STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

White River MC Healthcare, LLC
White River Memory Care
2454 COLE STREET
ENUMCLAW, WA 98022

RE: White River Memory Care License # 2707

Dear Administrator:

This letter addresses Compliance Determination(s) 63542 (Completion Date 08/04/2025) and 60248 (Completion Date 06/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2025 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-2468-1, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2474-2-b, WAC 388-112A-0080-5, WAC 388-78A-2400-2, WAC 388-78A-3010-8-e

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2707	Compliance Determination #: 60248
Plan of Correction	White River Memory Care	Completion Date
Page 1 of 10	Licensee: White River MC Healthcare, LLC	06/10/2025

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 06/03/2025 and 06/05/2025 at:
White River Memory Care
2454 COLE STREET
ENUMCLAW, WA 98022

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 06/03/2025 and 06/05/2025 of:

White River Memory Care
2454 COLE STREET
ENUMCLAW, WA 98022

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License # 2707	Compliance Determination # 80246
Plan of Correction	White River Memory Care	Completion Date
Page 2 of 10	Licensee: White River MC Healthcare, LLC	06/10/2025

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.

Laurie Anderson
Residential Care Services

06/12/2025
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.

Administrator (or Representative)

06/18/2025
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit 6 of 11 sampled staff's (Staff B, Staff D, Staff L, Staff M, Staff N, and Staff O) Washington state name and date of birth background (BGI) authorization form, within one business day after their start date. This failure placed all 19 residents at risk of abuse and neglect from caregivers and staff with an unknown background.

Findings included...

Note: WAC 388-78A-2404 Background checks—Process—Background authorization form states before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must: (1) Require the person to complete a DSHS background authorization form, and (2) Submit to the department's background check central unit (BCCU), including any additional documentation and information requested by the department.

STAFF B
Review of the facility's undated employee list showed the facility hired Staff B, Personal

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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit 6 of 11 sampled staff's (Staff B, Staff D, Staff L, Staff M, Staff N, and Staff O) Washington state name and date of birth background (BGI) authorization form, within one business day after their start date. This failure placed all 19 residents at risk of abuse and neglect from caregivers and staff with an unknown background.

Findings included…

Note: WAC 388-78A-2464 Background checks—Process—Background authorization form states before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must: (1) Require the person to complete a DSHS background authorization form; and (2) Submit to the department's background check central unit (BCCU), including any additional documentation and information requested by the department.

STAFF B
Review of the facility's undated employee list showed the facility hired Staff B, Personal

Care Assistant (PCA), on 12/16/2024. Review of the Staff B's employee records showed that the facility completed a Washington state name and date of birth BGI on 12/20/2024, four days after hire.

STAFF D
Review of the facility's undated employee list showed the facility hired Staff D, PCA, on 11/12/2024. Review of the Staff D's employee records showed that the facility completed a Washington state name and date of birth BGI on 12/24/2024, 42 days after hire.

STAFF L
Review of the facility's employee records showed that the facility hired Staff L, Registered Nurse Delegator, on 04/01/2025. Review of the nurse delegation documentation showed that Staff L provided nurse delegation services and completed residents' assessments in April 2025 and May 2025. Review of Staff L's employee records showed the facility completed a Washington state name and date of birth BGI on 06/03/2025, 63 days after hire.

STAFF M
Review of the facility's undated employee list showed the facility hired Staff M, PCA, on 04/02/2025. Review of the Staff M's employee records showed that the facility completed a Washington state name and date of birth BGI on 04/28/2025, 26 days after hire.

STAFF N
Review of the facility's undated employee list showed the facility hired Staff N, Cook, on 03/24/2025. Review of the Staff N's employee records showed that the facility completed a Washington state name and date of birth BGI on 03/28/2025, four days after hire.

STAFF O
Review of the facility's undated employee list showed the facility hired Staff O, Dietary Aid, on 04/21/2025. Review of the Staff O's employee records showed that the facility completed a Washington state name and date of birth BGI on 04/25/2025, four days after hire.

During an interview on 06/03/2025 at 11:45 AM, Staff P, Business Office Manager, stated that they were aware of the background check requirements. Staff P stated that they completed the background check late for the sampled staff.

Care Assistant (PCA), on 12/16/2024. Review of the Staff B's employee records showed that the facility completed a Washington state name and date of birth BGI on 12/20/2024, four days after hire.

STAFF D
Review of the facility's undated employee list showed the facility hired Staff D, PCA, on 11/12/2024. Review of the Staff D's employee records showed that the facility completed a Washington state name and date of birth BGI on 12/24/2024, 42 days after hire.

