



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

August 6, 2019

CERTIFIED MAIL

7019 1120 0000 7311 8333

TP Hernandez LLC
Rosewood Cottage at Lake Chelan
P.O. Box 1034
CHELAN, WA 98816

RE: Rosewood Cottage at Lake Chelan License #753015

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on July 29, 2019 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:
Christina Borchardt

Consultation:

WAC 388-76-10225 Reporting requirement.

- (2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:
- (b) The resident's representative, if one exists;

The Adult Family Home (AFH) failed to notify a resident's legal representative of treatment and diagnosis of an active [REDACTED]

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 home to determine if you have corrected all deficiencies.

You May:

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the

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deficiencies.

If You Have Any Questions:

- Please contact me at (509) 225-2823.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chana White', written in a cursive style.

Chana White, Field Manager
Region 1, Unit C
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Rosewood Cottage at Lake Chelan (932695) **Intake ID(s):** 3654109

License/Cert. #: AF753015

Investigator: Borchartt, Christina **Region/Unit:** RCS Region 1/Unit C **Investigation Date(s):** 07/17/2019 through 07/18/2019

Complainant Contact Date(s):

Allegations:

- #1 An Adult Family Home (AFH) documented, on 6/13/19, the caregiver noticed the named resident had increased confusion and urinary frequency. The AFH brought her to a walk-in clinic that same day for treatment. The named resident legal representative stated she was not informed until several days later.
 - #2 On [REDACTED]/19 the named resident eloped the AFH and Law Enforcement (LE) admitted her to the local emergency room.
 - #3 On 6/26/19 the named resident eloped to the outside of the home and staff returned her within minutes.
-

Investigation Methods:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Sample: | Named resident and five additional residents | <input checked="" type="checkbox"/> Observations: | Named resident care/supervision, environment |
| <input checked="" type="checkbox"/> Interviews: | Staff/outside collateral contacts/named resident | <input checked="" type="checkbox"/> Record Reviews: | Named resident record/admission policy/AFH Incident reports |
-

Allegation Summary:

- #1 The AFH took the named resident to a walk-in clinic related to increased urinary frequency and confusion. The resident was treated with antibiotics. The legal representative was not notified for a few days after treatment.
- #2 On [REDACTED]/19 the named resident eloped the AFH and Law Enforcement (LE) admitted her to the local emergency room. The AFH documented notification of the appropriate entities in a timely manner. The AFH followed the named resident's plan of care. The resident had no injuries from the incident.
- #3 On 6/26/19 the AFH documented the named resident went outside and was returned quickly to the home. The AFH notified the appropriate entities in a timely manner and the resident acquired no injuries.



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): Yes No

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

Consultation was written at WAC: 388-76-10225(2)(b) Reporting Requirement.