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

Van Mall Retirement, LLC
Van Mall Retirement
7808 NE 51ST ST
VANCOUVER, WA 98662

RE: Van Mall Retirement License # 2702

Dear Administrator:

This letter addresses Compliance Determination(s) 65991 (Completion Date 09/25/2025) and 63004 (Completion Date 08/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/25/2025 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-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager

Region 3, Unit E
Residential Care Services

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

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 off-site follow-up on 07/23/2025 of:

Van Mall Retirement
7808 NE 51ST ST
VANCOUVER, WA 98662

This document references the following SOD dated: 08/01/2025

The following sample was selected for review during the unannounced off-site verification: 11 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

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

Statement of Deficiencies	License #: 2702	Compliance Determination # 63004
Plan of Correction	Van Mall Retirement	Completion Date
Page 2 of 10	Licensee: Van Mall Retirement, LLC	08/01/2025

As a result of the off-site verification(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.

Clinton Fridley
Residential Care Services

08/05/2025
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.

Lisa L. Cianni
Administrator (or Representative)

8/8/2025
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the facility failed to develop and implement systems that support and promote safe medication services when 3 of 8 residents (Resident 4, 13 and 14) had medications that were not given as prescribed and had no corresponding documentation. This failure placed residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 4 (R4)

An unannounced full licensing follow-up visit was conducted on 07/25/2025

On 07/25/2025 at 2:10 PM, review of R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of R4's medication administration record (MAR), dated 07/01/2025 through 07/31/2025, showed the following:

- All medications from 8:00 AM 07/09/2025 through 5:00 PM 07/13/2025 were documented not given under code 6 for hospitalized, except:
- All 5:00 PM medications on 07/09/2025 were documented as given.
- All 8:00 AM medications on 07/13/2025 were documented as given.
- Eliquis (a blood thinner) to be given twice a day, was documented not given under the code 11 for med not available, for the morning doses on 07/20/2025, 07/21/2025, 07/27/2025, 07/28/2025, and 07/29/2025. All other morning and evening doses were documented as given, expect when R4 was in the hospital.

On 07/31/2025 at 3:19 PM, the department requested an exception report and notes for R4.

Record review of R4's progress notes, dated 07/01/2025 through 08/01/2025, showed documentation for the missed doses of Eliquis stating "waiting on delivery." No other documentation was found to show why Eliquis was documented as given when the medication was documented as not available and waiting on delivery.

Resident 13 (R13)

On 07/29/2025 at 3:00 PM, review of R13's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R13's document titled, "after visit summary," dated 07/15/2025, showed new orders to change Tresiba (a medication to treat diabetes) from 28 units (U) twice a day (BID) to 25U BID.

Review of R13's after visit summary, dated 07/21/2025, showed new orders to change Humalog (insulin to treat diabetes) from 25U to 20U three times a day (TID) and 25U on days dexamethasone (medication to treat inflammation) is taken.

Review of R13s records, showed a letter from the endocrinology department (specialized to treat individuals with diabetes), dated 07/24/2025, with orders to decrease Tresiba to 19U BID and Humalog 20U TID plus 1U for every 50 milligrams (mg) /deciliter (dL) greater than 150 mg/dL of capillary blood glucose (CBG).

Record review of R13s MARs, dated 07/01/2025 through 07/29/2025, showed the following:

- Tresiba 28U BID was documented as given from 07/01/2025 8:00 AM through 07/23/2025 8:00 AM.
- Tresiba 23U BID was documented as given from 07/23/2025 5:00 PM through 07/24/2025 5:00 PM.
- Tresiba 19U BID was documented as given from 07/25/2025 8:00 AM through 07/29/2025 8:00 AM.
- Humalog 25U was not discontinued until 07/23/2025 at 4:22 PM.
- Jardiance (a medication to treat diabetes) was documented as not given, under codes 9 for other/see progress notes or 11 for med not available, from 07/07/2025 through 07/29/2025, except on 07/10/2025 and 07/13/2025 when it was documented as given.

Review of R13s records, showed no documentation of a physician's order to decrease Tresiba to 23U BID. No documentation was found to show why Tresiba was not decreased to 25U BID per order on 07/15/2025. Documentation of communication between the physician regarding the orders were not found until 07/23/2025.

No documentation was found or provided to show why Humalog did not get decreased to 20U TID as ordered on 07/21/2025 until two days later for R13.

Review of R13s progress notes, dated 07/01/20255 through 07/29/2025, showed documentation throughout the month of "waiting on deliver, will follow up." No documentation was found to show why Jardiance was documented as given to R13 when the medication was documented as not available and waiting on delivery. Documentation of communication between the physician regarding the Jardiance for R13 was not found until 07/25/2025.

Resident 14 (R14)

On 07/29/2025 at 3:00 PM, review of R14's records showed that they were admitted to the facility on [redacted]/2021.

Record review of R14s MAR, dated 07/01/2025 through 07/29/2025, showed the following:

- Azithromycin (an antibiotic) was only administered 2 of the 5 doses. The missed doses were documented using code 9 - see notes, code 2 - refused, and code 11 - med not available.

• Acetaminophen (commonly known as Tylenol, a pain reliever) to be given four times a day, was documented from 07/18/2025 through 07/29/2025 using code 11 for med not available. During this time frame it was documented 25 times as med not available, 16 times as administered, and one time as refused.

Review of R14s records showed no corresponding documentation to show why Azithromycin was not administered to R14 the entire duration of the medication.

No documentation was found or provided to explain the discrepancy of Acetaminophen being administered verses not administered to R14 when the medication was documented as unavailable.

On 08/01/2025 at 4:59 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 06/03/2025 and 04/10/2025.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 9/15/2025.

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

Lisa Mann — Administrator (or Representative)

8/8/2025 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document the plan to provide specific resident identified care and service needs in the resident’s negotiated service agreements (NSA) for 2 of 7 sampled residents (Residents 7 and Resident 15). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included…

Resident 7 (R7)

During an unannounced full licensing follow up visit on 07/25/2025 at 2:10 PM, Resident 7's (R7) records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of the facility's resident characteristics roster (RCR) documented that R7 was receiving nurse delegation and utilized a medical device.

Record review of R7's NSA, revised on 07/19/2025, showed no documentation of nurse delegation services or utilization of any medical device.

