



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

April 19, 2018

CERTIFIED MAIL

7016 2070 0000 4687 1902

COLUMBIA CASCADE HOUSING
ROCK COVE ASSISTED LIVING
986 SW ROCK CREEK DRIVE
STEVENSON, WA 98648

RE: ROCK COVE ASSISTED LIVING License #1254

Dear Administrator:

The Department completed a full inspection of your assisted living facility on April 11, 2018 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the inspection and provided consultation:
Ginger Larson, Licensor

Consultation:

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (f) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:
- (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

The facility did not ensure one resident had an annual assessment completed in 2017 for the ability to safely use a side rail.

You Must:

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

You May:

- Contact me for clarification of the deficiency or deficiencies found.

You Are Not:

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- 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.

In Addition, You May:

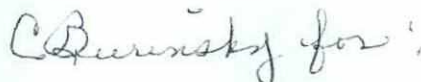
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your requests to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360) 397-9549.

Sincerely,



Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services