STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

CASCADE INN LIMITED PARTNERSHIP
CASCADE RETIREMENT INN

,

RE: CASCADE RETIREMENT INN License # 784

Dear Administrator:

This letter addresses Compliance Determination(s) 75336 (Completion Date 04/02/2026) and 69109 (Completion Date 02/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/02/2026 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-2640-1-a, WAC 388-78A-2700-1-d

The Department staff who did the on-site verification:
Jason Rose

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 11/20/2025, 01/13/2026, 02/03/2026, 12/24/2025 and 02/04/2026 of:

CASCADE RETIREMENT INN
11613 SE 7th St
Vancouver, WA 98683

This document references the following complaint number(s): 199903, 199930, 202728, 203952, 204148, 204151, 206377, 205070, 206909, 207601

The following sample was selected for review during the unannounced on-site visit: 8 of 89 current residents and 4 former residents.

The department staff that investigated the Assisted Living Facility:

Jason Rose

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 784	Compliance Determination # 69109
Plan of Correction	CASCADE RETIREMENT INN	Completion Date
Page 2 of 5	Licensee: CASCADE INN LIMITED PARTNERSHIP	02/04/2026

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 RN
Residential Care Services

02/10/2026
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)

2/13/2026
Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to notify the resident's physician regarding discovered adverse effects identified after a non-injury fall that indicated a change in the resident's condition for 1 of 5 residents (Resident 4 (R4)). This failure resulted in R4 suffering a delay in treatment for a fractured knee and ankle, increased untreated pain and placed resident at risk for further injury, continued untreated pain and a decreased quality of life.

Findings included...

Record review on of facility fax report, dated 11/09/2025, from the facility to R4's physician, showed a notification to the doctor that R4 suffered a "NIF [non-injury fall]" and that "no bruising or injury [was] noted."

Record review of R4 chart notes, conducted on 12/23/2025 at 3:10 PM, revealed the following:

- On 11/09/2025 at 6:27 PM, Staff B charted, under heading of "Fall", that R4 "has slight right knee px (pain), no bruising or injury noted..... POA notified @1815 [6:15 PM],

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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Record review of R4 chart notes, conducted on 12/23/2025 at 3:10 PM, revealed the following:

- On 11/09/2025 at 6:27 PM, Staff B charted, under heading of "Fall", that R4 "has slight right knee px (pain), no bruising or injury noted….. POA notified @1815 [6:15 PM],

PCP [Primary Care Physician] @ 1820 [6:20 PM]…"

- On 11/09/2025 at 10:14 PM, Staff C, Licensed Practical Nurse (LPN), charted "resident [R4] has extensive RLE (right lower extremity[leg]) bruising. Updating alert to fall w/ shin injury."
- On 11/10/2025 at 5:27 AM, Staff D, LPN, charted "Bruising to right shin noted. Resident [R4] C/O [complains of] pain. No PRN (meaning to be used as needed) pain meds available…"
- On 11/10/2025 at 10:33 AM, Staff E, Registered Nurse (RN), charted "Large bruise to [R4] right shin.… Resident [R4] was assisted to the Rose room after breakfast" -This note contained charting by Collateral Contact 1, student nurse, charting under Staff E's credentials (SN 1.)
- On 11/10/2025 at 7:27 PM, Staff F, RN, "Resident [R4] on alert for fall and resulted busies on RLE [Right Lower Extremity (leg)] which is purple in color and swollen…"On 11/11/2025 at 10:24 AM Staff E described bruising on the back of R4's right leg as "dark purple in color" and noted complained "of pain when touched."
- On11/11/2025 at 10:55 AM Staff E charted "resident refused to get … hair done called dtr [daughter], relayed info to dtr, said she [daughter] will be here to visit mom around 3pm. Relayed info about her bruise[s]and concerns about her uti (urinary tract infection)."
- On 11/11/2025 at 3:57 PM Staff G, RN, charted "Res [R4] daughter came to visit… she wanted to have res [R4] checked out by hospital for the RLE bruising."
- On 11/12/2025 at 12:00 PM, S.E, RN, charted "Resident (R4) added on alert for return from ER (Emergency Room/ department) with fx (fracture), Resident right leg wrapped with ace wrap, with splint support under her right ankle, added on …Tylenol #3 (Tylenol with codeine, a stronger pain medication) will update order in eMAR…".

