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

Camas AL, LLC
Trustwell Living at Kent Place
2647 NW Kent St
Camas, WA 98607

RE: Trustwell Living at Kent Place License # 2733

Dear Administrator:

This letter addresses Compliance Determination(s) 56370 (Completion Date 03/19/2025) and 54495 (Completion Date 02/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2025 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-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2480-1

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

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
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 the unannounced on-site full inspection on 02/10/2025 and 02/12/2025 of:
Trustwell Living at Kent Place
2647 NW Kent St
Camas, WA 98607

The following sample was selected for review during the unannounced on-site visit: 5 of 24 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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 # 2733	Compliance Determination # 54495
Plan of Correction	Trustwell Living at Kent Place	Completion Date
Page 2 of 6	Licensee: Camas AL, LLC	02/12/2025

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.

Clinton Fridley
Residential Care Services

02/14/2025
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)

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:

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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 3 sampled staff (Staff B and E) 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 for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing inspection on 02/10/2025 at 11:30 AM, the department received the requested staff documents.

Staff B
Record review for Staff B, Health Services Director, showed that Staff B was hired on 10/21/2024. No documentation of mental health and/or dementia specialty training was provided for Staff B.

Staff E
Record review for Staff E, Resident Care Assistant, showed that Staff E was hired on

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 _____

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(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:

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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 3 sampled staff (Staff B and E) 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 for harm due to staff not being properly trained.

Findings included…

During an unannounced licensing inspection on 02/10/2025 at 11:30 AM, the department received the requested staff documents.

Staff B
Record review for Staff B, Health Services Director, showed that Staff B was hired on 10/21/2024. No documentation of mental health and/or dementia specialty training was provided for Staff B.

Staff E
Record review for Staff E, Resident Care Assistant, showed that Staff E was hired on

07/03/2013. No documentation was provided to show that Staff E had completed the required 12 hours of continuing education training.

During an interview on 02/11/2025 at 12:30 PM, Staff F, stated "I do not have [Staff E's] CEU's (continuing education units)."

During an exit interview on 02/12/2025 at 12:30 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, Trustwell Living at Kent Place is or will be in compliance with this law and / or regulation on (Date) March 10, 2025

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

Administrator (or Representative) — Date: 2/11/2025

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 4 of 5 sampled residents (Resident 1, 2, 4, and 5). This failure placed these residents at risk for proper care needs not being met.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 02/11/2025 at 10:55 AM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

07/03/2013. No documentation was provided to show that Staff E had completed the required 12 hours of continuing education training.

During an interview on 02/11/2025 at 12:30 PM, Staff F, stated "I do not have [Staff E's] CEU's (continuing education units)."

During an exit interview on 02/12/2025 at 12:30 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, Trustwell Living at Kent Place 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 4 of 5 sampled residents (Resident 1, 2, 4, and 5). This failure placed these residents at risk for proper care needs not being met.

Findings included…

Resident 1 (R1)
During an unannounced full inspection on 02/11/2025 at 10:55 AM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of the facility's resident characteristic roster (RCR) documented that R1 has wounds and is receiving home health services.

Record review of R1's progress notes dated 10/21/2024 through 02/10/2025, showed that R1's wound was resolved on 12/23/2024 and home health was discharged on 01/07/2025.

Record review of R1's assessment and negotiated service agreement (NSA) dated 01/07/2025, showed that R1's skin is intact and there was no documentation that R1 was receiving home health services.

During an interview on 02/11/2025 at 2:00 PM, Staff B, Health Services Director, confirmed that R1's wounds have resolved and that R1 is no longer receiving home health services.

Resident 2 (R2)
On 02/11/2025 at 12:50 PM, R2's records showed that R2 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of the facility's RCR documented that R2 is receiving home health services.

Record review of R2's progress notes dated 10/21/2024 through 02/10/2025, showed that R2's home health was discharged on 12/04/2024.

Record review of R2's assessment and NSA dated 01/28/2025, showed no documentation that R2 was receiving home health services.

Resident 4 (R4)
On 02/11/2025 at 12:40 PM, R4's records showed that R4 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]), [redacted] ([redacted]) and [redacted].

Record review of the facility's RCR documented that R4 has wounds and is receiving home health services.

Record review of R4's progress notes dated 08/05/2024 through 02/10/2025, showed that R4's wound was resolved on 01/02/2025 and that insurance would no longer cover home health on 12/09/2024.

Statement of Deficiencies	License #: 2733	Compliance Determination #54495
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Record review of R4's assessment and negotiated service agreement (NSA) dated 01/13/2025, showed no documentation that R4 was receiving home health services.

During an interview on 02/12/2025 at 1:00 PM, Staff B, confirmed that R4's wounds have resolved and that R4 is no longer receiving home health services.

Resident 5 (R5)
On 02/11/2025 at 12:00 PM, R5's records showed that R5 admitted to the facility on [redacted]2023 with various diagnoses including [redacted] and [redacted].

Record review of R5's assessment and negotiated service agreement (NSA) dated 01/20/2025, showed that R5 is incontinent with bowel and bladder and has dementia. There was no documentation showing that R5 was receiving home health services.

Record review of the facility's RCR documented that R5 is receiving home health services. Dementia and incontinence were not documented on the RCR for R5.

During an exit interview on 02/12/2025 at 12:30 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, Trustwell Living at Kent Place is or will be in compliance with this law and / or regulation on (Date) 2/16/2025

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

Administrator (or Representative) — Date: 2/16/2025

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.

