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

White Oak Village LLC
White Oak Village Memory Care Community
14715 NE 20th Ave
Vancouver, WA 98686

RE: White Oak Village Memory Care Community License # 2738

Dear Administrator:

This letter addresses Compliance Determination(s) 64984 (Completion Date 09/10/2025) and 62603 (Completion Date 07/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/10/2025 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-2130-5, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, WAC 388-78A-2130-5-c, WAC 388-78A-2130-5-d, WAC 388-78A-2130-5-e, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, 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)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 the unannounced on-site full inspection on 07/16/2025 and 07/17/2025 of:
White Oak Village Memory Care Community
14715 NE 20th Ave
Vancouver, WA 98686

The following sample was selected for review during the unannounced on-site visit: 5 of 27 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

07/24/2025
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)

7/29/25
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 complete a Washington state name and date of birth background check per regulations for 3 of 4 sampled staff (Staff B, C and D). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 07/16/2025 at 12:00 PM, the department received the requested staff documents.

Staff B

Record review for Staff B, Health Services Director, showed that Staff B was hired on 04/02/2025. Documentation of a Washington state name and date of birth background check for Staff B showed that it was completed on 04/07/2025.

Staff C

Record review for Staff C, Medication Technician, showed that Staff C was hired on 01/20/2025. Documentation of a Washington state name and date of birth background check for Staff C showed that it was completed on 03/16/2025.

Staff D

Record review for Staff D, Medication Technician, showed that Staff D was hired on 01/20/2025. Documentation of a Washington state name and date of birth background check for Staff D showed that it was completed on 03/16/2025.

During an exit interview on 07/17/2025 at 2:30 PM, Staff A, Executive Director, acknowledged that the Washington state name and date of birth background checks for Staff B, C, and D were 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, White Oak Village Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 8/31/25.

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

Administrator (or Representative) — Date: 7/23/25

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

(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 ensure that the resident or their representative agreed to and signed the negotiated service agreement (NSA) for 5 of 5 sampled residents (Resident 1, 2, 3, 4, and 5). This failure placed these five residents at risk for proper care needs being unmet.

Findings included...

Resident 1 (R1)

During an unannounced full licensing inspection on 07/16/2025 at 01:25 PM, R1's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R1's initial and 30-day NSA's, dated 03/21/2025 and 04/15/2025, showed no documentation that they were signed by the resident and/or their representative.

Resident 2 (R2)

On 07/16/2025 at 12:40 PM, R2's records showed that they were admitted to the facility on [redacted]2025 with various diagnoses including [redacted].

Record review of R2's initial and 30-day NSA's, dated 03/27/2025 and 04/15/2025, showed no documentation that they were signed by the resident and/or their representative.

Resident 3 (R3)

On 07/16/2025 at 1:45 PM, R3's records showed that they were admitted to the facility on [redacted]2025 with various diagnoses including [redacted] and [redacted].

Record review of R3's initial and 30-day NSA's, dated 03/02/2025 and 03/14/2025, showed no documentation that they were signed by the resident and/or their representative.

Resident 4 (R4)

On 07/16/2025 at 12:40 PM, R4's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R4's initial and 30-day NSA's, dated 02/01/2025 and 03/06/2025, showed no documentation that they were signed by the resident and/or their representative.

Resident 5 (R5)

On 07/16/2025 at 1:55 PM, R5's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R5's initial and 30-day NSA's, dated 03/31/2025 and 04/29/2025, showed no documentation that they were signed by the resident and/or their representative.

On 07/17/2025 at 2:30 PM, Staff A, Executive Director, acknowledged that there were no signatures on the NSA's for R1, 2, 3, 4, and 5.

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 Oak Village Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 8/31/25.

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

Administrator (or Representative) — Date: 7/29/25

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:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(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;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan was submitted including the minimum information required when 4 of 5 residents (Resident 2, 3, 4, and 5) had family assisting with medications. This failure placed four 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 07/16/2025 at 12:40 PM, R2's records showed that they were admitted to the facility on [redacted] 2025 with various diagnoses including [redacted].

Record review of R2 medication administration records (MAR), dated 04/01/2025 through 07/16/2025, showed an eye drop documented as unavailable with an explanation note of "waiting for wife to bring in."

No family assistance with the medication administration plan was found for R2.

On 07/17/2025 at 12:40 PM. Staff B, Health Services Director, confirmed that R2's family provides some medications for R2.

Resident 3 (R3)

On 07/16/2025 at 1:45 PM, R3's records showed that they were admitted to the facility on [redacted] 2025 with various diagnoses including [redacted] and [redacted].

Review of R3's records showed a "medication alert" documenting that "OTC (over the counter) meds family provides."

No family assistance with the medication administration plan was found for R3.

On 07/17/2025 at 12:40 PM, Staff B confirmed that R3's family provides OTC medications for R3.

Resident 4 (R4)

On 07/16/2025 at 12:40 PM, R4's records showed that they admitted to the facility on [redacted] 2025 with various diagnoses including [redacted].

Review of R4's records showed a "medication alert" documenting that "daughter provides foot creams and vitamins."

No family assistance with the medication administration plan was found for R4.

On 07/17/2025 at 12:40 PM, Staff B confirmed the medication alert for R4 was correct.

Resident 5 (R5)

On 07/16/2025 at 1:55 PM, R5's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R5's MARs, dated 04/01/2025 through 07/16/2025, showed a fiber supplement documented as unavailable with an explanation note of "waiting on family to bring in."

No family assistance with the medication administration plan was found for R5.

On 07/17/2025 at 12:40 PM, Staff B confirmed that R5's family provides some medications for R5.

On 07/17/2025 at 12:40 PM, Staff A, Executive Director, verbalized that they were unaware that a family plan was required when family provides or brings in medications, even though the facility administers them.

On 07/17/2025 at 2:30 PM, Staff A acknowledged that there was no family assistance with medication administration plans for R2, 3, 4, and 5.

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 Oak Village Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 8/31/2025.

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

Administrator (or Representative) — Date: 7/29/25

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 employment for 3 of 4 sampled staff (Staff A, B, and D).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 07/16/2025 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 05/01/2025. Review of Staff A's records showed a chest x-ray, dated 09/08/2024 with negative results. No other TB tests were found to show that Staff A was screened for TB within three days of employment as per regulation.

Staff B

Record review for Staff B, Health Services Director, showed that Staff B was hired on 04/02/2025. Review of Staff B's records showed no documentation that a TB test was completed within three days of employment for Staff B.

On 07/17/2025 at 12:40 PM, Staff A stated that there was no TB test for Staff B. Staff B confirmed that they had not completed their TB testing.

Staff D

Record review for Staff D, Medication Technician, showed that Staff D was hired on 01/20/2025. Review of Staff D's records showed no documentation that a TB test was completed within three days of employment for Staff D.

On 07/17/2025 at 2:30 PM, Staff A acknowledged that the TB tests for Staff A, B, and D were not completed per regulation.

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 Oak Village Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 8/31/2025 .

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

Administrator (or Representative) — Date: 7/29/25

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

07/24/2025

White Oak Village LLC
White Oak Village Memory Care Community
14715 NE 20th Ave
Vancouver, WA 98686

RE: White Oak Village Memory Care Community # 2738

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/17/2025 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
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-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.

The facility failed to ensure proper documentation of medication administration. The facility was able to verbalize a plan for a new system that was being worked on and that would be implemented upon completion.

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.

The facility failed to ensure that the facility's resident characteristics roster was up to date with residents' current needs and services. The facility was able to provide a corrected resident characteristics roster to the department prior to completion of the full 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)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
Residential Care Services

Enclosure