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) 70651 (Completion Date 12/30/2025) and 66667 (Completion Date 11/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2025 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-2210-1-b

The Department staff who did the on-site verification:
Anna Cairns, ALF Long Term Care Surveyor

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 #: 66667
Investigator: Anna Cairns
Investigation Date(s): 10/06/2025 through 11/05/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 194596
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
The named resident did not receive their medication as prescribed and also had a medication error occur with their medication being given by staff at the facility.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 4 Closed records sample size: 0
Observations:	Staff to resident interactions Resident apartments Common areas
Interviews:	Administrator Nursing Staff Medication Technicians Residents Resident Representatives
Record Reviews:	Characteristic roster Staff list Facility medication policies Incident investigations Resident records (face sheet, care plan, medication administration records, progress notes, physician orders)

Investigation Summary:
The facility did a medication cart audit, medication administration record audit for residents at the facility, and completed investigations for sampled residents that reported concerns with medications. Through the audits and investigations, the facility found that residents did not have medications available to them as prescribed and that staff were signing for medications that were not given. Failed practice identified, WAC 388-78A-2210.

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 10/06/2025 and 10/07/2025 of:

PONDEROSA RETIREMENT CENTER
3300 ENGLEWOOD AVE
YAKIMA, WA 98902

This document references the following complaint number(s): 194596, 198715

The following sample was selected for review during the unannounced on-site visit: 4 of 80 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

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.

Laura Williams-Davis
Residential Care Services

11/13/2025
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)

11-19-25
Date

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.

This requirement was not met as evidenced by:

Based on interview, and record review, the facility failed to implement a safe medication system and ensure medication orders were administered as prescribed for 3 of 6 residents (Resident 1, 2 and 4). These failures placed residents at risk for health complications due to inconsistent medication systems and administration.

Findings Included...

Review of the facility policy, dated January 2007, "Medication Services Policies and Procedures," showed that the facility shall ensure that residents obtain medication as prescribed, document delivery of medications, and properly manage and retain medication records.

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 07/22/2025, showed that the resident had diagnoses of [redacted] and [redacted]. Additionally, Resident 1's NSA showed that the resident required assistance with

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

11/13/2025
Date

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Administrator (or Representative)

Date

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Findings Included…

Review of the facility policy, dated January 2007, "Medication Services Policies and Procedures," showed that the facility shall ensure that residents obtain medication as prescribed, document delivery of medications, and properly manage and retain medication records.

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 07/22/2025, showed that the resident had diagnoses of [redacted] and [redacted]. Additionally, Resident 1's NSA showed that the resident required assistance with

medications due to cognitive loss.

Review of Resident 1's physician order, dated 06/09/2025, showed that the resident had been prescribed lactulose (used to help manage hepatic encephalopathy) 30 milliliters (ML) twice daily.

Review of Resident 1's September 2025 MAR, showed in the additional information section it was documented "see progress note dated 09/10/2025".

Review of Resident 1's progress note, dated 09/10/2025, showed that the resident had an order change for their lactulose medication.

Review of Resident 1's physician orders, dated 09/10/2025, showed that their lactulose medication was changed from 30 ML to be administered twice daily to 45 ML to be administered three times daily.

Review of Resident 1's October 2025 MAR showed that:

-On 09/10/2025, 1 dose of the 30 ML lactulose and 2 doses of the 45 ML lactulose were administered.
-On 09/11/2025, 1 dose of the 30 ML lactulose and 2 doses of the 45 ML lactulose were administered.
-On 09/12/2025, 1 dose of the 30 ML lactulose and 3 doses of the 45 ML lactulose were administered.
-On 09/13/2025, 2 doses of the 30 ML lactulose and 2 doses of the 45 ML lactulose were administered.
-On 09/14/2025, 2 doses of the 30 ML lactulose and 2 doses of the 45 ML lactulose were administered.
-On 09/15/2025, 2 doses of the 30 ML lactulose and 2 doses of the 45 ML lactulose were administered.
-On 09/16/2025, 2 doses of the 30 ML lactulose and 3 doses of the 45 ML lactulose were administered.

