STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

PONDEROSA RETIREMENT CENTER INC
PONDEROSA RETIREMENT CENTER
3300 ENGLEWOOD AVE
YAKIMA, WA 98902

RE: PONDEROSA RETIREMENT CENTER License # 804

Dear Administrator:

This letter addresses Compliance Determination(s) 34499 (Completion Date 12/28/2023) and 32839 (Completion Date 11/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/28/2023 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-2703-2

The Department staff who did the on-site verification:
Lucinda Vautour, Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** PONDEROSA RETIREMENT CENTER
**License/Cert.#:** 804
**Compliance Determination #:** 32839
**Investigator:** Gwin Kaercher
**Provider Type:** Assisted Living Facility
**Intake ID:** 105581
**Region/Unit #:** RCS Region 1 / Unit G
**Investigation Date(s):** 11/20/2023 through 11/30/2023
**Complainant Contact Date(s):** 12/05/2023

**Allegation(s):**

1. A named person fell on facility stairs and was injured and the facility has done nothing.
2. The facility cafeteria, cloth napkins and silverware are not clean.
3. The facility water is not hot enough to sterilize.
4. A named person lost money.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 75<br>Resident sample size: 2<br>Closed records sample size: |
| **Observations:** | Environment<br>Cares<br>Residents<br>Dining room<br>Kitchen<br>Meal service<br>Facility stairways |
| **Interviews:** | Residents<br>Facility Staff<br>Others not associated with the facility |
| **Record Reviews:** | Facility water temperature logs<br>Facility investigations |

**Investigation Summary:**

Observations and interviews showed:

1. A independent living resident residing in the facility fell on 05/04/2023 while using the stairs and hit their head, and suffered two fractured vertebrae (bones) in her neck and received ten stitches to her forehead. The facility stairway located off the facility lobby which lead to the facility 2nd floor, was observed to be made of concrete and painted grey. Grey grip strips were noted on the ends of the multiple stair treads. All the strips were worn, and multiple strips were peeled and lifted on their edges causing a tripping hazard. Failed facility practice found. Failed practice identified WAC 388-

78A-2703 (2), reference Statement of Deficiencies dated 11/20/2023.
2. Observations showed the facility dining room was observed to be clean with no safety hazards. The napkins and the silverware for resident use was noted to be clean. No failed facility practice found. The residents stated they were happy with the care they received and the food was good. Observations showed the food was nutritious and food temperatures met minimum regulations. No failed facility practice found.
3. The kitchen water temperature was hot and met minimum regulations for proper sanitation. No failed facility practice found.
4. Record review and interviews showed the facility had a number of recent theft allegations. Record review and investigations showed that the facility responded immediately and made all notifications required. The facility and law enforcement's investigation showed a former employee may have been responsible. The facility made all notifications and followed local law enforcement directions .No failed facility practice found.

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**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

| Statement of Deficiencies | License #: 804 | Compliance Determination # 32839 |
|---|---|---|
| Plan of Correction | PONDEROSA RETIREMENT CENTER | Completion Date |
| Page 1 of 3 | Licensee: PONDEROSA RETIREMENT CENTER INC | 11/30/2023 |

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 11/20/2023 and 11/20/2023 of:

PONDEROSA RETIREMENT CENTER
3300 ENGLEWOOD AVE
YAKIMA, WA 98902

This document references the following complaint number(s): 105187, 105540, 105581

The following sample was selected for review during the unannounced on-site visit: 2 of 75 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lucinda Vautour, Licensor
Gwin Kaercher, Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

12/05/2023
Date

| Statement of Deficiencies | License #: 804 | Compliance Determination # 32839 |
|---|---|---|
| Plan of Correction | PONDEROSA RETIREMENT CENTER | Completion Date |
| Page 2 of 3 | Licensee: PONDEROSA RETIREMENT CENTER INC | 11/30/2023 |

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) 12-15-23 Date

**WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:**

(2) Maintaining nonskid surfaces on all stairways and ramps used by residents.

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

Based on observation and interview, the facility failed to maintain a nonskid surface for 1 of 2 stairways (lobby stairway). This failure placed all residents, staff, and visitors who used the stairway at risk of injury.

Findings included...

On 11/20/2023 at 1:13 PM, Collateral Contact 1 (CC1), representative for an independent living resident who resides at the facility, stated that on 05/04/2023 their family member fell using the stairs and hit their head, and suffered two fractured vertebrae (bones) in neck and received ten stitches to forehead. CC1 stated in the five months since the accident the tape on the stairwell that the facility was using was not working. CC1 stated they were fearful that a resident of the facility could be hurt.

On 11/20/2023 at 1:20 PM, the facility stairway located off the facility lobby which lead to the facility 2nd floor, was observed to be made of concrete and painted grey. Dark grey grip strips were noted on the ends of the multiple stair treads. All the strips were worn, and multiple strips were peeled and lifted on their edges causing a tripping hazard.

During an interview on 11/20/2023 at 1:30 PM, Staff Member A, Administrator, stated, "those stairs are unsafe." He stated that he was aware of a person (independent living resident) who suffered a serious injury earlier this year when they fell on the stairs. Staff A stated the nonskid strips they place on the stair treads continue to peel off and need replaced.

During an interview on 11/30/2023 at 1:12 PM Staff A stated that the facility replaced the tape and would monitor the strips condition as the stairs would be used by residents during an emergency or if the facility elevator is not functioning.

| Statement of Deficiencies | License #: 804 | Compliance Determination # 32839 |
|---|---|---|
| Plan of Correction | PONDEROSA RETIREMENT CENTER | Completion Date |
| Page 3 of 3 | Licensee: PONDEROSA RETIREMENT CENTER INC | 11/30/2023 |

**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, PONDEROSA RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 11-28-23.

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

Administrator (or Representative) — Date: 12-15-23