



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

November 5, 2019

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 follow-up inspection of your assisted living facility on October 28, 2019 for the deficiency or deficiencies cited in the report/s dated September 18, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Bryon Rain, Assisted Living Facility Complaint Investigator

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

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



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

RECEIVED
 OCT 07 2019
 DSHS RC3
 REGION 3

Statement of Deficiencies	License #: 1254	Completion Date
Plan of Correction	ROCK COVE ASSISTED LIVING	September 18, 2019
Page 1 of 2	Licensee: COLUMBIA CASCADE HOUSING	

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 has completed data collection for the unannounced on-site full inspection on 9/17/2019 and 9/18/2019 of:

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

The following sample was selected for review during the unannounced on-site full inspection : 8 of 30 current residents and 0 former residents.

The department staff that inspected the assisted living facility:

Hongyan Cluer, RN, Community Licensor
 Bryon Rain, RN, BSN, Assisted Living Facility Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit E
 800 NE 136th Avenue, Suite#220
 Vancouver, WA 98684
 (360)397-9549

As a result of the on-site full inspection 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.

B. McCoy for Karyl Ramsey
 Residential Care Services

9/24/19
 Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.

[Signature]
 Administrator (or Representative)

9-30-19
 Date

This document was prepared by Residential Care Services for the Locator website.

11/02/19

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-070 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

- (1) All long-term care workers, within two hundred days of the date of hire;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure one of five sampled staff (Staff B) received their home care aide (HCA) certification within 200 days of hire. This failure placed all residents at risk for being cared for by unqualified staff.

Findings included...

Record review of Staff B's employee file on 09/18/19 showed Staff B was hired 09/19/18. As of 09/18/19 staff B had not received her HCA certification.

During an interview 09/18/19 at 02:30 PM Staff A, the Facility Director, stated that she was aware of the 200 day rule for earning the HCA certification. Staff A also stated that she knew Staff B did not have her HCA.

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, ROCK COVE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 9-29-19 . In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.

[Signature]
Administrator (or Representative)

9-27-19
Date

This document was prepared by Residential Care Services for the Locator website.



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

September 24, 2019
CERTIFIED MAIL
7018 0680 0000 3183 8205

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 September 18, 2019 and found that your facility does not meet the assisted living facility licensing requirements.

The Department:

- Wrote the enclosed report;
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed "Plan/Attestation Statement";
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement with original signatures to:

Karyl Ramsey, Field Manager
Residential Care Services
Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684

- Complete correction within 45 days or sooner if directed by the department after review of your proposed correction dates.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

The facility care staff did not update 1 resident's Negotiated Service Agreement within 30 days after the move in date.

You Are Not:

- Required to submit a plan-of-correction for the consultation deficiency or deficiencies not listed on the enclosed report.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- 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:
 - 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 request 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

COLUMBIA CASCADE HOUSING
ROCK COVE ASSISTED LIVING License #1254
September 24, 2019
Page 3

If You Have Any Questions:

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

Sincerely,

A handwritten signature in black ink that reads "Karyl Ramsey" followed by "FOR" in a smaller, less legible script.

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

Enclosure