STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

01/13/2025

VOP Cascade Valley, LLC
Cascade Valley Senior Living
8400 207TH PL NE
ARLINGTON, WA 98223

RE: Cascade Valley Senior Living License # 2679

Dear Administrator:

This letter addresses Compliance Determination(s) 52423 (Completion Date 01/10/2025) and 47896 (Completion Date 11/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/10/2025 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-2120-4

The Department staff who did the on-site verification:
Karen Glover, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cascade Valley Senior Living
License/Cert.#: 2679
Compliance Determination #: 47896
Investigator: Allison Nunn
Provider Type: Assisted Living Facility
Intake ID: 147516
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 09/27/2024 through 11/05/2024
Complainant Contact Date(s): 09/05/2024, 10/23/2024, 11/05/2024

Allegation(s):

1. The Named Resident (NR) was found to be wearing soiled briefs, the bedsheets were stained yellow, and the apartment had a strong smell of urine.
2. The NR did not receive pain medication.
3. The Assisted Living Facility (ALF) did not evaluate the NR correctly.
4. The ALF did not take care of the NR's feet and toenails.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Residents Responsible Parties Director of Health and Wellness Executive Director Med Tech/Caregiver
Record Reviews:	Negotiated Service Agreement Progress Notes, Outside Provider Notes Medication Administration Record Facility policies

Investigation Summary:

1. During an unannounced visit on 09/27/2024 and 10/07/2024 no foul odors were present in the Assisted Living Facility (ALF) common areas and resident rooms. Observation of the trash cans in resident rooms were noted to be empty with a clean garbage bag lining the cans. ALF staff stated that when a resident has a soiled brief, they will take the waste to the outside garbage receptacle. ALF staff stated that they change resident briefs multiple times per day, usually in the morning, after meals and before bed. Residents were observed to be in clean briefs, no odors present and residents were dressed appropriately. Eight resident beds were

observed made with clean linens and sheets. No failed practice was identified.

2. Record review of the Named Resident's (NR) medication administration record, progress notes and outside agency documentation showed the NR was administered pain medication routinely. ALF staff stated that they worked with an outside agency to manage the NR's pain and restlessness. The ALF followed the plan of care, monitored the NR for adverse effects and communicated with the NR's primary care provider to provide comfort. No failed practice was identified.

3. Record review of the Named Resident's (NR) Negotiated Service Agreement (NSA) showed the NR required assistance with bathing, medications and wound care. ALF staff stated when the NR had a change of condition, they updated the NSA. Review of the NSA showed it was signed by the ALF and the NR's responsible party. No failed practice was identified.

4. Record review of the Negotiated Service Agreement (NSA) showed the ALF did not specifically address resident nail care and when it was to be done. Interviews with ALF staff found that the ALF was in process of getting a podiatrist to perform on-site nail care at the ALF. During an unannounced visit on 09/27/2024 residents were observed to have toenails that were curved over the top of the toe. Failed practice was identified, and a citation was issued for Washington Administrative Code 388-78A-2120 (4) – Monitoring residents' well-being.

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

3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2679	Compliance Determination # 47896
Plan of Correction	Cascade Valley Senior Living	Completion Date
Page 1 of 3	Licensee: VOP Cascade Valley, LLC	11/05/2024

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 09/27/2024 and 09/27/2024 of:

Cascade Valley Senior Living
8400 207TH PL NE
ARLINGTON, WA 98223

This document references the following complaint number(s): 147516

The following sample was selected for review during the unannounced on-site visit: 3 of 50 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

11/06/2024
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.

Statement of Deficiencies	License #: 2679	Compliance Determination # 47896
Plan of Correction	Cascade Valley Senior Living	Completion Date
Page 2 of 3	Licensee: VOP Cascade Valley, LLC	11/05/2024

Administrator (or Representative) 11/27/24 Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interviews, observations and record reviews the Assisted Living Facility (ALF) failed to take appropriate action to cut the toenails for 2 of 3 residents (Resident 1 and 2). This failure resulted in Resident 1 and 2 having their toenails grow beyond a normal length which caused the nail to curve over the top of the toe and placed both residents at risk of harm due to unmet care needs.

Findings included...