On 07/28/2025 at 5:50 PM, Staff A, Executive Director, confirmed that R7 is receiving nurse delegation for a medicated patch and utilizes bed rails.

Resident 15 (R15)

On 07/25/2025 at 2:10 PM, Resident 15's (R15) records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of the RCR, updated on 07/25/2025, documented that R15 had wounds.

Record review of R15's NSA, revised on 07/25/2025, showed that wound care was initiated on the NSA on 07/23/2025.

On 07/28/2025 at 2:28 PM, Staff A stated that R15 started home health services on 02/12/2025 for wound care.

Record review of R15's outside provider notes, dated 02/12/2025 through 07/24/2025, documented the wound care provided to R15 at each nursing visit.

On 08/01/2025 at 4:59 PM, Staff A acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 06/03/2025 and 04/10/2025.

Statement of Deficiencies	License #: 2702	Compliance Determination # 63004
Plan of Correction	Van Mall Retirement	Completion Date
Page 8 of 10	Licensee: Van Mall Retirement, LLC	08/01/2025

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 9/15/2025

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

Lisa Manni
Administrator (or Representative)

8/8/2025
Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current resident characteristic roster (RCR) accurately documenting resident care needs and services for 2 of 7 sampled residents (Residents 7 [R7] and Resident 15 [R15]). This failure placed these two residents at risk for proper care needs not being met.

Findings included...

On 07/23/2025 at 11:25 AM, the department initiated an unannounced full licensing follow up visit and requested an updated RCR.

On 07/23/2025 at 11:48 AM, the department received the facility's RCR, updated 07/22/2025.

On 07/25/2025 at 11:38 AM, the department requested records for R7 and R15.

On 07/25/2025 at 2:10 PM, the department received the requested resident records along with a facility RCR, updated 07/25/2025.

Resident 7 (R7)

On 07/25/2025 at 2:10 PM, R7s records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of the facility's RCRs, updated on 07/22/2025 and 07/25/2025, showed documentation that R7 has wounds and is receiving home health services.

Record review of R7's negotiated service agreement (NSA), revised on 07/19/2025, showed no documentation that R7 has any wounds and/or is receiving home health services.

On 07/28/2025 at 12:25 PM, Staff A, Executive Director, confirmed that R7 does not have any wounds at this time and is not receiving home health services.

Resident 15 (R15)

On 07/25/2025 at 2:10, PM R15s records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R15's NSA, revised on 07/25/2025, documented under skin condition that R15 goes to the wound clinic and has home health services to treat wounds. Under the wound care section of R15s NSA, initiated on 07/23/2025, it documented "wound care by visiting nurse – visiting wound nurse visits Sundays and Wednesday and goes to wound clinic on Tuesdays, wound location: Left leg."

Record review of the facility's RCR, updated on 07/22/2025, showed no documentation that R15 has any wounds.

On 07/28/2025 at 2:28 PM, Staff A stated that R15 started home health services on 02/12/2025 for wound care.

Record review of R15's outside provider notes, dated 02/12/2025 through 07/24/2025, documented the wound care provided to R15 at each nursing visit.

On 08/01/2025 at 4:59 PM, Staff A acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 06/03/2025 and 04/10/2025.

Statement of Deficiencies	License #: 2702	Compliance Determination # 63004
Plan of Correction	Van Mall Retirement	Completion Date
Page 10 of 10	Licensee: Van Mall Retirement, LLC	08/01/2025

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 9/15/2025

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

Teresa R Manni — Administrator (or Representative)

8/8/2025 — Date

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

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 follow-up on 05/29/2025 and 06/03/2025 of:

Van Mall Retirement
7808 NE 51ST ST
VANCOUVER, WA 98662

This document references the following SOD dated: 06/03/2025

The following sample was selected for review during the unannounced on-site visit: 10 of 80 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
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.

Jody Just
Residential Care Services

06/10/2025
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.

Lisa P Gianni
Administrator (or Representative)

6/17/2025
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the facility failed to develop and implement systems that support and promote safe medication services when 2 of 6 residents (Resident 4 and 12) had medications that were not given and had no corresponding documentation. This failure resulted in both residents not receiving medications as ordered and placed residents at risk of harm from inconsistent or improper medication management.

Findings included...

During an unannounced full licensing follow up visit on 05/29/2025 at 5:00 PM, the department received the requested resident records.

<Resident 4 (R4)>

On 05/30/2025 at 9:00 AM, R4's records showed that they were admitted to the facility on /2025 with various diagnoses including and .

Record review of R4's medication administration record (MAR), dated 05/01/2025 through 05/29/2025, showed the following:
• Ferosul 325 milligram (MG) (iron supplement) to be given three times a week on Monday, Wednesday, and Friday: was not given on 05/05/2025, 05/09/2025, 05/19/2025 and 05/26/2025 using code 11 for medication not available.
• Furosemide 40 MG (diuretic) daily: was not given on 05/05/2025 and 05/09/2025 using the code 11.
• Levothyroxine 25 micrograms (mcg) (for hypothyroidism) daily: was not given on the 05/05/2025, 05/17/2025, 05/18/2025, and 05/19/2025 using code 11.
• Melatonin 3 MG (sleep aid): Was not given on 05/05/2025, 05/06/2025, 05/07/2025, and 05/26/2025 using code 11.
• Vitamin D3 1000 international unit (IU) tab: Was not given on 05/05/2025, 05/25/2025 and 05/26/2025 using code 11.

On 06/02/2025 at 11:51 AM, the department requested documentation or explanation regarding these medications not being given to R4.

On 06/02/2025 at 3:33 PM, the department received progress notes, dated 04/05/2025 through 05/29/2025, for R4.

Record review of R4's progress notes, documented that on 04/30/2025 Ferosul was waiting on medication delivery from the VA (Veteran's Hospital). On 05/05/2025 there was no documentation to show why the medication was not given. It was then documented again on 05/09/2025 as waiting on medication deliver from the VA. It was documented as given on 05/02/2025 and 05/07/2025. There was no documentation to show how the medication was given when the medication was documented as not available and waiting on delivery. On all other dates Ferosul was not given using code 11 no corresponding explanation or documentation was found.