STAFF L
Review of the facility's employee records showed that the facility hired Staff L, Registered Nurse Delegator, on 04/01/2025. Review of the nurse delegation documentation showed that Staff L provided nurse delegation services and completed residents' assessments in April 2025 and May 2025. Review of Staff L's employee records showed the facility completed a Washington state name and date of birth BGI on 06/03/2025, 63 days after hire.

STAFF M
Review of the facility's undated employee list showed the facility hired Staff M, PCA, on 04/02/2025. Review of the Staff M's employee records showed that the facility completed a Washington state name and date of birth BGI on 04/28/2025, 26 days after hire.

STAFF N
Review of the facility's undated employee list showed the facility hired Staff N, Cook, on 03/24/2025. Review of the Staff N's employee records showed that the facility completed a Washington state name and date of birth BGI on 03/28/2025, four days after hire.

STAFF O
Review of the facility's undated employee list showed the facility hired Staff O, Dietary Aid, on 04/21/2025. Review of the Staff O's employee records showed that the facility completed a Washington state name and date of birth BGI on 04/25/2025, four days after hire.

During an interview on 06/03/2025 at 11:45 AM, Staff P, Business Office Manager, stated that they were aware of the background check requirements. Staff P stated that they completed the background check late for the sampled staff.

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, White River Memory Care is or will be in compliance with this law and / or regulation on (Date) 6/12/2025.

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

Administrator (or Representative) — Date: 6/18/2025

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess 1 of 1 sample resident (Resident 6) for their ability to safely use a medical device. This failure placed Resident 6 at risk for unmet care needs and possible injury.

Findings included ...

Review of the facility's undated document titled, "Assisted Living Policy and Procedure Manual: Side Rails" showed that the facility allowed side rails and other similar devices in the community. The document showed that when supportive devices were used, an appropriately qualified staff member would conduct an evaluation to identify the intended purpose of the device, and the risks involved when used.

Observation of Resident 6's apartment on 06/04/2025 at 1:20 PM showed a quarter length side rail was attached to the left side of the bed, about mid-way down the bed frame.

Review of Resident 6's records showed that the facility admitted Resident 6 in [redacted] 2024 with a medical diagnosis of [redacted]. The records showed that on 05/05/2025, the facility completed Resident 6's assessment. The assessment showed no documentation that Resident 6 used side

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, White River Memory Care 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess 1 of 1 sample resident (Resident 6) for their ability to safely use a medical device. This failure placed Resident 6 at risk for unmet care needs and possible injury.

Findings included …

Review of the facility's undated document titled, "Assisted Living Policy and Procedure Manual: Side Rails" showed that the facility allowed side rails and other similar devices in the community. The document showed that when supportive devices were used, an appropriately qualified staff member would conduct an evaluation to identify the intended purpose of the device, and the risks involved when used.

Observation of Resident 6's apartment on 06/04/2025 at 1:20 PM showed a quarter length side rail was attached to the left side of the bed, about mid-way down the bed frame.

Review of Resident 6's records showed that the facility admitted Resident 6 in [redacted] 2024 with a medical diagnosis of [redacted] ([redacted]). The records showed that on 05/05/2025, the facility completed Resident 6's assessment. The assessment showed no documentation that Resident 6 used side

rails. There was no documentation that showed the facility assessed Resident 6 for the use of a side rail.

During an interview on 06/04/2025 at 4:36 PM, Staff J, Licensed Practical Nurse (LPN), Director of Nursing, stated that they were unaware Resident 6 used "a grab bar" that was installed on their bed. Staff J stated that the residents' family members installed it and did not notify the facility. Staff J stated that they since they were unaware the family installed the grab bar, Staff J did not assess the safety of the grab bar.

During an interview on 06/05/2025 at 8:55 AM, Staff J stated that on 06/04/2025, during the full inspection, they were informed about a side rail installed in Resident 6's room. Staff J stated that they immediately responded to assess the safety of the medical equipment. Staff J stated that they determined the side rail did not meet the safety criteria. Staff J stated that in the assessment dated 06/04/2025, they documented that Resident 6 did not sleep in their bed and did not use the side rail, so the side rail was removed from the bed.