Resident 1 was admitted to the ALF on [redacted]/2013 with multiple diagnosis including [redacted]. Review of the Negotiated Service Agreement (NSA) dated 08/16/2024 showed Resident 1 required cueing and reminders for grooming tasks. There was no specific information in the NSA regarding trimming or cutting of Resident 1's nails.

In an interview on 09/27/2024 at 12:10 PM, Staff A, Director of Health and Wellness, stated that nail care for each resident was listed in the grooming section on their NSA.

In an interview on 09/25/2024, Collateral Contact 1 (CC1), Family Member, stated that they took the resident to their primary care doctor to get their toenails trimmed because the ALF did not offer the service. CC1 stated that they trimmed Resident 1's toenails three times after the nails were trimmed by the primary care doctor.

Resident 2 was admitted to the ALF on [redacted]/2024 with multiple medical diagnosis including [redacted]. Review of the NSA dated 08/02/2024 showed Resident 2 required assistance with grooming tasks. There was no specific information in the NSA regarding trimming or cutting of Resident 2's nails.

In an observation on 09/27/2024 Resident 2's left, and right foot toenails were slightly curling over the top of the toes.

Administrator (or Representative) Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interviews, observations and record reviews the Assisted Living Facility (ALF) failed to take appropriate action to cut the toenails for 2 of 3 residents (Resident 1 and 2). This failure resulted in Resident 1 and 2 having their toenails grow beyond a normal length which caused the nail to curve over the top of the toe and placed both residents at risk of harm due to unmet care needs.

Findings included...

Resident 1 was admitted to the ALF on [redacted]/2013 with multiple diagnosis including [redacted]. Review of the Negotiated Service Agreement (NSA) dated 08/16/2024 showed Resident 1 required cueing and reminders for grooming tasks. There was no specific information in the NSA regarding trimming or cutting of Resident 1's nails.

In an interview on 09/27/2024 at 12:10 PM, Staff A, Director of Health and Wellness, stated that nail care for each resident was listed in the grooming section on their NSA.

In an interview on 09/25/2024, Collateral Contact 1 (CC1), Family Member, stated that they took the resident to their primary care doctor to get their toenails trimmed because the ALF did not offer the service. CC1 stated that they trimmed Resident 1's toenails three times after the nails were trimmed by the primary care doctor.

Resident 2 was admitted to the ALF on [redacted]/2024 with multiple medical diagnosis including [redacted]. Review of the NSA dated 08/02/2024 showed Resident 2 required assistance with grooming tasks. There was no specific information in the NSA regarding trimming or cutting of Resident 2's nails.

In an observation on 09/27/2024 Resident 2's left, and right foot toenails were slightly curling over the top of the toes.

Statement of Deficiencies	License #: 2679	Compliance Determination # 47896
Plan of Correction	Cascade Valley Senior Living	Completion Date
Page 3 of 3	Licensee: VOP Cascade Valley, LLC	11/05/2024

In an interview on 09/27/2024 at 1:05 PM, Resident 2 stated that they were not sure of last time their toenails were cut. Resident 2 stated that they would love to see a podiatrist because it would help them out tremendously.

Review of Resident 1 and 2's progress notes failed to show the ALF monitored the toenails of either resident.

In an interview on 09/27/2024 at 12:11 PM, Staff B, Executive Director, stated that resident nails should be checked and trimmed if needed after every shower. Staff B stated that it is the ALF's responsibility to trim the resident's nails.

In an interview on 10/07/2024 at 2:12 PM, Staff A stated that the ALF does not have a specific policy and procedure related to resident nail care.

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, Cascade Valley Senior Living is or will be in compliance with this law and / or regulation on (Date) 11/29/24 .

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

Administrator (or Representative) 11/27/24 Date

In an interview on 09/27/2024 at 1:05 PM, Resident 2 stated that they were not sure of last time their toenails were cut. Resident 2 stated that they would love to see a podiatrist because it would help them out tremendously.

Review of Resident 1 and 2's progress notes failed to show the ALF monitored the toenails of either resident.

In an interview on 09/27/2024 at 12:11 PM, Staff B, Executive Director, stated that resident nails should be checked and trimmed if needed after every shower. Staff B stated that it is the ALF's responsibility to trim the resident's nails.

In an interview on 10/07/2024 at 2:12 PM, Staff A stated that the ALF does not have a specific policy and procedure related to resident nail care.

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, Cascade Valley 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