STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

12/09/2024

Centralia Point Operating Company LLC
Centralia Point Assisted Living and Memory Care
2010 Cooks Hill Rd
Centralia, WA 98531

RE: Centralia Point Assisted Living and Memory Care # 2609

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51355 (Completion Date 12/09/2024) and 45087 (Completion Date 08/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/09/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

The Department staff who did the On Site verification:
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E

Residential Care Services
Investigation Summary Report

Provider/Facility: Centralia Point Assisted Living and Memory Care
License/Cert.#: 2609
Compliance Determination #: 45087
Investigator: Pamela Horlick
Investigation Date(s): 08/02/2024 through 08/13/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 140616
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
Infection Control: Facility report of a covid-19 outbreak in the community.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents Identified resident Nursing staff Business office manager Department of Health Local Health Jurisdiction Public Nurse Corporate Operations Specialist Identified resident
Record Reviews:	State reporting log Incident investigation Facility policies Staff List Line List

Investigation Summary:
Facility failed to notify the local health jurisdiction when the community experienced an outbreak of Covid-19. Failed practice identified.

Conclusion / Action:

☒ 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 #: 2609	Compliance Determination # 45087
Plan of Correction	Centralia Point Assisted Living and Memory Care	Completion Date
Page 1 of 3	Licensee: Centralia Point Operating Company LLC	08/13/2024

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 08/02/2024 and 08/14/2024 of:

Centralia Point Assisted Living and Memory Care
2010 Cooks Hill Rd
Centralia, WA 98531

This document references the following complaint number(s): 137869, 140616

The following sample was selected for review during the unannounced on-site visit: 3 of 50 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

08/16/2024
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) Date

Bryce Bowen 08/16/2024

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to report an infectious disease outbreak to the Local Health Jurisdiction (LHJ). This failure placed 50 of 50 residents and all staff members, and visitors at risk of being infected and continue the spread of COVID-19 (Coronavirus Disease 2019, a respiratory illness) during a COVID-19 outbreak.

Findings included...

"WAC 246-101-101 Notifiable conditions- Health care providers and health care facilities .. (2) The conditions identified in Table HC-1 are notifiable to public health authorities under this table and chapter." Table HC-1 showed that COVID 19 infections required notification to the Local Health Jurisdiction (LHJ).

Record review of the "Assisted Living Facility Guidebook, Partners in Protection", dated February 2018, under the section, "Appendix D other reporting requirements for assisted living facilities", showed communicable disease outbreak would be reported to the Department of Health and Social Services hotline. Under the section titled, "reporting guidelines for Assisted Living Facilities", showed communicable disease outbreak was required to be reported to the Local Health Department" and the Department of Social and Health Services Complaint Resolution Unit (CRU) hotline number.

Record review of the Department of Health's (DOH) document, titled, "COVID-19 Preparedness and Outbreak Control Checklist for Long Term Care Facilities," updated 04/24/2024, showed, "when to report...2 or more residents tested positive or probable for COVID-19 identified within 7 days." Under "Who to report to" it showed, "report to you LHJ (Local Health Jurisdiction) through established reporting processes."

In an observation and interview on 08/02/2024 at 9:40 AM, Staff C, Business office manager, was wearing a N-95 mask. Staff C was asked how many residents are positive with Covid, they stated 15 residents.

In an interview on 08/02/2024 at 10:40 AM, Staff A, Executive Director, was asked if they notified the local health jurisdiction, they stated, they did.

In an interview on 08/01/2024 at 3:38 PM, Collateral Contact 1 (CC1), Public Health Nurse for Lewis County, was asked if they were aware of a Covid-19 outbreak at the facility, they stated, no they did not receive a phone call or an email.

In an interview on 08/02/2024 at 1137 AM, Staff B, Corporate Operations Specialist, stated they communicated with the Department of Health.

In an interview on 08/02/2024 at 12:01 PM, Collateral Contact 2 (CC2), Health Services Consultant with Department of Health, was asked if they were made aware of a Covid outbreak at the facility, they stated they have a fax and email that the facility can report their cases to, but the facility needs to report to their local county health department.

In an interview on 08/02/2024 at 1:21 PM, Staff A stated, they contacted the Department of Health.

In an interview on 08/02/2024 at 12:16 PM, Staff B was asked if the local health department for the county the facility was in was contacted, Staff B stated, no.

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, Centralia Point Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/24/24.

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

Bryce Bowers — Administrator (or Representative)

08/16/2024 — Date