Review of R4's progress notes showed that on 05/08/2025 Furosemide was documented as waiting on VA to deliver. On 05/09/2025, it was documented as waiting for prescription to be picked up. On all other dates that Furosemide was not given, using code 11, no corresponding explanation or documentation was found.

Review of R4's progress notes showed that on 05/17/2025, Levothyroxine was documented as waiting on delivery. On all other dates that Levothyroxine was not given, using code 11, no corresponding explanation or documentation was found.

Review of R4's progress notes showed that on 05/06/2025, Melatonin was documented as unable to locate. On all other dates Melatonin was not given using code 11 no corresponding explanation or documentation was found.

Record review of R4's progress notes showed no corresponding explanation or documentation for the date's vitamin D was not given using code 11.

<Resident 12 (R12)>

Review of R12's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R12's MARs, dated 05/01/2025 through 05/29/2025, showed that Spironolactone (a diuretic) was documented as not given using the code 11 for medication not available. No documentation was found to show why the medication was not given for the month of May 2025.

On 06/02/2025 at 11:51 AM, the department requested documentation or explanation regarding this medication not being given for the month of May 2025.

On 06/02/2025 at 3:17 PM, Staff A, Executive Director, stated that are starting this week to have a med tech (medication technician) meeting every Wednesday to provide training for the med techs, going over what codes mean and when to use them along with progress notes if and when they are used. Staff A also stated that they would have one on one's with the med techs to go over location of the medication they could not locate to prevent reoccurrence.

On 06/03/2025 at 11:10 AM, the department requested documentation again for why R12 was not given the medication during the month of May 2025.

On 06/03/2025 at 11:35 AM, no documentation or explanation was given to the department on why R12 had not received Spironolactone for the month of May 2025. At that time Staff A acknowledged the department's findings for R4 and R12.

This is an uncorrected deficiency previously cited on 04/10/2025.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 7/18/2025

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

Lisa R Cianni — Administrator (or Representative)

6/17/2025 — Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed and/or had documentation of the required training to work as a long-term care worker in assisted living facilities for 3 of 5 sampled staff (Staff A, G, and H). This failure placed all residents at risk of harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection follow up on 05/29/2025 at 3:21 PM, the Department received the requested staff documents.

<Staff A>

Record review for Staff A, Executive Director, showed that Staff A was hired on 02/07/2025. No documentation of orientation and safety training was found for Staff A.

On 06/02/2025 at 12:30 PM, Staff A provided an orientation and safety training certificate, dated 06/02/2025, and stated, “I had done the Washington orientation and safety training but did not complete the exam. I just completed the exam to print the certificate.”

<Staff G>

Record review for Staff G, AL (Assisted living) Health Services Medication Aide, showed that Staff G was hired on 03/19/2025. No documentation of mental health/dementia specialty training and nurse delegation core and diabetes training was provided for Staff G.

On 06/02/2025 at 11:51 AM, the Department requested missing mental health/dementia specialty training and nurse delegation core and diabetes training for Staff G.

On 06/02/2025 at 3:18 PM, the Department received documentation that showed that Staff G had applied to register for the required mental health/dementia specialty training and nurse delegation core and diabetes training on 06/02/2025.

<Staff H>

Record review for Staff H, AL Health Services Medication Aide, showed that Staff H was hired on 02/06/2025. No documentation of mental health/dementia specialty training and nurse delegation core and diabetes training was provided for Staff H.

On 06/02/2025 at 11:51 AM, the Department requested missing mental health/dementia specialty training and nurse delegation core and diabetes training for Staff H.

On 06/02/2025 at 3:18 PM, the Department received documentation that showed that Staff H had applied to register for the required mental health/dementia specialty training and nurse delegation core and diabetes training 06/02/2025.

On 06/03/2025 at 11:35 AM, Staff A acknowledged that Staff G and H were only just registered for training on 06/02/2025.

This is an uncorrected deficiency previously cited on 04/10/2025.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 7/18/2025

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

Lisa Mann — Administrator (or Representative)

6/17/2025 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided

that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document the plan to provide specific resident identified care and service needs in the resident's negotiated service agreements (NSA) for 6 of 8 sampled residents (Residents 2, 3, 4, 7, 10 and 12). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included…

During an unannounced licensing full inspection follow up on 05/29/2025 at 5:00 PM, the Department received the requested resident documents.

<Resident 2 (R2)>

On 05/30/2025, review of R2's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R2's NSA initiated on 05/26/2025 and revised on 05/29/2025 showed no documentation of the type of diet that R2 was receiving.

<Resident 3 (R3)>

Review of R3's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted]

[redacted], and [redacted].

Record review of the facility's resident characteristics roster (RCR) documented that R3 has urinary incontinence and utilizes a medical device.

On 06/02/2025 at 11:51 PM, Staff A, Executive Director confirmed that R3 utilizes a bed rail.

Record review of R3's NSA, initiated 05/08/2025, showed no documentation of R3 being incontinent, utilizing a bed rail, and the type of diet that R3 was receiving.

<Resident 4 (R4)>

Review of R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR documented that R4 had a vision deficit.

Record review of R4's NSA, initiated on 05/04/2025, showed no documentation of the type of diet R4 was receiving or that R4 had a vision deficit.

<Resident 7 (R7)>

Review of R7's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of the facility's RCR documented that R7 utilizes a medical device and is receiving home health services.

Record review of R7's NSA initiated on 05/05/2025 showed no documentation of any medical device or that R7 was receiving home health services.

On 06/02/2025 at 11:51 AM, Staff B, Resident Care Coordinator, confirmed that R7 utilizes bed rails and is currently receiving home health services.

<Resident 10 (R10)>

Review of R10's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the facility's RCR documented that R10 has a hearing impairment.

Record review of R10's NSA initiated on 05/10/2025 and 05/19/2025 and revised on 05/29/2025 documented that R10 was independent with hearing.

On 06/03/2025 at 11:35 AM, Staff B confirmed that R10 is hard of hearing.

<Resident 12 (R12)>

Review of R12's records showed that they were admitted to the facility on [redacted]2025 with various diagnoses including [redacted].

Record review of R12's NSA initiated on 05/26/2025 showed no documentation of the type of diet that R12 was receiving.