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 2 of 3 sampled staff (Staff B and D) per regulations. This failure placed all staff

Record review of R4's assessment and negotiated service agreement (NSA) dated 01/13/2025, showed no documentation that R4 was receiving home health services.

During an interview on 02/12/2025 at 1:00 PM, Staff B, confirmed that R4's wounds have resolved and that R4 is no longer receiving home health services.

Resident 5 (R5)
On 02/11/2025 at 12:00 PM, R5's records showed that R5 admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] and [redacted].

Record review of R5's assessment and negotiated service agreement (NSA) dated 01/20/2025, showed that R5 is incontinent with bowel and bladder and has dementia. There was no documentation showing that R5 was receiving home health services.

Record review of the facility's RCR documented that R5 is receiving home health services. Dementia and incontinence were not documented on the RCR for R5.

During an exit interview on 02/12/2025 at 12:30 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, Trustwell Living at Kent Place 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.

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 2 of 3 sampled staff (Staff B 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 on 02/10/2025 at 11:30 AM, the department received the requested staff documents

Staff B
Record review for Staff B, Health Services Director, showed that Staff B was hired on 10/21/2024. Review of Staff B's personnel records showed no documentation that TB testing was completed when Staff B was hired.

Staff D
Record review for Staff D, Qualified Medication Aide, showed that Staff D was hired on 07/11/2024. Review of Staff D's personnel records showed a first step TB test completed on 08/05/2024 and results read on 08/07/2024. Documentation showed the second step TB test was completed on 08/21/2024 and results read on 08/23/2024.

During an exit interview on 02/12/2025 at 12:30 PM, Staff A, Executive director, acknowledged that there was no documentation to show that Staff B had TB testing completed, and that Staff D's TB testing was completed late.

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 Kent Place is or will be in compliance with this law and / or regulation on (Date) March 2025.

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

Administrator (or Representative) _____ Date 2/12/2025

and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

During an unannounced licensing full inspection on 02/10/2025 at 11:30 AM, the department received the requested staff documents.

Staff B
Record review for Staff B, Health Services Director, showed that Staff B was hired on 10/21/2024. Review of Staff B's personnel records showed no documentation that TB testing was completed when Staff B was hired.

Staff D
Record review for Staff D, Qualified Medication Aide, showed that Staff D was hired on 07/11/2024. Review of Staff D's personnel records showed a first step TB test completed on 08/05/2024 and results read on 08/07/2024. Documentation showed the second step TB test was completed on 08/21/2024 and results read on 08/23/2024.

During an exit interview on 02/12/2025 at 12:30 PM, Staff A, Executive director, acknowledged that there was no documentation to show that Staff B had TB testing completed, and that Staff D's TB testing was completed late.

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 Kent Place is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____
Administrator (or Representative) Date

Plan of Correction

Community Name and license Number:	**Citation Date:**
Trustwell Living Kent Place #2733	02/14/2025
Submitted by:	**Date of POC Submission:**
Me'Gan Tucker	02/25/2025
☐ **Complaint Citation** X **Certification Citation**	

Citation: (list WAC) WAC 388-78A-2480	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Describe the *initial or immediate actions* taken:** Immediate audit of testing required and completed
How will you apply the correction to all clients you support?	**System or Operational Changes**: Immediate utilization of employee checklist to insure all new employees are tested per requirements
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	List the name(s) and/or title(s) Ryan Polin, Health Services Director and Me'Gan Tucker, Executive Director
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 3/10/2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt of letter to:

Nicole Vreeland, Field Manager
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600
Fax: (360) 725-3208
VreelNL@dshs.wa.gov

Send copy to DDA Resource Manager or Residential Program Specialist for your region.

Plan of Correction

Community Name and license Number:	**Citation Date:**
Trustwell Living Kent Place #2733	02/14/2025
Submitted by:	**Date of POC Submission:**
Me'Gan Tucker	02/25/2025
☐ **Complaint Citation** X **Certification Citation**	

Citation: (list WAC) WAC 388-78A-2474	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Describe the *initial or immediate actions* taken:** Immediate audit of CEU's and certificates
How will you apply the correction to all clients you support?	**System or Operational Changes**: Immediate utilization of employee checklist to insure all new employees have necessary certificates. Initiated 1 CEU required by all staff to be turned in at monthly All Staff meeting
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	List the name(s) and/or title(s) Ryan Polin, Health Services Director and Me'Gan Tucker, Executive Director
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 3/10/2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt of letter to:

Nicole Vreeland, Field Manager
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600
Fax: (360) 725-3208
VreelNL@dshs.wa.gov

Send copy to DDA Resource Manager or Residential Program Specialist for your region.

Plan of Correction

Community Name and license Number:	**Citation Date:**
Trustwell Living Kent Place #2733	02/14/2025
Submitted by:	**Date of POC Submission:**
Me'Gan Tucker	02/25/2025
☐ **Complaint Citation** X **Certification Citation**	

Citation: (list WAC) WAC 388-78A-2390	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Describe the *initial or immediate actions* taken:** Immediately updated Resident Characteristic Roster
How will you apply the correction to all clients you support?	**System or Operational Changes:** Resident Characteristic Roster will be updated weekly and reviewed by our Regional Nurse for accuracy during our weekly meeting.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	List the name(s) and/or title(s) Ryan Polin, Health Services Director with Me'Gan Tucker, Executive Director oversite
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 3/10/2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt of letter to:

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Send copy to DDA Resource Manager or Residential Program Specialist for your region.