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) 56353 (Completion Date 03/14/2025) and 52169 (Completion Date 01/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2025 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-2630-1-a

The Department staff who did the on-site verification:
Felicia Cantu, Community Complaint Investigator

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

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF 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 #: 52169
Investigator: Felicia Cantu
Provider Type: Assisted Living Facility
Intake ID: 158809
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 12/23/2024 through 01/13/2025
Complainant Contact Date(s): 01/13/2025

Allegation(s):
1) A named resident had a black eye and injured hand with no fall report.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 2 Closed records sample size:
Observations:	Residents Facility staff Others not associated with the facility.
Interviews:	Facility staff Residents Others not associated with the facility
Record Reviews:	Characteristic roster House policies Incident reports State reporting log Residents records (face sheets, care plan, assessments, chart notes)

Investigation Summary:
Observations showed that the named resident was not in the facility. Interviews and record review showed that the facility failed to investigate and report the black eye and injury to hand. The facility is currently within in their plan of correction period, no new Statement of Deficiencies under 388-78A-2371. Failed practice identified 388-78A-2630.

Conclusion / Action:

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

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: PONDEROSA RETIREMENT CENTER
License/Cert.#: 804
Compliance Determination #: 52169
Investigator: Felicia Cantu
Investigation Date(s): 12/23/2024 through 01/13/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 159025
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

1) The facility does not have a nurse to meet the named resident's needs.
2) A named resident has a black eye and a swollen hand.
3) A named resident is running out of medication.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 2 Closed records sample size:
Observations:	Residents Facility staff Others not associated with the facility.
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies Incident reports State reporting log Resident records (face sheet, chart notes, assessment, care plans, doctor orders)

Investigation Summary:

1)Observations showed that their was a nurse in the facility overseeing residents and staff. Staff to resident interactions appeared safe and helpful. The named resident was not in the facility. Staff to resident interactions appeared safe and helpful. Interviews showed that the residents had access to nurse when needed. No failed practice identified. 2) Observations showed that the named resident was not in the facility. Interviews and record review showed that the facility failed to investigate and report the black eye and injury to hand. The facility is currently within in their plan of correction period, no new Statement of Deficiencies under 388-78A-2371. Failed practice identified 388-78A-2630. 3) Observations showed that staff to resident interactions appeared helpful and safe. Interviews and record

review showed that the named resident received new medications orders and they received their medication. No failed practice identified.

Conclusion / Action:

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

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

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 12/23/2024 of:

PONDEROSA RETIREMENT CENTER
3300 ENGLEWOOD AVE
YAKIMA, WA 98902

This document references the following complaint number(s): 159025, 158809

The following sample was selected for review during the unannounced on-site visit: 2 of 72 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

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

Statement of Deficiencies	License #: 804	Compliance Determination #52163
Plan of Correction	PONDEROSA RETIREMENT CENTER	Completion Date
Page 2 of 3	Licensee: PONDEROSA RETIREMENT CENTER INC	01/13/2025

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.

Laura Williams-Davis
Residential Care Services

01/29/2025
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)

2-7-25
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) staff failed to report an unwitnessed accident/substantial injury to the Complaint Resolution Unit for 1 of 2 residents (Resident 1). This failure placed the resident at risk for further injuries.

Findings included...

Review of the facility's policy revised 01/01/2005 titled "Incident Reporting" showed that the facility should notify the Washington State hotline within twenty-four hours if you believe the incident is abuse, neglect, or abandonment.

Review of the Department of Social and Health Services "Assisted Living Facility Guidebook", dated February 2018, showed guidelines for reporting to the Department for incidents including unwitnessed accidents or injuries. The guidebook showed that substantial injuries include but not limited to abrasions (scrapes or burns), lacerations (cuts to skin), or bruises to face. The guidebook further showed that substantial injuries of unknown source, even if they do not appear to be due to abuse or neglect must be reported to the Department as soon as made knowledge of the allegation or incident because injuries may have resulted from the failure to take preventative measures.

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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Review of Resident 1's face sheet showed that they were admitted to the facility on [redacted]/2020.

Review of Resident 1's facility chart notes dated from 09/26/2024 thru 12/26/2024 showed that on 12/11/2024 care staff noted dried blood on Resident 1's sheets and a "cut" to their arm.

Review of Resident 1's incident report dated 12/09/2024 showed that Resident 1 pushed their call light, and care staff noted a bruise to their right eye. Resident 1 was unable to give description on how the bruise occurred.

On 01/10/2025 at 9:45 AM Collateral Contact 1(CC1), Dual Power of Attorney stated that they met with Resident 1 on 12/09/2024 and that they had a "black eye" to right eye and had a hand injury. Additionally, CC1 stated that Resident 1 and the facility staff could not tell them how the injuries occurred.

On 1/13/2025 at 10:13 AM Collateral Contact 2(CC2), stated that they went into the facility to visit Resident 1 on 12/10/2024 and observed a "dark cherry red bruise" to their right eye and abrasions to both of their arms. CC2 expressed that Resident 1 had no recollection of how the injuries occurred.

Review of the Department's reporting database showed no facility reports for the resident's bruised eye or lacerations to hands.
On 01/10/2025 at 12:27 PM Staff A, Administrator acknowledged that the injuries should have been reported.

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) ~~3-24-25~~ 02/27/2024.

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

Administrator (or Representative) — Date: 2-7-25

Per facility Administrator, Manny DeLoza, via telephone on 02/20/2025, the BIC date has been changed to: 02/27/2024. ME

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Review of Resident 1's incident report dated 12/08/2024 showed that Resident 1 pushed their call light, and care staff noted a bruise to their right eye. Resident 1 was unable to give description on how the bruise occurred.

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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)_____ .

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

_____ _____
Administrator (or Representative) Date

THE PONDEROSA

Retirement and Assisted Living Community

"Personal Care is Our Personal Promise"

To: Laura Williams-Davis ALF Field Manager 02-07-2025
From: Manuel "Manny" DeLoza Executive Director

Attached is my reply to the violation that I received on 01-29-2025. Due to our email being down. I also am asking that if you need any additional information, that you send me a request via FAX.509-452-4907 At this time, I do not know when our technical issues with email will be resolved.

WAC 388-78A-2371 Reporting abuse and neglect
Management and Staff will review the policy and procedures and it is also available in the Nursing department.
Assisted living Facility Guidebook is available to staff
Continuous training for staff.
Monitoring system will be implemented.

Best Regards,

Manuel "Manny" DeLoza
Executive Director
The Ponderosa Assisted Living Community
509-453-1366
3300 Englewood Ave.
Yakima, WA. 98902
Website / Facebook

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THE PONDEROSA
ASSISTED LIVING COMMUNITY