



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

October 2, 2019

Ruan's Garden, Ltd  
Ruan's Garden  
2839 W Kennewick Ave #312  
Kennewick, WA 99336

RE: Ruan's Garden License #2206

Dear Administrator:

The Department completed a follow-up inspection and complaint investigation of your assisted living facility on October 2, 2019 for the deficiency or deficiencies cited in the report/s dated August 5, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:  
Laurel Knight, Community Complaint Investigator

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

Sincerely,

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



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Statement of Deficiencies	License #: 2206	Completion Date
Plan of Correction	Ruan's Garden	August 5, 2019
Page 1 of 2	Licensee: Ruan's Garden, Ltd	

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: 3661641

The department has completed data collection for the unannounced on-site complaint investigation on 8/5/2019 of:

Ruan's Garden  
 3502 W 4th Ave  
 Kennewick, WA 99336

The following sample was selected for review during the unannounced on-site complaint investigation : 1 of 1 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:  
 Laurel Knight, RN/ADN, Community 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
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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
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**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.
- (2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the correction of 1) documentation of fire door inspection and testing 2) all swinging fire doors closing and latching automatically 3) emergency lighting testing documentation as identified by the Deputy State Fire Marshal (DSFM) on 06/19/2019 and 07/22/2019. The failure to return to compliance as required by state law left all residents, staff and visitors at risk for safety in the event of a fire. Findings included...

Record review of the DSFM facility inspection checklist and letter dated 07/22/2019 showed the facility had two uncorrected violations under opening protectives: Fire door annual inspection and fire door failure to close and latch automatically. Additionally the facility did not have documentation to demonstrate emergency lighting testing for May and June of 2019.

Staff Member A, (resident manager) was interviewed on 08/05/2019 at 10:30 AM. She said that she was aware of the failed inspections and had repaired the bariatric fire door but Resident #1 had accidentally run into the bariatric door and it needed repair again. She stated that she had scheduled a company to complete the bariatric fire door repair and inspect the fire doors. Staff Member A stated that the facility had corrected the documentation to reflect the needed information and performed testing in preparation for re-inspection by the fire marshal.

**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, Ruan's Garden is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_. 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.

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date