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

Kelso AL, LLC
Trustwell Living at Highlander Place
114 Corduroy Rd
Kelso, WA 98626

RE: Trustwell Living at Highlander Place License # 2731

Dear Administrator:

This letter addresses Compliance Determination(s) 62940 (Completion Date 07/28/2025) and 60549 (Completion Date 06/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/28/2025 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-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-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-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 I
Residential Care Services

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***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

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|---|---|---|
| Statement of Deficiencies | License #: 2731 | Compliance Determination # 60549 |
| Plan of Correction | Trustwell Living at Highlander Place | Completion Date |
| Page 1 of 9 | Licensee: Kelso AL, LLC | 06/06/2025 |

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 06/04/2025 and 06/06/2025 of:
Trustwell Living at Highlander Place
114 Corduroy Rd
Kelso, WA 98626

The following sample was selected for review during the unannounced on-site visit: 7 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC
Jacob Ubl, ALF NCI CI

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.

Clinton Fridley
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.

Crystal McCann
Administrator (or Representative)

06/19/2025
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.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide specific resident identified care and service needs for 2 of 9 sampled residents (Resident 1 and 3). 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 1 (R1)**
During an unannounced full licensing inspection on 06/04/2025 at 11:10 AM, R1's records showed that they admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R1 utilizes a medical device.

Review of R1's progress notes, dated 02/01/2025 through 06/04/2025, documented that R1 utilizes a transfer pole.

Record review of R1's NSA, dated 02/27/2025, showed no documentation that R1 utilizes a transfer pole.

**Resident 3 (R3)**
On 06/04/2025 at 11:50 AM, R3's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R3 utilizes a medical device.

Record review of R3's NSA, dated 01/13/2025, showed no documentation that R3 utilizes a medical device.

On 06/06/2025 at 9:30 AM, Staff B, Health and Services Director, confirmed that R3 utilizes a transfer pole.

On 06/06/2025 at 10:00 AM, Staff A, Executive Director, acknowledged that the medical devices were missing from the NSAs for R1 and R3.

**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, Trustwell Living at Highlander Place is or will be in compliance with this law and / or regulation on (Date) 07/21/2025 .

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

Crystal McCarron — Administrator (or Representative)

06/19/2025 — Date

**WAC 388-78A-2290 Family assistance with medications and treatments.**

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure the written plan submitted included the minimum information required when 2 of 2 residents (Resident 2 and 7) had family assisting with medications. This failure placed these residents at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

**Resident 2 (R2)**

During an unannounced full licensing inspection on 06/04/2025 at 12:20 PM, R2's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of the facility's resident characteristics roster (RCR) documented that R2 had a family assistance with medication plan.

Review of R2's records showed an incomplete family assistance with medication plan dated 01/14/2025. No details of the family's involvement in medication assistance or administration, or an alternate plan were documented on the family assistance with medication plan for R2.

**Resident 7 (R7)**
On 06/04/2025 at 1:30 PM, R7's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of the facility's RCR documented that R7 had a family assistance with medication plan.

Review of R7's records showed an incomplete family assistance with medication plan dated 11/23/2023. No details of the family's involvement in medication assistance or administration, or an alternate plan were documented on the family assistance with medication plan for R7.

On 06/06/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the lack of information on the family assistance with medication plans for R2 and R7.

**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, Trustwell Living at Highlander Place is or will be in compliance with this law and / or regulation on (Date) 07/21/2025 .

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

Crystal McLaren — Administrator (or Representative)

06/19/2025 — 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 5 of 9 sampled residents (Residents 3, 4, 5, 6, and 9). This failure placed these five residents at risk for proper care needs not being met.

Findings included...

**Resident 3 (R3)**
During an unannounced full licensing inspection on 06/04/2025 at 11:50 AM, R3's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R3's negotiated service agreement (NSA), dated 01/13/2025, documented that R3 is a diabetic.

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R3 is diabetic.

**Resident 4 (R4)**
On 06/04/2025at 12:15 PM, R4's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R4's NSA, dated 04/01/2025, documented that R4 is incontinent of bladder.

Record review of the facility's RCR showed no documentation that R4 had any urinary incontinence.

**Resident 5 (R5)**
On 06/04/2025 at 12:51 PM, R5's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R5's assessment, dated 05/29/2025, documented that R5 wears hearing aids.

Record review of R5's NSA, dated 05/30/2025, documented that R5 has profound hearing loss and requires hearing aids.

Record of the facility's RCR showed no documentation that R5 had any hearing impairment.

**Resident 6 (R6)**
On 06/04/2025 at 1:35 PM, R6's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R6's assessments and NSAs, dated 03/04/205 and 03/10/2025, documented that R6 is incontinent of bowels and bladder.

Record review of the facility's RCR showed no documentation that R6 was incontinent of bowel and bladder.

**Resident 9 (R9)**
On 06/05/2025 at 11:30 AM, R9's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's face sheet, April 2025 and May 2025 medication administration records, assessments and NSAs dated 04/21/2025, 04/28/2025, and 05/22/2025, all documented that R9 has diabetes mellitus.

Record review of the facility's RCR showed no documentation that R9 is a diabetic.

On 06/06/2025 at 10:00 AM, 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, Trustwell Living at Highlander Place is or will be in compliance with this law and / or regulation on (Date) 07/21/2025.

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

Crystal McLamon — Administrator (or Representative)

06/19/2025 — Date

**WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:**

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

**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 employment for 3 of 3 sampled staff (Staff C, D, and E) 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 full licensing inspection on 06/04/2025 at 1:00 PM, the department received the requested staff documents.

**Staff C**
Record review for Staff C, medication technician/certified nursing assistant (CNA) showed that Staff C was hired on 07/24/2024.

Review of Staff C's TB records showed that their first step TB test was initiated on 03/25/2025 and read on 03/27/2025. No second step was found.

**Staff D**
Record review for Staff D, medication technician/CNA showed that Staff D was hired on 10/01/2024.

Review of Staff D's TB records showed that their first step TB test was initiated on 03/25/2025 and read on 03/27/2025. No second step was found.

**Staff E**
Record review for Staff E, Medication technician/CNA showed that Staff E was hired on 11/07/2024.

Review of Staff E's TB records showed that their first step TB test was initiated on 03/11/2025 and read on 03/14/2025. No second step was found.

On 06/06/2025 at 10:00 AM, Staff A, Executive Director, acknowledged that the first step TB tests for Staff C, D, and E were initiated late and that their second step was not 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, Trustwell Living at Highlander Place is or will be in compliance with this law and / or regulation on (Date) 07/21/2025.

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

Crystal McCarron — Administrator (or Representative)

06/19/2025 — Date