



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

April 5, 2019

CERTIFIED MAIL

7018 1830 0000 2169 2077

EPLEDALEN LLC
EPLEDALEN RETIREMENT & ASSISTED LIVING
809 PIONEER AVENUE
CASHMERE, WA 98815-1314

RE: EPLEDALEN RETIREMENT & ASSISTED LIVING License #1422

Dear Administrator:

The Department completed a full inspection of your assisted living facility on April 4, 2019 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:
Elaine Lopez, Licensor
Brenda Webster, Complaint Investigator

Consultation:

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

The Assisted Living Facility failed to ensure a resident who required assistance with medication received her medication as prescribed.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

The Assisted Living Facility failed to keep the second floor hallway carpet in good repair for residents who lived in the home.

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:

- 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 (509) 225-2823.

Sincerely,



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