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

01/10/2025

Ellensburg AL, LLC
Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

RE: Avista Senior Living Ellensburg # 2683

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51950 (Completion Date 01/10/2025) and 49896 (Completion Date 11/20/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

The Department staff who did the On Site verification:
Felicia Cantu, Community Complaint Investigator

If you have any questions, please contact me at (509)225-2823.

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Avista Senior Living Ellensburg
License/Cert.#: 2683
Compliance Determination #: 49896
Investigator: Felicia Cantu
Investigation Date(s): 11/06/2024 through 11/20/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 152763
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
A named staff member accepted a named resident who has dementia and did not assess them as an elopement risk.

Investigation Methods:

Sample:	Total residents: 26 Resident sample size: 4 Closed records sample size:
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Identified resident Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies Resident records (face sheet, care plans, assessments ,chart notes, doctor orders) Specialized training certifications

Investigation Summary:
Observations showed that the named resident appeared safe and in good spirits. Staff to resident interactions appeared safe and helpful. Interviews and record review showed that the named resident and other residents were not assessed for their ability to leave the facility with or without an escort. Failed practice identified. WAC 388-78A-2090(6d)

Conclusion / Action:

☒

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 11/06/2024 and 11/06/2024 of:

Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

This document references the following complaint number(s): 152763

The following sample was selected for review during the unannounced on-site visit: 4 of 26 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, 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

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) Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete assessments of residents' ability to leave the facility for 3 of 4 residents (Resident 1, 2, and 3). This failure placed the residents at risk of not having assessed interventions when there were signs of exit seeking.

Findings included…

Review of the facility's undated policy titled, "Preadmission assessment; Full assessment" showed that the facility will complete a full assessment of the resident. The assessment will include a resident's ability to leave the facility unsupervised.

Resident 1

Review of Resident 1's face sheet showed that Resident 1 was admitted to the facility on [redacted] 2024 with a diagnosis of [redacted]

Review of Resident 1's physician plan of care, signed by Resident 1's physician on 10/18/2024, showed that Resident 1 had a diagnosis of [redacted]. The physician orders also showed that Resident 1 was an elopement risk and required a secured environment.

Review of Resident 1's facility chart notes dated 11/07/2024, showed that Resident 1 always forgot where their room was and required staff to guide them in their daily activities. On 11/01/2024, Resident 1 set the door alarm off and was observed by staff trying to open the door to look for their phone outside.

In an interview on 11/06/2024 at 11:11 AM Staff A, Administrator and Health and Wellness Director stated that they were not aware of residents who were an elopement risk in the facility.

Review of Resident 1's assessment dated 10/21/2024 did not show that Resident 1 had been assessed for their ability to leave the facility unsupervised.

In an interview on 11/13/2024 at 4:12 PM Collateral Contact 1 (CC1), representative, stated that Resident 1 would get lost if they left the facility unsupervised.

Resident 2

Review of Resident 2's face sheet showed that they were admitted to the facility on [redacted]/2024 with a diagnosis of [redacted].

Review of Resident 2's assessment dated 09/30/2024 did not show that they had been assessed for their ability to leave the facility unsupervised.

Review of Resident 2's facility chart notes dated 10/10/2024 through 11/07/2024 showed that Resident 2 was confused and often wandered around the facility.

Resident 3

Review of Resident 3's face sheet showed that they were admitted to the facility on [redacted]/2024 with a history of repeated falls and a diagnosis of [redacted].

Review of Resident 3's facility chart notes dated 09/14/2024 through 11/11/2024 showed that Resident 3 had episodes of confusion, wandering into other resident's rooms, and had made comments of wanting to go home.

Review of Resident 3's assessment dated 11/14/2024 did not show that they had been assessed for their ability to leave the facility unsupervised.

In an interview on 11/19/2024 at 4:31 PM, Collateral Contact 2 (CC2), representative, stated that they were unsure if Resident 3 was assessed for the ability to leave the facility unsupervised. Additionally, CC2 stated that Resident 3 had been cognitively impaired for many years and would not be safe if they left the facility unsupervised.

In an interview on 11/20/2024 at 2:27 PM, Staff A stated that they were aware of the missing documentation and that they were working with their regional team in creating a feature in their admission assessments that specified the resident's ability to leave the facility unsupervised.

This is a recurring deficiency previously cited on 05/02/2024.

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, Avista Senior Living Ellensburg 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