



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

PANORAMA CITY
PANORAMA CITY
1751 Circle Ln SE
Lacey, WA 98503

RE: PANORAMA CITY # 1161

Dear Administrator:

This document references Compliance Determination 17608 (12/20/2022), which included complaint number(s) 57985.
The Department completed a complaint investigation of your Assisted Living Facility on 12/20/2022 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Paul Aube, ALF NCI

Consultation:

WAC 388-78A-2640 Reporting significant change in a resident's condition.

- (2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:
- (a) The resident is relocated to a hospital or other health care facility; or

Facility failed to notify the department within 24 hours when a resident experienced a fall with significant injury. Executive Director stated this was not typical, and that staff education would be provided to prevent reoccurrence.

PANORAMA CITY # 1161

12/20/2022

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You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

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.

You May:

- 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

If You Have Any Questions:

- Please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

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



Residential Care Services Investigation Summary Report

Provider/Facility: PANORAMA CITY **Provider Type:** Assisted Living Facility
License/Cert.#: 1161
Compliance Determination #: 17608 **Intake ID:** 57985
Investigator: Paul Aube **Region/Unit #:** RCS Region 3 / Unit E
Investigation Date(s): 12/20/2022 through 12/20/2022
Complainant Contact Date(s):

Allegation(s):

1. Accidents: Facility report of a resident fall with significant injury.
 2. Resident/Patient/Client Assessment: Facility report of a resident fall with significant injury.
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Investigation Methods:

Sample: Total residents: 42
 Resident sample size: 2
 Closed records sample size: 0

Observations: Residents
 Staff to resident interactions
 Resident to resident interactions

Interviews: Nursing staff
 Management

Record Reviews: Medical records
 Progress Notes
 Care Plan
 Incident Reports
 Facility Policies

Investigation Summary:

Facility failed to notify the department within 24 hours when a resident experienced a fall with significant injury. Executive Director stated this was not typical, and that staff education would be provided to prevent reoccurrence.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A