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

02/20/2025

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

RE: Cascade Valley Senior Living # 2679

Dear Administrator:

This document references Compliance Determination 49662 (02/05/2025), which included complaint number(s) 151811.

The Department completed a complaint investigation of your Assisted Living Facility on 02/05/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Allison Nunn, Long Term Care Surveyor

Consultation:

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(1) General characteristics:

(a) Units must have lever door hardware and option for lockable entry doors;

(i) Locking entry doors must unlock with single lever handle motion;

The Assisted Living Facility (ALF) had changed the door handle and lock on four resident apartment doors. The new door handle and lock did not meet the Assisted Living Facility regulations that locking entry doors must unlock with a single lever handle motion. The

ALF's Maintenance Director immediately replaced the handle and lock on the four apartment doors. A consultation was issued for Washington Administrative Code 388-78A-3010(1)(a)(i) Resident Units.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the facility to determine if you have corrected all deficiencies.

You May:
- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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