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 # 804

Dear Administrator:

This document references Compliance Determination 54206 (04/03/2025), which included complaint number(s) 162956, 163022, 164883, 164275.

The Department completed a complaint investigation of your Assisted Living Facility on 04/03/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Felicia Cantu, Community Complaint Investigator

Consultation:

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

The facility failed to incorrectly bill a named resident for their cost of care that was covered by the Department. The facility acknowledged the incorrect billing and adjusted the resident's monthly cost and determined that the named resident would receive a credit to their next monthly payment.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the facility to determine if you have corrected all deficiencies.

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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 #: 54206
Investigator: Felicia Cantu
Investigation Date(s): 02/04/2025 through 04/03/2025
Complainant Contact Date(s): 04/02/2025

Provider Type: Assisted Living Facility

Intake ID: 164883
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

1) The facility is over charging a named resident for cares beyond their daily rate.
2) The assessment for the named resident was not accurate for what was charged by the facility.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 5 Closed records sample size:
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster House policies Other agency documents Resident records (face sheets, care plan, assessments, chart notes, rental agreements, payment history)

Investigation Summary:

1) Observations showed that the staff to resident interactions appeared safe, helpful, and respectful. Interviews and record review showed that the facility billed the named resident beyond their daily rate for cares. Consultation written for WAC 388-78A-2660 (1)
2) Observations showed that the staff to resident interactions appeared safe, helpful, and respectful. Interviews and record review showed that the named resident's assessment appeared accurate and was agreed upon between the facility and the named resident. No failed practice identified.

Conclusion / Action:

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