During an interview on 06/06/2025 at 2:40 PM, Collateral Contact 1 (CC1, Resident 6's family), stated that they installed the side rail on the resident's bed four to five months ago. CC1 stated that they did not notify the facility. CC1 stated that they were unaware of the safety concerns when a side rail was used. CC1 stated that Resident 6 did not sleep in their bed. CC1 stated the facility notified them that they assessed the side rail on 06/04/2025. CC 1 stated that the facility told them the side rail did not meet the required safety measures. CC1 agreed to have the facility remove the side rail.

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, White River Memory Care is or will be in compliance with this law and / or regulation on (Date) 6/12/2025.

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

Administrator (or Representative) — 6/18/2025 Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker

rails. There was no documentation that showed the facility assessed Resident 6 for the use of a side rail.

During an interview on 06/04/2025 at 4:33 PM, Staff J, Licensed Practical Nurse (LPN), Director of Nursing, stated that they were unaware Resident 6 used “a grab bar” that was installed on their bed. Staff J stated that the residents’ family members installed it and did not notify the facility. Staff J stated that they since they were unaware the family installed the grab bar, Staff J did not assess the safety of the grab bar.

During an interview on 06/05/2025 at 8:55 AM, Staff J stated that on 06/04/2025, during the full inspection, they were informed about a side rail installed in Resident 6’s room. Staff J stated that they immediately responded to assess the safety of the medical equipment. Staff J stated that they determined the side rail did not meet the safety criteria. Staff J stated that in the assessment dated 06/04/2025, they documented that Resident 6 did not sleep in their bed and did not use the side rail, so the side rail was removed from the bed.

During an interview on 06/06/2025 at 2:40 PM, Collateral Contact 1 (CC1, Resident 6’s family), stated that they installed the side rail on the resident’s bed four to five months ago. CC1 stated that they did not notify the facility. CC1 stated that they were unaware of the safety concerns when a side rail was used. CC1 stated that Resident 6 did not sleep in their bed. CC1 stated the facility notified them that they assessed the side rail on 06/04/2025. CC 1 stated that the facility told them the side rail did not meet the required safety measures. CC1 agreed to have the facility remove the side rail.

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, White River Memory Care 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 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker

basic training. Enhanced services facilities.

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 limted to:

(b) Basic;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled care staff (Staff B) completed the Home Care Aide (HCA) basic trainings, as required. This failure placed all 19 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the undated facility's caregiver job description showed Personal Care Assistants (PCAs) provided direct personal care and supervision to the residents consistent with Washington State regulations.

Review of the undated facility's employee roster showed the facility hired Staff B, Personal Care Assistant (PCA), on 12/16/2024. Review of the facility's employee schedule showed Staff B provided care and services to residents in May 2025 and June 2025. Review of the facility's document titled "Cornerstone Healthcare Training", dated 06/03/2025, showed that Staff B was enrolled in the HCA program.

During an interview on 06/05/2025 at 10:40 AM, Staff A, Executive Director, stated that they were unable to find Staff B's basic training certificate in the personnel files. Staff A stated that they were unsure whether Staff B completed the training. Staff A stated that as of 06/03/2025, Staff B was enrolled in the HCA training.

Review of Staff B's employee records showed that Staff B completed the Department of Social and Health Services (DSHS) approved basic training requirements on 06/06/2025, 172 days after hired.

basic training. Enhanced services facilities.

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:

(b) Basic;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled care staff (Staff B) completed the Home Care Aide (HCA) basic trainings, as required. This failure placed all 19 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included…

Review of the undated facility's caregiver job description showed Personal Care Assistants (PCAs) provided direct personal care and supervision to the residents consistent with Washington State regulations.

Review of the undated facility's employee roster showed the facility hired Staff B, Personal Care Assistant (PCA), on 12/16/2024. Review of the facility's employee schedule showed Staff B provided care and services to residents in May 2025 and June 2025. Review of the facility's document titled "Cornerstone Healthcare Training", dated 06/03/2025, showed that Staff B was enrolled in the HCA program.

During an interview on 06/05/2025 at 10:40 AM, Staff A, Executive Director, stated that they were unable to find Staff B's basic training certificate in the personnel files. Staff A stated that they were unsure whether Staff B completed the training. Staff A stated that as of 06/03/2025, Staff B was enrolled in the HCA training.

Review of Staff B's employee records showed that Staff B completed the Department of Social and Health Services (DSHS) approved basic training requirements on 06/06/2025, 172 days after hired.

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, White River Memory Care is or will be in compliance with this law and / or regulation on (Date) 6/12/25 .

