



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

September 3, 2019

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

RE: EPLEDALEN RETIREMENT & ASSISTED LIVING License #1422

Dear Administrator:

On August 29, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated August 2, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your facility meets the assisted living facility licensing requirements.

The Department staff who did the off-site verification:  
Brenda Webster, Complaint Investigator

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chana White".

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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** EPLEDALEN RETIREMENT & ASSISTED LIVING (686230) **Intake ID(s):** 3660498

**License/Cert. #:** AL1422

**Investigator:** Webster, Brenda

**Region/Unit:** RCS Region 1/Unit C

**Investigation Date(s):** 08/01/2019 through 08/02/2019

**Complainant Contact Date(s):** 08/02/2019

**Allegations:**

The facility failed a life safety inspection and a follow-up to that inspection.

**Investigation Methods:**

**Sample:** All thirty-four residents potentially affected.

**Observations:** Resident/staff interactions, general environment.

**Interviews:** Residents, administrator and administrator in training.

**Record Reviews:** Maintenance records

**Allegation Summary:**

The facility failed an initial Office of the State Fire Marshal inspection on 06/11/19 and a follow-up inspection on 07/18/19. At the time of the investigation, some items on the inspection list were corrected and some were pending repairs. The facility anticipated completion of the pending repairs prior to the next scheduled Fire Marshal visit on/after 08/17/19.

**Unalleged Violation(s):**  Yes  No

None

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

Failed provider practice identified. Citation written. WAC 388-78A-2040 (1) Other Requirements. See details in Statement of Deficiency dated 08/02/19.

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



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**RECEIVED**  
 AUG 14 2019  
 BY: .....

Statement of Deficiencies	License #: 1422	Completion Date
Plan of Correction	EPLEDALEN RETIREMENT & ASSISTED LIVING	August 2, 2019
Page 1 of 3	Licensee: EPLEDALEN LLC	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint number: 3660498

The department has completed data collection for the unannounced on-site complaint investigation on 8/1/2019 of:

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

The following sample was selected for review during the unannounced on-site complaint investigation : 34 of 34 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:

Brenda Webster, RN, BSN, Complaint Investigator

From:

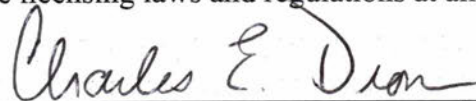
DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 1, Unit C  
 3611 River Road, Suite 200  
 Yakima, WA 98902  
 (509)225-2823


As a result of the on-site complaint investigation 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.

  
 Residential Care Services

  
 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.

  
 Administrator (or Representative)

  
 Date

**WAC 388-78A-2040 Other requirements.**

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the State Fire Marshall found the ALF in violation of several codes on an initial 06/11/19 inspection and a 07/18/19 re-inspection. This failed practice place all residents, staff and visitors to the facility at risk for harm in the event of a fire. Findings included. . .

During an on-site visit on 08/01/19 the ALF had 34 residents. Residents were interviewed and no concerns were identified.

A 07/18/19 letter from the State Fire Marshal showed the ALF had several violations as a result of a 06/11/19 inspection. The letter also showed the Fire Marshal conducted a re-inspection on 07/18/19 and the facility had not yet corrected all of the violations including not having good cleaning records for the hood over the kitchen range that met the requirements of ANSI/IKECA C 10; Room 210 had an un-fused power strip in use by a recliner and the facility was unable to provide documentation that the contractor who performed annual inspection and service of the fire alarm system had NICET II certification and directive that service must be performed by a NICET II person prior to next inspection.

On 08/01/19, at approximately 10:30 AM, Staff A, the administrator, stated that the facility had replaced the un-fused power strip at the time as the resident's family had supplied it, but had not installed it. He stated the fire alarm system inspectors had a NICET II certified person to perform the fire alarm system inspection and the facility was in process of completing the hood inspection and it would be done prior to the anticipated Fire Marshal inspection scheduled on or after 08/17/19.



**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, EPLEDALEN RETIREMENT & ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 8-17-19. 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.

Charles E. Dren  
Administrator (or Representative)

8-12-19  
Date