On 06/03/2025 at 11:35 AM, Staff A acknowledged the Department's findings of pertinent information missing from the NSA's of R2, 3, 4, 7, 10 and 12.

This is an uncorrected deficiency previously cited on 04/10/2025 for subsections (1),(1)(a),(1)(a)(i),(1)(a)(ii),(1)(a)(iii),(1)(b),(1)(c),(1)(d),(1)(e),(2),(2)(a),(2)(b), and (6).

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 7/18/2025

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

Lisa Manny — Administrator (or Representative)

6/17/2025 — Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current resident characteristic roster (RCR) accurately documenting resident care needs and services for 1 of 8 sampled residents (Residents 12). This failure placed this residents at risk for proper care needs not being met.

Findings included…

<Resident 12 (R12)>

During an unannounced full licensing follow up visit on 05/30/2025 at 9:00 AM, R12's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R12's negotiated service agreement (NSA) initiated on 05/26/2025 documented that R12 has dementia and was receiving home health services.

Record review of the facility's RCR showed no documentation that R12 has dementia or was receiving home health services.

On 06/02/2025 at 11:51 AM, Staff A, Executive Director confirmed that R12 was receiving home health services.

On 06/03/2025 at 11:35 AM, Staff A acknowledged the missing documentation for R12 on the RCR.

This is an uncorrected deficiency previously cited on 04/10/2025.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 7/18/2025

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

Lisa Adams — Administrator (or Representative)

6/17/2025 — Date

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

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 the unannounced on-site full inspection on 04/08/2025 and 04/10/2025 of:
Van Mall Retirement
7808 NE 51ST ST
VANCOUVER, WA 98662

The following sample was selected for review during the unannounced on-site visit: 11 of 75 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jason Rose
Jennifer Siharath, ALF Licensor

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

Statement of Deficiencies	License #: 2702	Compliance Determination #57550
Plan of Correction	Van Mall Retirement	Completion Date
Page 2 of 25	Licensee: Van Mall Retirement, LLC	04/10/2025

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.

Jody Just
Residential Care Services

04/22/2025
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.

Lisa A Clanin
Administrator (or Representative)

4/24/2025
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to develop and implement systems that support and promote safe medication services when 4 of 8 residents (Resident 1, 4, 5, and 8) had medications that were not given and had no corresponding documentation. The facility also failed to ensure that no expired medications were still in the medication cart for 1 of 2 facility medication carts (Med Cart A) and were not administered to any residents. These failures placed residents at risk of harm from inconsistent or improper medication management.

Findings included..

Resident 1 (R1)

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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to develop and implement systems that support and promote safe medication services when 4 of 9 residents (Resident 1, 4, 5, and 6) had medications that were not given and had no corresponding documentation. The facility also failed to ensure that no expired medications were still in the medication cart for 1 of 2 facility medication carts (Med Cart A) and were not administered to any residents. These failures placed residents at risk of harm from inconsistent or improper medication management.

Findings included…

Resident 1 (R1)

During an unannounced full licensing inspection on 04/10/2025 at 9:45 AM, R1's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses of [redacted].

Record review of R1's medication administration records (MAR), dated 01/01/2025 through 03/31/2025, showed the following:
• Pantoprazole 40 milligrams (mg) DR tab (for acid reflux and indigestion) was not documented on 01/01/2025, 01/15/2025, 01/16/2025, and 01/22/2025 with no corresponding information.
• Paroxetine HCL 40 mg tab (for depression) was not documented on 01/01/2025, 01/15/2025, 01/16/2025, and 01/22/2025 with no corresponding information.
• Potassium CHL ER 20 MEQ tab (supplement) was not documented on 01/01/2025, 01/15/2025, 01/16/2025, and 01/22/2025 with no corresponding information.
• Budesonide EC 3 mg cap (for ulcerative colitis) was not documented on 02/05/2025, 02/20/2025, and 02/27/2025 with no corresponding information.
• Buspirone 15 mg tab (for anxiety) was not documented on 02/05/2025, 02/20/2025, 02/27/2025, and 03/26/2025 with no corresponding information.
• Traimterene/hctz 75/50 mg tab (for hypertension) was not documented on 02/05/2025, 02/20/2025, 02/27/2025, and 03/26/2025 with no corresponding information.
• Spiriva Respimat 2.5 MCG 60 INH (for breathing) was not documented on 03/26/2025 with no corresponding information.

Resident 4 (R4)
On 04/09/2025 at 10:40 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R4's MARs, dated 02/22/2025 through 03/31/2025, showed the following:
• Eliquis 5mg tab (a blood thinner) was:
- Documented as medication unavailable for the 8:00 AM dose on 02/26/2025, 02/27/2025, 02/28/2025. The medication was also documented as medication unavailable for the 8:00 PM dose on 02/21/2025, 02/24/2025, and 02/26/2025. No additional documentation was found.
- Not documented for the 8:00 AM dose on 03/04/2025 and 03/16/2025 with no corresponding information. It was also not documented for the 8:00 PM dose on 03/07/2025 with no corresponding information.
• Ferrous sulfate EC 325 mg tab (iron supplement) was:
- Documented as medication unavailable for the 8:00 PM dose on 02/21/2025, 02/24/2025, and 02/26/2025. No additional documentation was found.
- Not documented for the 8:00 PM dose on 03/07/2025 with no corresponding information.
• Advair diskus 250/50mg inhaler (for breathing) was:
- Documented as medication unavailable for the 8:00 AM dose on 02/22/2025. The medication was also documented as medication unavailable for the 8:00 PM dose on

