy titled, "Resident Self-Management and Storage of Medications," dated 08/10/2021, showed that for residents who self-administer medications, a locked storage is maintained in the resident's room, apartment must be locked, and medications may not be left sitting out

<Resident 1>

Review of a self-medication assessment, dated 12/29/2024, showed that Resident 1 was assessed to be able to safely administer their medications to themselves. Review of Resident 1's Negotiated Service Agreement (NSA), dated 12/29/2024, showed that

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

05/13/2025
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)

Date

**WAC 388-78A-2270 Resident controlled medications.**

(1) The assisted living facility must ensure all medications are stored in a manner that prevents each resident from gaining access to another resident's medications.

(2) The assisted living facility must allow a resident to control and secure the medications that he or she self-administers or self-administers with assistance if the assisted living facility assesses the resident to be capable of safely and appropriately storing his or her own medications and the resident desires to do so.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the facility failed to ensure residents had locked storage to secure medications for 4 of 4 residents (Resident 1, 2, 3 and 4). This failure contributed to residents having missing medication from their rooms.

Findings included...

Facility policy titled, "Resident Self-Management and Storage of Medications," dated 08/10/2021, showed that for residents who self-administer medications, a locked storage is maintained in the resident's room, apartment must be locked, and medications may not be left sitting out.

<Resident 1>

Review of a self-medication assessment, dated 12/29/2024, showed that Resident 1 was assessed to be able to safely administer their medications to themselves. Review of Resident 1's Negotiated Service Agreement (NSA), dated 12/29/2024, showed that

Resident 1 self-administered their medications.

In an interview on 03/06/2025 at 2:28 PM, Resident 1 stated that they administered their medications to themselves. Resident 1 stated that on 02/20/2025, they had eight tablets of Hydrocodone (a controlled narcotic pain medication), and five transit bus tickets go missing. Resident 1 stated that Staff C, Housekeeper, had cleaned their apartment that day and had not locked the door when they were done. Resident 1 stated that they kept their medications and transit tickets stored on their TV stand.

Observation on 05/01/2025 at 12:55 PM showed Resident 1 did not have an area in their apartment to lock their medications.

In an interview on 05/01/2025 at 12:55 PM Staff F, Maintenance Director, stated that they had been directed by Staff A, Administrator, on 04/30/2025 to start installing hardware for a locking cabinet to store medication safely in Resident 1's apartment.

<Resident 2>

Review of a self-medication assessment, dated 10/16/2024, showed that Resident 2 was assessed to be able to safely administer their medications to themselves. Review of Resident 2's Negotiated Service Agreement (NSA), dated 10/16/2024, showed that Resident 2 self-administered their medications.

In an interview on 04/17/2025 at 11:47 AM, Resident 2 stated that they self-administered all their medications. Resident 2 stated that they had a full bottle of hydrocodone missing as well as half of a bottle of Clonazepam (a controlled medication that treats anxiety). Resident 2 stated that the facility had told them they would receive a locked box to store medications in, but the facility had not done so as of this date.

In an interview on 04/17/2025 at 10:43 AM, Staff A stated when asked if Resident 2 had a locking cabinet, "that is a good question." Staff A stated that Resident 2 had reported missing medication from their room.

In an interview on 05/01/2025 at 12:55 PM Staff F stated that they had been directed on 04/30/2025 to start installing hardware for a locking cabinet to store medication safely in Resident 2's apartment and had installed the hardware and padlock that day.

<Resident 3>

Review of a self-medication assessment, dated 11/11/2024, showed that Resident 3 was assessed to be able to safely administer their medications to themselves. Review of

Resident 3's Negotiated Service Agreement (NSA), dated 12/29/2023, showed that Resident 3 self-administered their medications.

In an interview on 03/06/2025 at 12:45 PM, Resident 3 stated that they self-administered their medications. Resident 3 stated that they stored their narcotic pain medication on top of their microwave. Resident 3 stated that they did not keep their apartment door locked.

In an interview on 04/17/2025 at 11:47 AM, Resident 3 stated that they had 14 tablets of hydrocodone missing from their room. Resident 3 stated that they had an area to lock their medications but did not have a lock.

In an interview on 05/01/2025 at 12:55 PM, Staff F stated that Resident 3 told them they did not have a lock. Staff F stated that they had been directed on 04/30/2025 to provide a padlock for the locking cabinet to store medication safely in Resident 3's apartment.

<Resident 4>

Review of Resident 4's NSA, dated 01/06/2025, showed that the facility managed and assisted Resident 4 with their medications except for their pain medication. During an interview on 04/17/2025 at 12:26 PM, Resident 4 stated that they had heard other residents on the second floor were missing pain medications. They stated they went to check their medications and noticed they were missing four of their Tramadol (moderate pain medication) sometime since the end of March. Resident 4 stated they had lived at the facility for nearly two years and did not have a locking cabinet or a secure place to keep their medications.

Observation on 05/01/2025 at 1:05 PM showed Resident 4 did not have an area in their apartment to lock their medications.

In an interview on 05/01/2025 at 1:05 PM Staff F stated that they had been directed by Staff A on 04/30/2025 to start installing hardware for a locking cabinet to store medication safely in Resident 4's apartment.

| Statement of Deficiencies | License #: 2581 | Compliance Determination # 55915 |
|---|---|---|
| Plan of Correction | Royal Columbian Senior Living | Completion Date |
| Page 5 of 5 | Licensee: Greenlake Management Columbian, LLC | 05/01/2025 |

**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) 6/5/25.

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

Administrator (or Representative)

5/14/25
Date

**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)_____ .

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

Administrator (or Representative) Date

Greenlake SENIOR LIVING

## Plan of Correction

| Agency Name Licensing | Citation Date |
|---|---|
| Royal Columbian Assisted Living | 05/01/2025 |
| **Submitted By** | **Date of POC Submission** |
| Emily A. Merryman | 05/14/2025 |
| **Complaint Citation Certification Citation** | **Compliance Date** |
| WAC 388-78A-2270 Resident Controlled Medications | 06/05/2025 |

| Citation: 388-78A-2270 Resident Controlled Medications | |
|---|---|
| What *initial* or *immediate actions* were taken to address concerns affecting clients? | Our ED gave the Maintenance team a list of Self-Med residents to install locking drawers or locks for their medications. We also explained the procedures to residents to use the dual lock system (Room door locked and then all medication locked in drawer). Schedule In-Service training for 05/14/25 at 1600. |
| How will you apply the correction to all clients you support? | Making sure residents are using the dual lock system. |
| 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, Med-Techs and Caregivers to make sure no one unauthorized is entering resident's room. |
| Additional Information: | We are also waiting for a quote from mounts to re-key the whole building and the put metal plates where the locks are at to prevent break ins. |
| In-Service/Training: | Scheduled for 05/14/2025 at 1600 |

| Completion Date: | Completion Date: | Completion Date: | Completion Date: |
|---|---|---|---|
| | | | |

**Plan of Correction Policies:**

1. When 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: [signature] Date: 5/14/25