Record review of R4's hospital records dated 11/12/2025 at 06:19 AM, documented the diagnosis of a [redacted] and [redacted] and a new prescription for Tylenol #3 (stronger pain medication) as needed for pain.

Record review of facility fax report dated 11/12/2025 from the facility to R4's physician, showed a notification to the doctor of R4's diagnosis of [redacted] and [redacted].

Record review of R4's Medication Administration Record (MAR), dated November 2025, showed that R4's first dose of Tylenol #3 was given the morning of 11/13/2025.

Record review of facility document titled "Internal Occurrence Investigation Report I Resident" documented on 11/09/2025 "assessed resident, resident verbalized no pain at time of fall…" and on 11/11/2025 "Nurse called daughter advising resident should be seen at hospital related to bruising."

Interview on 12/23/2025 at 2:13 PM, Collateral Contact 2 (CC2), R4's daughter, reported when she visited R4 two days after the fall (on 11/11/2025), R4 "appeared to be in distress." When CC1 pulled back the covers to look at R4's leg it "looked Horrific" and CC2 described a very swollen and heavily bruised leg. CC1 believed the leg was broken

and had 911 called.

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, CASCADE RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 3/21/2026.

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

Administrator (or Representative) 2/13/2026 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(d) Provide emergency lighting or flashlights in all areas accessible to residents of the assisted living facility.

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to provide lighting to all resident access areas during a power outage for 1 of 1 assisted living facilities. This failure resulted in Resident 1 (R1) falling during the outage and placed all residents at risk of injury as a result of the lack of lighting during the power outage.

Findings included...

Record review of document titled "Incident Report," dated 12/05/2025, regarding the power outage on 12/04/2025 that lasted approximately four hours and 11 minutes, identified the need for "additional lighting for use during outage that does not require power" and confirmed that R1 suffered "a fall with injury" and "was sent to [the] hospital."

On 01/13/2026 at 02:01 PM, Staff A, Executive Director, stated that the emergency generator lighting only includes hallways, exit lights, and a light outside resident doors. There is no back up or emergency lighting in resident rooms.

On 01/13/2026 at 03:09 PM, R1 stated there was no emergency lighting in their room and that "it was dark in there." R1 stated they injured their ear, which required sutures, because they fell twice trying to sit on the toilet because it was too dark to see.

and had 911 called.

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, CASCADE RETIREMENT INN 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

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Findings included…

Record review of document titled ”Incident Report,” dated 12/05/2025, regarding the power outage on 12/04/2025 that lasted approximately four hours and 11 minutes, identified the need for “additional lighting for use during outage that does not require power” and confirmed that R1 suffered “a fall with injury” and “was sent to [the] hospital.”

On 01/13/2026 at 02:01 PM, Staff A, Executive Director, stated that the emergency generator lighting only includes hallways, exit lights, and a light outside resident doors. There is no back up or emergency lighting in resident rooms.

On 01/13/2026 at 03:09 PM, R1 stated there was no emergency lighting in their room and that “it was dark in there.” R1 stated they injured their ear, which required sutures, because they fell twice trying to sit on the toilet because it was too dark to see.

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Plan of Correction	CASCADE RETIREMENT INN	Completion Date
Page 5 of 5	Licensee: CASCADE INN LIMITED PARTNERSHIP	02/04/2026

On 01/13/2026 at 03:25 PM, Resident 2 (R2) reported their room has no light during the power outage.

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, CASCADE RETIREMENT INN is or will be in compliance with this law and / or regulation on (Date) 2/20/2026.

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

Administrator (or Representative) — Date 2/13/2026

On 01/13/2026 at 03:25 PM, Resident 2 (R2) reported their room has no light during the power outage.

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, CASCADE RETIREMENT INN 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