02/21/2025. No additional documentation was found.
- Not documented for the 8:00 AM dose on 03/27/2025, not documented for the 7:00 PM dose on 03/15/2025, and not documented for the 8:00 PM dose on 03/07/2025.
•• Mirtazapine tab 30mg (for depression) was:
- Documented as medication unavailable for the 8:00 PM dose on 02/25/2025 and 02/26/2025. No additional documentation was found.
• Tamsulosin HCL 0.4mg cap (for an enlarged prostate) was:
- Documented as medication unavailable for the 8:00 PM dose on 02/21/2025, 02/25/2025, and 02/26/2025. No additional documentation was found.
- Not documented for the 7:00 PM dose on 03/15/2025 and 03/16/2025 and the 8:00 PM dose on 03/07/2025 with no corresponding information.
• Vitamin D3 1000IU tab was:
- Documented as medication unavailable for the 8:00 AM dose on 02/22/2025 and 02/25/2025. No additional documentation was provided.
- Not documented for the 8:00 AM dose on 03/04/2025, 03/25/2025, and 03/27/2025 with no corresponding information.
• Buspirone 10mg tab (for anxiety) was not documented for the 8:00 AM dose on 03/27/2025, for the 7:00 PM dose on 03/15/2025, and for the 8:00 PM dose on 03/07/2025 with no corresponding information.
• Cefdinir 300mg tab (an antibiotic) was not documented for the 8:00 AM dose on 03/04/2025 with no corresponding information.
• Cholestyramine 4-gram packet (for high cholesterol) was not documented for the 8:00 AM dose on 03/27/2025, the 10:00 AM dose on 03/01/2025 and 03/04/2025, and the 8:00 PM dose on 03/07/2025 and 03/15/2025. No corresponding information was found to provide an explanation.
• Escitalopram 20 mg tab (for depression) was not documented for the 8:00 AM dose on 03/04/2025 with no corresponding information.
• Furosemide 40 mg tab (for edema) was not documented for the 8:00 AM dose on 03/04/2025 and 03/27/2025 with no corresponding information.
• Gabapentin 100mg (for seizures) was not documented for the 8:00 AM dose on 03/25/2025 and 03/27/2025 with no corresponding information.
• Levothyroxine 25mcg tab (for hypothyroidism) was not documented for the 7:00 AM dose on 03/04/2025 and 03/27/2025.
• Metoprolol 100mg tab (for hypertension) was not documented for the 8:00 AM dose on 03/04/2025 with no corresponding information.
• Prednisone 10mg tab (for inflammation) was not documented for the 8:00 AM dose on 03/18/2025, 03/25/2025, and 03/27/2025 with no corresponding information.

Resident 5 (R5)
On 04/09/2025 at 1:30 PM, R5's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's MARs dated 01/01/2025 through 03/31/2025 showed the following:
• All morning medications were not documented 0n 01/01/2025, 01/15/2025, 01/16/2025, 01/22/2025, 02/05/2025, 02/20/20205, 02/27/2025, and 03/12/2025 with

no corresponding information.
• All evening medications were not documented on 02/22/2025, 03/07/2025, 03/15/2025, and 03/29/2025 with no corresponding information.

Record review of R5's assessment dated 08/15/2024 documented that R5 was not safe to self-medicate. Review of R5's MARs documented a pain medication as self-administered by the resident.

Resident 6 (R6)
On 04/09/2025 at 12:30 PM, R6's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of R6's MARs dated [redacted]/2025 through 03/31/2025 showed the following:
• All morning medications were not documented on 03/04/2025 with no corresponding information.
• All afternoon medications were not documented on 02/27/2025, 02/28/2025, 03/01/2025, and 03/04/2025.
• All evening medications were not documented on 02/15/2025, 02/23/2025, 03/07/2025, 03/15/2025, and 03/29/2025.

During an audit of the medication cart labeled Med cart A, the department found three expired pain medications in the lock narcotics drawer. One with an expiration date of 01/29/2025 and another with three expired cards that expired on 03/03/2025, 03/05/2025, 03/11/2025. The last had a discard date of 03/19/2025 and a second card for 03/26/2025. Review of the narcotics medication log showed that this medication was given on 03/25/2025 and 03/27/2025.

On 04/10/2025 at 3:15 PM, Staff A, Executive Director, acknowledged the department's findings of expired medications in the medication cart and missing documentation.

Statement of Deficiencies	License #: 2702	Compliance Determination # 57560
Plan of Correction	Van Mall Retirement	Completion Date
Page 6 of 25	Licensee: Van Mall Retirement, LLC	04/10/2025

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 6/5/2025 JC 5/25/2025

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

Lisa Manni
Administrator (or Representative)

5/24/2025
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 4 of 5 sampled staff (Staff A, C, D, and F) had completed and/or had documentation of the required training to work as a long-term care worker in assisted living facilities. This failure placed all residents at risk of harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection follow up on 04/08/2025 at 12:00 PM, the department received the requested staff and resident documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 02/07/2025. No documentation of orientation and safety training was found for Staff A.

Staff C
Record review for Staff C, Resident Aide 2, showed that Staff C was hired on

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, Van Mall Retirement 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

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 4 of 5 sampled staff (Staff A, C, D, and F) had completed and/or had documentation of the required training to work as a long-term care worker in assisted living facilities. This failure placed all residents at risk of harm due to staff not being properly trained.

Findings included…

During an unannounced licensing full inspection follow up on 04/08/2025 at 12:00 PM, the department received the requested staff and resident documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 02/07/2025. No documentation of orientation and safety training was found for Staff A.

Staff C
Record review for Staff C, Resident Aide 2, showed that Staff C was hired on

01/01/2025. Review of Staff C's nursing assistant registered license showed that it had expired on 03/27/2025.

Staff D
Record review for Staff D, Resident Aide 2, showed that Staff D was hired on 01/15/2025. No documentation of orientation and safety training, mental health or dementia specialty training, 70 hours of basic training, or nurse delegation training was found for Staff D.

Staff F
Record review for Staff F, Resident Aide 2, showed that Staff F was hired on 07/01/2024. Review of Staff F's home care aide license showed that it had expired on 01/14/2025.

On 04/10/2025 at 3:15 PM, Staff A acknowledged that the facility had failed to complete or document the required training and current credentials for Staff A, C, D and F.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) ~~June 5, 2025~~ 5/25/25 fc

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

Lisa A Gianni
Administrator (or Representative)

4/24/2025
Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a national fingerprint background check for 1 of 5 sampled staff (Staff E). This failure placed all residents and staff at risk for harm by employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

01/01/2025. Review of Staff C's nursing assistant registered license showed that it had expired on 03/27/2025.

Staff D
Record review for Staff D, Resident Aide 2, showed that Staff D was hired on 01/15/2025. No documentation of orientation and safety training, mental health or dementia specialty training, 70 hours of basic training, or nurse delegation training was found for Staff D.