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

Administrator (or Representative) — Date: 6/18/25

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure 1 of 1 computer screen (Screen 1) which contained resident medication records and failed to secure 1 of 2 Assisted Living (AL) Memory Care medication rooms (West wing Medication Room 1) which contained residents' medical records. This failure placed all 19 residents' confidential medical records at risk for unauthorized access.

Findings included...

Review of the facility's policy titled "Resident Record – Confidentiality", dated 2023, showed all the staff were responsible to maintain confidentiality for all resident records and information.

COMPUTER SCREEN
Observation on 06/05/2025 at 8:13 AM, showed Staff I, Medication Technician (Med Tech, unlicensed staff who dispensed and administer medications), accessed and poured Resident 13's medications from the medication cart located in front of the medication room. Observation showed Staff I reviewed the laptop computer screen which showed Resident 13's medications that were due at 8:00 AM. Observation showed Staff I walked out of sight from the medication cart with Resident 13's medications and left the computer screen open. Observation showed all of Resident 13's medication record was displayed for anyone who walked by. Observation at 8:17 AM, showed Staff I changed the computer screen to another unidentified resident's medication record and poured their medications. Observation showed Staff I walked away, and around the corner, to dispense the medications. Observation showed Staff I

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, White River Memory Care 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-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure 1 of 1 computer screen (Screen 1) which contained resident medication records and failed to secure 1 of 2 Assisted Living (AL) Memory Care medication rooms (West wing Medication Room 1) which contained residents' medical records. This failure placed all 19 residents' confidential medical records at risk for unauthorized access.

Findings included…

Review of the facility's policy titled "Resident Record – Confidentiality", dated 2023, showed all the staff were responsible to maintain confidentiality for all resident records and information.

COMPUTER SCREEN
Observation on 06/05/2025 at 8:13 AM, showed Staff I, Medication Technician (Med Tech, unlicensed staff who dispensed and administer medications), accessed and poured Resident 13's medications from the medication cart located in front of the medication room. Observation showed Staff I reviewed the laptop computer screen which showed Resident 13's medications that were due at 8:00 AM. Observation showed Staff I walked out of sight from the medication cart with Resident 13's medications and left the computer screen open. Observation showed all of Resident 13's medication record was displayed for anyone who walked by. Observation at 8:17 AM, showed Staff I changed the computer screen to another unidentified resident's medication record and poured their medications. Observation showed Staff I walked away, and around the corner, to dispense the medications. Observation showed Staff I

left the computer screen unlocked with the unidentified resident's medication record visible.

MEDICATION ROOM
Observation on 06/05/2025 at 8:15 AM showed that the medication room door was not latched and was accessible when the door was pushed. Observation showed 18 resident charts with medical records on the shelf and additional resident documentation on the counter. Observation showed a second medication room that was accessible through the first medication room. Observation showed there was a window installed in the locked entry door of the second medication room that allowed for observation inside the room. Observation showed medications were securely stored in the second medication room and not accessible to unauthorize persons. Observation showed there were no authorized staff present in the vicinity of the first medication room.

Observation on 06/05/2025 at 8:20 AM, showed Staff I pulled out their keys and pushed on the unlatched medication room door to open it, without the use of the keys. Observation showed Staff I exited the first medication room and did not ensure the door latched securely. Observation showed that the door was unlatched. Observation at 8:21 AM showed Staff I used their keys to unlock the medication room door, and without inserting the keys, Staff I pushed on the door to open it.

During an interview on 06/05/2025 at 8:25 AM, Staff I stated that they were unaware the door did not latch behind them when they left. Staff I stated that since they constantly entered the medication room, they did not ensure the door was not fully latched and secured before they left the area.

During an interview on 06/05/2025 at 1:45 PM, Staff K, Regional Health and Wellness Registered Nurse, and Staff J, Licensed Practical Nurse (LPN), Director of Nurses, stated that staff were expected to lock the medication room when authorized staff were not present. Staff K stated that the Med Techs were expected to lock the medication computer screen when not in use and before they walked away to prevent unauthorize persons access to resident medication records.

left the computer screen unlocked with the unidentified resident's medication record visible.

MEDICATION ROOM
Observation on 06/05/2025 at 8:15 AM showed that the medication room door was not latched and was accessible when the door was pushed. Observation showed 19 resident charts with medical records on the shelf and additional resident documentation on the counter. Observation showed a second medication room that was accessible through the first medication room. Observation showed there was a window installed in the locked entry door of the second medication room that allowed for observation inside the room. Observation showed medications were securely stored in the second medication room and not accessible to unauthorize persons. Observation showed there were no authorized staff present in the vicinity of the first medication room.