In an interview on 10/31/2025 at 3:30 PM, Staff B, Director of Nursing Services, acknowledged that the facility investigation showed that Resident 1 did not have their lactulose medication available from 09/25/2025 through 10/06/2025. Staff B stated that staff had signed as given for 12 doses from 09/25/2025 through 10/06/2025 when the medication was not available.

In an interview on 11/05/2025 at 10:33 AM, Staff C, Resident Care Coordinator, stated that staff were signing for both the 30 ML and 45 ML lactulose doses. Staff C acknowledged that Resident 1 was not receiving the correct dose for their lactulose medication.

<Resident 2>

Review of Resident 2's NSA, dated 03/12/2024, showed that the resident had diagnoses of [redacted]. Additionally, Resident 2's NSA showed that they required staff assistance for ordering and administering their medications.

Review of Resident 2's physician order, dated 10/08/2025, showed that the resident had been prescribed ropinirole (used to help with symptoms of restless leg syndrome) on 05/19/2025.

Review of Resident 2's September and October 2025 MARs, showed that the resident did not receive their ropinirole medication from 09/25/2025 through 10/01/2025.

In an interview on 10/31/2025 at 3:25 PM, Staff B acknowledged that Resident 2 did not receive their ropinirole medication from 09/25/2025 through 10/01/2025.

<Resident 4>

Review of Resident 4's NSA, dated 07/08/2025, showed that the resident had a diagnosis of [redacted], that required an inhaler medication. Additionally, Resident 4's NSA showed that they required assistance from staff for ordering and administration of medication.

Review of Resident 4's physician order, dated 09/16/2025, showed that the resident was prescribed an Advair inhaler (used to treat emphysema) medication.

Review of Resident 4's September 2025 and October 2025 MAR showed that staff had signed that the medication had been administered to the resident for 7 of the 27 doses of their Advair inhaler medication.

Review of Resident 4's facility incident report, dated 10/08/2025, showed that the resident had been without their Advair inhaler medication from 09/25/2025 through 10/09/2025. The incident report for Resident 4 showed that three medication technicians had signed that they gave the medication when the medication was not available at the facility.

In an interview on 10/31/2025 at 3:12 PM with Staff B, Director of Nursing Services, stated that Resident 4's Advair inhaler medication was not at the facility from 09/25/2025 through 10/09/2025 and that staff had signed for the medication as given, seven times on Resident 4's September and October 2025 MARs.

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) 11-19-25.

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

Administrator (or Representative) Date

In an interview on 10/31/2025 at 3:12 PM with Staff B, Director of Nursing Services, stated that Resident 4's Advair inhaler medication was not at the facility from 09/25/2025 through 10/09/2025 and that staff had signed for the medication as given, seven times on Resident 4's September and October 2025 MARs.

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)_____ .

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

Administrator (or Representative) _____ Date _____

To: Laura Williams-Davis ALF Field Manager 011-21-2025

From: Manuel "Manny" DeLoza Executive Director – The Ponderosa Assisted living

Attached is my reply in regards to the RCS visit that I received on 011-13-2025. I also am asking that if you need any additional information, that you send a request to my email address.
I have listed the violation and the plan of correction; we will also implement a monitoring system. I have also included The Ponderosa's **Medication Services** policies and Procedures. These policies and procedures are the tools that will be using for retraining and make available to all our Med Techs.

Consultation:
WAC 388-78A-2210 Medication Services Completed 11-19-2025

1- Retrain using the Ponderosa Medication services Policies and procedures.
2- Make Medication services Policies and procedures available to all Med Techs.
3- Perform Weekly Medication Cart Audits by the RCC or Nurse.
4- Monitoring system will be implemented.

Thank you!

Manuel "Manny" DeLoza
Executive Director
The Ponderosa Assisted Living Community
509-453-1366
3300 Englewood Ave.
Yakima, WA. 98902
Website / Facebook
Live a life with purpose
THE PONDEROSA
ASSISTED LIVING COMMUNITY