Staff F
Record review for Staff F, Resident Aide 2, showed that Staff F was hired on 07/01/2024. Review of Staff F's home care aide license showed that it had expired on 01/14/2025.

On 04/10/2025 at 3:15 PM, Staff A acknowledged that the facility had failed to complete or document the required training and current credentials for Staff A, C, D and F.

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, Van Mall Retirement 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

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a national fingerprint background check for 1 of 5 sampled staff (Staff E). This failure placed all residents and staff at risk for harm by employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Statement of Deficiencies	License #: 2702	Compliance Determination #:57500
Plan of Correction	Van Mall Retirement	Completion Date
Page 8 of 25	Licensee: Van Mall Retirement, LLC	04/10/2025

Findings included...

During an unannounced licensing full inspection follow up on 04/08/2025 at 12:00 PM, the department received the requested staff documents.

Staff E
Record review for Staff E, Resident Aide 2, showed that Staff E was hired on 07/01/2024. Review of Staff E's staff documents showed no national fingerprint background check.

On 04/10/2025 at 3:15 PM, Staff A, Executive Director, acknowledged that there was no national fingerprint background check documented in Staff E's records.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 5/25/2025

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

Administrator (or Representative) — Date 4/24/2025

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

Findings included…

During an unannounced licensing full inspection follow up on 04/08/2025 at 12:00 PM, the department received the requested staff documents.

Staff E
Record review for Staff E, Resident Aide 2, showed that Staff E was hired on 07/01/2024. Review of Staff E's staff documents showed no national fingerprint background check.

On 04/10/2025 at 3:15 PM, Staff A, Executive Director, acknowledged that there was no national fingerprint background check documented in Staff E's records.

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, Van Mall Retirement 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

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

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

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the residents admission to the facility for 3 of 4 sampled residents (Residents 4, 6, and 11) that have moved into the facility in the last six months. This failure placed these residents at risk of their care needs not being met.

Findings included…

Resident 4 (R4)
During an unannounced full licensing inspection on 04/09/2025 at 10:40 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted]

Record review of R4's assessments showed an assessment labeled "LC Assessment/Evaluation and Service Planning," with handwritten notes. Under the reason for assessment, initial assessment was circled. The section for completed date and competed by were left blank. No other assessments were provided or documentation to

show that R4 had been assessed within 14 days of being admitted to the facility.

Resident 6 (R6)
On 04/09/2025 at 12:30 PM, R6's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R6's assessments showed an assessment labeled "LC Assessment/Evaluation and Service Planning," dated 01/24/2025, with the reason for assessment as initial assessment. An assessment with the reason, change of condition was dated 02/12/2025. No other assessments were provided or documentation to show that R6 had been assessed within 14 days of being admitted to the facility.

Resident 11 (R11)
On 04/10/2025 at 12:25 PM, R11's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of R11's assessments showed an assessment labeled, "LC Assessment/Evaluation and Service Planning," with handwritten notes, dated 02/03/2025. Under the reason for assessment, change of condition was circled. Another assessment labeled, "LC Assessment/Evaluation and Service Planning," was provided that was typed and dated 02/04/2025. Under the reason for assessment, change of condition: return from a skilled nursing facility was listed.

At 2:20 PM, Staff B, Resident Care Coordinator, stated that the written assessments were the same as the electronic/typed assessments with the date around the same time. They stated that their system would not let them change the date to the date of the actual assessment, but it would use the date of when the assessment was input into the system.

At 3:15 PM, Staff A, Executive Director, and Staff B, acknowledged that there were no 14-day assessments for R4, R6, and R11.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) ~~6/5/2025~~ 5/25/2025 ee

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

Administrator (or Representative) 4/24/2025 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility

This requirement was not met as evidenced by:

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, Van Mall Retirement 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

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the negotiated service agreement (NSA) upon admission and/or within 30 days of admission to the facility for 3 of 4 sampled residents (Resident 4, 6, and 11) that have moved into the facility in the last six months. The facility also failed to document the involvement of the resident or their representative in the planning of care for 5 of 11 sampled residents (Resident 1, 4, 6, 7, and 9). These failures placed these residents at risk for proper care needs being unmet.

Findings included…

Resident 1 (R1)
During an unannounced full licensing inspection on 04/10/2025 at 9:45 AM, R1's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

During record review of R1's NSA, dated 11/19/2024, no signature was found. No documentation was provided to show that the resident or the resident's representative had been involved in the care planning process.

Resident 4 (R4)
On 04/09/2025 at 10:40 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R4's NSAs showed an NSA, dated 04/08/2025, that was not signed. Temporary service plans (TSPs) dated 02/18/2025 and 02/20/2025 were provided with no signatures from the resident or their representative. No complete NSAs were provided to show that R4 or their representative had been involved in the care planning process at admission to the facility or within 30 days of admission to the facility.

Resident 6 (R6)
On 04/09/2025 at 12:30 PM, R6's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of R6's NSAs showed an NSAs dated 01/24/2025 and 02/13/2025. No signatures were found on either of these NSAs. No documentation was provided to show that R6 or their representative had been involved in the care planning process at admission to the facility or within 30 days of admission to the facility.

Resident 7 (R7)
On 04/09/2025 at 12:45 PM, R7's records showed that they were admitted to the facility

on [redacted]/2022 with various diagnoses including [redacted].

Record review of R7's NSAs showed NSAs dated 11/19/2024 and 04/08/2025. No signatures were found on either of these NSAs. No documentation was provided to show that R7 or their representative had been involved in the care planning process

Resident 9 (R9)
On 04/09/2025 at 10:25 AM, R9's records showed that they were admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R9's NSAs showed an NSA dated 11/19/2024. A signature page was provided from an NSA effective 07/13/2024. No documentation was provided to show that R9 or their representative had been involved in the care planning process for the 11/19/2024 NSA that was in effect.

Resident 11 (R11)
On 04/10/2025 at 12:25 PM, R11's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted]

Record review of R11's NSAs showed an initial NSA dated 02/04/2025 with no signature from R11 or their representative. Another NSA was provided dated 02/11/2025 and signed on 02/12/2025. No documentation was provided to show that R11 or their representative had been involved in the care planning process upon admission to the facility.