Observation on 06/05/2025 at 8:20 AM, showed Staff I pulled out their keys and pushed on the unlatched medication room door to open it, without the use of the keys. Observation showed Staff I exited the first medication room and did not ensure the door latched securely. Observation showed that the door was unlatched. Observation at 8:21 AM showed Staff I used their keys to unlock the medication room door, and without inserting the keys, Staff I pushed on the door to open it.

During an interview on 06/05/2025 at 8:25 AM, Staff I stated that they were unaware the door did not latch behind them when they left. Staff I stated that since they constantly entered the medication room, they did not ensure the door was not fully latched and secured before they left the area.

During an interview on 06/05/2025 at 1:45 PM, Staff K, Regional Health and Wellness Registered Nurse, and Staff J, Licensed Practical Nurse (LPN), Director of Nurses, stated that staff were expected to lock the medication room when authorized staff were not present. Staff K stated that the Med Techs were expected to lock the medication computer screen when not in use and before they walked away to prevent unauthorize persons access to resident medication 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, White River Memory Care is or will be in compliance with this law and / or regulation on (Date) 6/12/25.

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

Administrator (or Representative) — Date: 6/18/25

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

(8) Miscellaneous. Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to provide a lockable storage area for 7 of 19 sampled residents (Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 12). This failure violated Resident 6 Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 12 's rights to have a lockable storage area for their personal belongings.

Findings included...

Observation of Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 12s' rooms on 06/04/2025 at 1:00 PM showed no lockable storage space in each of their apartments for their personal items.

During an interview on 06/04/2025 at 2:00 PM, Staff H, Maintenance Director, stated that they unaware that a lockable storage area was required for each resident in their room.

During an interview on 06/05/2024 at 1:45 PM, Staff A, Administrator, stated that they were unaware there were resident rooms without a lockable storage area.

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, White River Memory Care 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-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to provide a lockable storage area for 7 of 19 sampled residents (Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 12). This failure violated Resident 6 Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 12 ‘s rights to have a lockable storage area for their personal belongings.

Findings included…

Observation of Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11, and Resident 12s’ rooms on 06/04/2025 at 1:00 PM showed no lockable storage space in each of their apartments for their personal items.

During an interview on 06/04/2025 at 2:00 PM, Staff H, Maintenance Director, stated that they unaware that a lockable storage area was required for each resident in their room.

During an interview on 06/05/2024 at 1:45 PM, Staff A, Administrator, stated that they were unaware there were resident rooms without a lockable storage area.

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, White River Memory Care is or will be in compliance with this law and / or regulation on (Date) 7/25/25.

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

Administrator (or Representative)

6/18/25
Date

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, White River Memory Care 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

06/12/2025

White River MC Healthcare, LLC
White River Memory Care
2454 COLE STREET
ENUMCLAW, WA 98022

RE: White River Memory Care # 2707

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/10/2025 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:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

06/12/2025

White River MC Healthcare, LLC
White River Memory Care
2454 COLE STREET
ENUMCLAW, WA 98022

RE: White River Memory Care # 2707

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/10/2025 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:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

The facility failed to complete and maintain the documentation of the facility orientation in the employee's files for two staff. During the full inspection, the facility completed the training records and placed the records in the employees' files.

WAC 388-78A-2680 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:

(a) Entrances, exits, and elevators as long as the cameras are:

(ii) Not focused on areas where residents gather.

The facility failed to prevent video recording of the fireside living room where residents gathered. The fireside living room was located inside the secured Memory Care unit (West Wing) next to the entry/exit door. The video showed residents seated on the furniture in the living room next to the fireplace which violated the residents' right to privacy. During the full inspection, the facility corrected the issue and refocused the video camera and narrowed the view to show only the entry/exit door.

You Are Not:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

The facility failed to complete and maintain the documentation of the facility orientation in the employee's files for two staff. During the full inspection, the facility completed the training records and placed the records in the employees' files.

WAC 388-78A-2680 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:

(a) Entrances, exits, and elevators as long as the cameras are:

(ii) Not focused on areas where residents gather.

The facility failed to prevent video recording of the fireside living room where residents gathered. The fireside living room was located inside the secured Memory Care unit (West Wing) next to the entry/exit door. The video showed residents seated on the furniture in the living room next to the fireplace which violated the residents' right to privacy. During the full inspection, the facility corrected the issue and refocused the video camera and narrowed the view to show only the entry/exit door.

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 (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

• 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 (253)234-6020.

Sincerely,

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure