



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

June 10, 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 of your assisted living facility on May 28, 2019 for the deficiency or deficiencies cited in the report/s dated April 26, 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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Ruan's Garden (779975)

**Intake ID(s):** 3630940

**License/Cert. #:** AL2206

**Investigator:** Knight, Laurel

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

**Investigation Date(s):** 04/02/2019 through 04/26/2019

**Complainant Contact Date(s):** 04/01/2019, 04/29/2019

**Allegations:**

1. Named Resident missed their medications for six days after admission. The missed medications would have provided treatment for hepatitis and constipation.

**Investigation Methods:**

**Sample:** Named Resident and three other current residents.

**Observations:** Resident condition, resident room condition, general environment.

**Interviews:** Residents, staff and collateral contacts.

**Record Reviews:** Resident records including negotiated service agreement, assessment, notes and facility medication policy

**Allegation Summary:**

1. The Named Resident was unable to recall the specific number of days they missed their medications but was able to recall they felt uncomfortable from the constipation caused by missed treatment. The Named Resident stated they were unsure if they were going to be able to have a complete cure of their hepatitis because of the missed doses. The facility investigation showed the resident missed 6 doses of treatment.

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

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

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

Deficient practice identified, please see the Statement of Deficiency dated 04/26/2019 for citations 388-78a-2210 1b, 2a.

**RECEIVED**  
 MAY 20 2019  
 BY: .....



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 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 2206	Completion Date
Plan of Correction	Ruan's Garden	April 26, 2019
Page 1 of 3	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 numbers: 3630940 , 3633695 , 3635700

The department has completed data collection for the unannounced on-site complaint investigation on 4/2/2019 and 4/25/2019 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 : 4 of 14 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

5/6/19  
 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.

  
 Administrator (or Representative)

5/20/2019  
 Date

Statement of Deficiencies	License #: 2206	Completion Date
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Page 2 of 3	Licensee: Ruan's Garden, Ltd	

**WAC 388-78A-2210 Medication services.**

- (1) An assisted living facility providing medication service, either directly or indirectly, must:
- (b) Develop and implement systems that support and promote safe medication service for each resident.
- (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

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

Based on interview, observation and record review the Assisted Living Facility (ALF) failed to provide medications as ordered for one of four sampled residents (Resident #1) who required assistance with their medications. This failed practice resulted in the resident missing doses of medications to treat hepatitis (a liver disease) and the side effects of liver failure including constipation without physician knowledge or approval. This system failure caused the resident to miss six days of two of their medications, which may prevent the resident from being cured of hepatitis. Findings include...

Resident #1 was observed in his room at the facility at approximately 10:45 AM. He was well groomed and answered questions easily. Resident #1 said that he had been treated for hepatitis and liver failure with medications Epclusa (hepatitis medication) and lactulose (a medication for severe constipation and to treat high ammonia levels in the blood stream) prior to moving into the facility. Resident #1 said he was unable to remember exactly how many days he missed the medications because he has memory troubles from a stroke. He said that he was very uncomfortable because he "got backed up with stool without the lactulose." Resident #1 said that he was worried he may not have a complete cure because his medication Epclusa was not given as it was supposed to be, but he would not know until a few months from now if it worked.

Review of Resident #1's record showed the resident had diagnoses including [REDACTED]. Resident #1's Negotiated Service Agreement (NSA) showed the resident needed assistance from staff for medication due to being unable to open medication bottles and difficulty recalling the regimen. An incident report and progress notes dated 03/26/2019 showed the resident had missed six days of Epclusa and lactulose since admission.

Staff Member A (Resident Manager) was interviewed at approximately 11:20 AM on 04/02/2019 and said that Resident #1's representative had brought the missing medication to their attention on 03/26/2019. Staff Member A said that she was helping Staff Member B, (nurse delegator) with the admission on [REDACTED] 2019 and recalled seeing a pill bottle inside a bag marked biohazard with the belongings the resident brought from the hospital. Staff Member A said that she did not recall what happened to the bottle of Epclusa at that time but said she discovered in her investigation that he did not receive the medication as directed and the medication was found in the resident's belongings.

This is a repeat deficiency from the Statement of Deficiency dated 07/13/2018.

Statement of Deficiencies

License #: 2206

Completion Date

Plan of Correction

Ruan's Garden

April 26, 2019

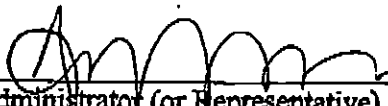
Page 3 of 3

Licensee: Ruan's Garden, Ltd

**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) 5/19/19. 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.

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

5/20/19  
\_\_\_\_\_  
Date