On 04/10/2025 at 3:15 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) ~~6/5/2025~~ 5/25/2025 tc

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

Lisa McCann — Administrator (or Representative)

4/24/2025 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided

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, Van Mall Retirement 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

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided

that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document the plan to provide specific resident identified care and service needs in the resident's negotiated service agreements (NSA) for 7 of 11 sampled residents (Residents 2, 3, 4, 5, 6, 10 and 11). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included…

Resident 2 (R2)
During an unannounced full licensing inspection on 04/09/2025 at 9:50 AM, R2's records showed that they were admitted to the facility on [redacted] 2024 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster (RCR) documented that R2 had a cognitive impairment.

Record review of R2' NSA dated 03/21/2025 showed no documentation of the type of diet that R7 was receiving or them having any cognitive impairment.

Resident 3 (R3)
On 04/09/2025 at 10:20 AM, R3's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses includin [redacted] and [redacted]

Record review of the facility's RCR showed that R3 was receiving family assistance with medications and was a non-insulin dependent diabetic.

Record review of R3's assessment dated 08/14/2024 documented that R3's family member will set up medications for R3. The assessment also documented that R3 is a diabetic.

Review of R3's records showed a family assistance with medication plan dated 03/08/2022.

Record review of R3's NSA, dated 08/14/2024, showed no documentation of R3 receiving family assistance with medication or that R3 was a non-insulin diabetic and the care that they should receive.

Resident 4 (R4)
On 04/09/2025 at 10:40 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R4's undated assessment documented that R4 is blind in the right eye, is deaf/hard of hearing, and has bowel incontinence.

Record review of R4's NSA, dated 04/08/2025, showed no documentation of the type of diet R4 was receiving, that they had vision or hearing deficits, or had bowel incontinence.

Resident 5 (R5)
On 04/09/2025 at 1:30 PM, R5's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR documented that R5 is a smoker.

Record review of R5's assessment dated 08/15/2024 documented that R5 is a smoker. A smoking assessment was completed on 01/01/2025.

Record review of R5's NSA, dated 04/09/2025, showed no documentation that R5 is a smoker.

Resident 6 (R6)
On 04/09/2025 at 12:30 PM, R6's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR documented that R6 requires medication administration and utilizes an ambulation device.

Record review of R6's assessment, dated 02/12/2025, documented that R6 utilizes a cane or four-wheel walker for ambulation and is on a regular diet.

Record review of R6's NSA, dated 04/08/2025, showed no documentation of the type of diet R6 was receiving or that R6 utilizes any ambulation devices. The NSA also documented R6 as requiring assistance with medications.

Resident 10 (R10)
On 04/10/2025 at 12:30 PM, R10's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R10's "Move in" record, dated 04/10/2025, showed documentation that R10 was a diabetic.

Record review of R10's NSA, dated 04/10/2025, showed no documentation that R10 was a diabetic.

Resident 11 (R11)
On 04/10/2025 at 12:25 PM, R11's records showed that they admitted to the facility on [redacted]2025 with various diagnoses including [redacted], and [redacted]

Record review of the facility's RCR documented that R11 has urinary incontinence.

Record review of R11's assessment, dated 02/03/2025, documented that R11 was on a regular diet.

Record review of R11's NSA, dated 02/11/2025, showed no documentation of the type of diet that R11 was receiving or that R11 had any urinary incontinence.

On 04/10/2025 at 3:15 PM, Staff A, Executive Director, acknowledged the department's findings of pertinent information missing from the NSA's of R2, 3, 4, 5, 6, 10, and 11.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 6/5/2025 5/25/2025 JC

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

Administrator (or Representative) 4/24/2025 Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident, and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 7 of 11 sampled residents (Residents 3, 4, 5, 6, 7, 10, and 11). This failure placed these seven residents at risk for proper care needs not being met.

Findings included...

Resident 3 (R3)

During an unannounced full licensing inspection on 04/09/2025 at 10:20 AM, R3's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessment, dated 08/14/2024, documented that R3 has bowel incontinence.

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R3 has bowel incontinence.

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, Van Mall Retirement 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

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 7 of 11 sampled residents (Residents 3, 4, 5, 6, 7, 10, and 11). This failure placed these seven residents at risk for proper care needs not being met.

Findings included…

Resident 3 (R3)
During an unannounced full licensing inspection on 04/09/2025 at 10:20 AM, R3's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted], and [redacted].

Record review of R3's assessment, dated 08/14/2024, documented that R3 has bowel incontinence.

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R3 has bowel incontinence.

Resident 4 (R4)
On 04/09/2025 at 10:40 AM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R4's undated assessment, documented that R4 is blind in the right eye, has bowel incontinence, is deaf/hard of hearing, and is a diabetic.

Record review of the facility's RCR showed no documentation that R4 has any vision or hearing deficits, any bowel incontinence, or that R4 is diabetic.

Resident 5 (R5)
On 04/09/2025 at 1:30 PM, R5's records showed that they were admitted to the facility on [redacted]2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's negotiated service agreement (NSA), dated 04/09/2025, documented that R5 requires medication assistance.

Record review of R5's assessment, dated 08/15/2024, documented that R5 is not safe to self-medicate.

Record review of the facility's RCR documented that R5 requires medication administration and utilized home health services.

On 04/10/2025 at 2:20 PM, Staff B, Resident Care Coordinator, stated that R5 did not utilize home health services.

Resident 6 (R6)
On 04/09/2025 at 12:30 PM, R6's records showed that they were admitted to the facility on [redacted]2025 with various diagnoses including [redacted], and [redacted].

Record review of R6's assessment, dated 02/12/2025, documented that R6 has urinary incontinence and impaired hearing in the right ear.

Record review of the facility's RCR showed no documentation that R6 had any urinary incontinence or hearing deficits. The RCR did however document that R6 utilizes home health services.

On 04/10/2055 at 2:20 PM, Staff B stated that R6 did not utilize home health services.

Resident 7 (R7)
On 04/09/2025 at 12:45 PM, R7's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's RCR showed documentation that R7 utilizes home health services.

Record review of R7's NSA, dated 04/08/2025, showed no documentation that R7 utilizes home health services.

On 04/10/2055 at 2:20 PM, Staff B stated that R7 did not utilize home health services.

Resident 10 (R10)
On 04/10/2025 at 12:30 PM, R10's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R10's "Move in" record, dated 04/10/2025, showed documentation that R10 was a diabetic.

Record review of the facility's RCR showed no documentation that R10 was a diabetic.

Resident 11 (R11)
On 04/10/2025 at 12:25 PM, R11's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of R11's NSA, dated 02/11/2025, documented that R11 receives medication assistance.

Record review of the facility's RCR showed that R11 required medication administration.

On 04/10/2025 at 3:15 PM, Staff A, Executive Director, and Staff B acknowledged the facility's resident characteristic roster did not accurately reflect all of the residents current characteristics.

Statement of Deficiencies	License #: 2762	Compliance Determination #57560
Plan of Correction	Van Mall Retirement	Completion Date
Page 22 of 25	Licenses: Van Mall Retirement, LLC	04/10/2025

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) ~~6/5/2025~~ 5/25/2025

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

Administrator (or Representative) 4/24/2025 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff A, C, and D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection follow up on 04/09/2025 at 12:00 PM, the department received the requested staff documents.

Staff A

Record review for Staff A, Executive Director, showed that Staff A was hired on 02/07/2025. Review of Staff A's TB test records showed documentation that the first step was initiated on 03/20/2025 and read on 03/22/2025. Documentation showed that Staff A's second step was initiated on 04/02/2025 and read on 04/04/2025.

Staff C

Record review for Staff C, Resident Aide 2, showed that Staff C was hired on 01/01/2025. Review of Staff C's TB test records showed documentation that the first step was initiated on 02/11/2025 and read on 02/14/2025. The documentation showed that Staff C's second step was initiated on 03/11/2025 and read on 03/13/2025

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, Van Mall Retirement 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

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff A, C, and D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

During an unannounced licensing full inspection follow up on 04/08/2025 at 12:00 PM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 02/07/2025. Review of Staff A's TB test records showed documentation that the first step was initiated on 03/20/2025 and read on 03/22/2025. Documentation showed that Staff A's second step was initiated on 04/02/2025 and read on 04/04/2025.

Staff C
Record review for Staff C, Resident Aide 2, showed that Staff C was hired on 01/01/2025. Review of Staff C's TB test records showed documentation that the first step was initiated on 02/11/2025 and read on 02/14/2025. The documentation showed that Staff C's second step was initiated on 03/11/2025 and read on 03/13/2025.

Staff D
Record review for Staff D, Resident Aide 2, showed that Staff D was hired on 01/15/2025. Review of Staff D's records showed no documentation of TB testing being completed for Staff D

On 04/10/2025 at 3:15 PM, Staff A acknowledged that the TB tests for Staff A and C were completed late and that there was no documentation in Staff D's records to show that a TB test was completed.

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 6/5/2025 5/25/2025 JC

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

Administrator (or Representative) 4/24/2025 Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was completed and/or documented upon admission to the facility for 5 of 8 sampled residents (Resident 2, 3, 5, 6, and 8). This failure placed these residents at risk of not being aware of their rights as they pertain to [redacted].

Staff D
Record review for Staff D, Resident Aide 2, showed that Staff D was hired on 01/15/2025. Review of Staff D's records showed no documentation of TB testing being completed for Staff D.

On 04/10/2025 at 3:15 PM, Staff A acknowledged that the TB tests for Staff A and C were completed late and that there was no documentation in Staff D's records to show that a TB test was completed.

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, Van Mall Retirement 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

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was completed and/or documented upon admission to the facility for 5 of 9 sampled residents (Resident 2, 3, 5, 6, and 8). This failure placed these residents at risk of not being aware of their rights as they pertain to [redacted].

Findings included…

Resident 2 (R2)
During an unannounced full licensing inspection on 04/09/2025 at 9:50 AM, R2's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R2's Medicaid policy showed that it was signed by the resident on 04/09/2025.

Resident 3 (R3)
On 04/09/2025 at 10:20 AM, R3's records showed that they were admitted to the facility on [redacted] 2022 with various diagnoses including [redacted] and [redacted].

Record review of R3's Medicaid policy showed that it was signed by the resident on 04/08/2025.

Resident 5 (R5)
On 04/09/2025 at 1:30 PM, R5's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R5's Medicaid policy showed that it was signed by the resident on 04/08/2025.

Resident 6 (R6)
On 04/09/2025 at 12:30 PM, R6's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

At 1:35 PM, Staff A, Executive Director, stated that they were still waiting for R6's representative to sign the Medicaid policy that they emailed that morning.

On 04/10/2025 at 1:30 PM, the facility provided a Medicaid policy signed by R6's representative on 04/10/2025.

Resident 8 (R8)
On 04/09/2025 at 1:30 PM, R8's records showed that they were admitted to the facility

Statement of Deficiencies	License #: 2702	Compliance Determination #57560
Plan of Correction	Van Mall Retirement	Completion Date
Page 25 of 25	Licensee: Van Mall Retirement, LLC	04/10/2025

on [redacted]2024 with various diagnoses including [redacted].

Record review of R9's Medicaid policy showed that it was signed by the resident on 04/08/2025.

On 04/08/2025 at 12:55 PM, Staff A provided the Medicaid policies for the sampled residents and stated, "Some of them I just did, to be honest, so the dates are today and yesterday."

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, Van Mall Retirement is or will be in compliance with this law and / or regulation on (Date) 6/5/2025 5/25/2025

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

Administrator (or Representative) 4/24/2025 Date

on [redacted]/2024 with various diagnoses including [redacted].

Record review of R8's Medicaid policy showed that it was signed by the resident on 04/08/2025.

On 04/09/2025 at 12:55 PM, Staff A provided the Medicaid policies for the sampled residents and stated, "Some of them I just did, to be honest, so the dates are today and yesterday."

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, Van Mall Retirement 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

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

04/22/2025

Van Mall Retirement, LLC
Van Mall Retirement
7808 NE 51ST ST
VANCOUVER, WA 98662

RE: Van Mall Retirement # 2702

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/10/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect your program to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Jody Just, Field Services Administrator
Residential Care Services
Region 3, Unit I
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

The facility failed to provide documents requested by the department in a timely manner and the department had to request some documents more than once. By the end of the inspection, the facility was able to provide the department with the documents needed to complete the inspection.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit I
Residential Care Services

Enclosure