



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

PARK PLACE RHF HOUSING
PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

RE: PARK PLACE License # 1532

Dear Administrator:

This letter addresses Compliance Determination(s) 57415 (Completion Date 04/03/2025) and 53919 (Completion Date 02/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/03/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2305-1, WAC 246-215-02310-5, WAC 388-78A-2483-2, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2100-2-b-i

The Department staff who did the on-site verification:

Kathy Young, Licensors
Michelle Yip, ALF Licensors

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #. 1532	Compliance Determination #53919
Plan of Correction	PARK PLACE	Completion Date
Page 1 of 9	Licensee: PARK PLACE RHF HOUSING	02/12/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 01/30/2025 and 02/10/2025 of:

PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

The following sample was selected for review during the unannounced on-site visit: 15 of 144 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licenser
Kathy Young, Licenser
Michelle Yip, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 1532	Compliance Determination # 53919
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Page 3 of 9	Licenses: PARK PLACE RHF HOUSING	02/12/2025

As a result of the on-site visit(s), 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.

Laurie Anderson

02/14/2025

Residential Care Services

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Mawa Driebe
 Administrator (or Representative)

2/17/2025
 Date

WAC 246-216-02310 Hands and arms When to wash (FDA Food Code 2-301.14). food employees shall clean their hands and exposed portions of their arms as specified under **WAC 246-216-02305** immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-216 WAC, Food service.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 dishwasher staff (Staff I) followed proper hand sanitation guidelines. This failure placed all 144 residents at risk of contracting foodborne illnesses.

Findings included...

Review of the facility's policy titled, "Sanitation and Infection Control/Prevention: Hand Hygiene", revised January 2024, showed the facility required staff washed their hands before they handled clean utensils, dishes, and equipment.

Review of the facility's document titled, "Training/In-Service Participant Log: Proper Hand Hygiene", dated 05/17/2024, showed Staff H, Sous Chef, trained eight food services staff. Staff I, Dishwasher, signed the log that acknowledged they participated in the training.

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

As a result of the on-site visit(s), 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.

Laurie Anderson

02/14/2025

Residential Care Services

Date

I understand that to maintain an Assisted Living Facility license, the facility 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-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 dishwasher staff (Staff I) followed proper hand sanitation guidelines. This failure placed all 144 residents at risk of contracting foodborne illnesses.

Findings included...

Review of the facility's policy titled, "Sanitation and Infection Control/Prevention: Hand Hygiene", revised January 2024, showed the facility required staff washed their hands before they handled clean utensils, dishes, and equipment.


Review of the facility's document titled, "Training/In-Service Participant Log: Proper Hand Hygiene", dated 05/17/2024, showed Staff H, Sous Chef, trained eight food services staff. Staff I, Dishwasher, signed the log that acknowledged they participated in the training.

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Observation on 02/07/2025 at 11:25 AM, showed Staff I loaded dirty pans and utensils into a basket and then slid it into the commercial dishwasher. Observation showed Staff I wore single-use gloves. After the dishwasher cycle finished, observation showed Staff I used same gloved hands to hang the clean utensils in the clean storage area. Staff I conducted this duty without handwashing and glove-changing between the clean and dirty tasks. During an interview at this time, Staff I stated that they were unaware of any task they missed during the dishwashing process.

During an interview on 02/07/2025 at 11:30 AM, Staff H, stated that they observed Staff I failed to wash their hands between tasks. Staff H stated that all kitchen staff were routinely trained to follow the facility's hand hygiene policy.

During an interview on 02/07/2025 at 12:38 PM, Staff G, Executive Director, stated that staff were expected to follow the facility policy for proper hand hygiene and must wash their hands between clean and dirty tasks in the kitchen.

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, PARK PLACE is or will be in compliance with this law and / or regulation on (Date) <u>03/13/2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
	<u>2/17/2025</u>
Administrator (or Representative)	Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

- (2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff A) was tested for tuberculosis (TB). This failure placed all 144 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

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

Observation on 02/07/2025 at 11:25 AM, showed Staff I loaded dirty pans and utensils into a basket and then slid it into the commercial dishwasher. Observation showed Staff I wore single-use gloves. After the dishwasher cycle finished, observation showed Staff I used same gloved hands to hang the clean utensils in the clean storage area. Staff I conducted this duty without handwashing and glove-changing between the clean and dirty tasks. During an interview at this time, Staff I stated that they were unaware of any task they missed during the dishwashing process.

During an interview on 02/07/2025 at 11:30 AM, Staff H, stated that they observed Staff I failed to wash their hands between tasks. Staff H stated that all kitchen staff were routinely trained to follow the facility's hand hygiene policy.

During an interview on 02/07/2025 at 12:33 PM, Staff G, Executive Director, stated that staff were expected to follow the facility policy for proper hand hygiene and must wash their hands between clean and dirty tasks in the kitchen.

Plan/Attestation Statement	
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<p>_____ Administrator (or Representative)</p>	<p>_____ Date</p>

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

- (2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:


Based on interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff A) was tested for tuberculosis (TB). This failure placed all 144 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Statement of Deficiencies	License #: 1532	Compliance Determination #53919
Plan of Correction	PARK PLACE	Completion Date
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Review of the facility's Employee Roster showed the facility hired Staff A, Medication Technician, on 02/23/2024. Review of Staff A's personnel records showed that on 10/23/2023, Staff A completed a T-Spot TB test (a blood test for TB), with a negative result, 123 days prior to Staff A's hire date. There was no documentation that showed Staff A completed one-step TB test when hired, as required.

During an interview on 02/04/2025 at 3:00 PM, Staff G, Executive Director, stated that they were familiar with the TB testing requirements per the Washington Administrative Code. Staff G stated that they were unable to find any additional TB test documents for Staff A. Staff G stated that they did not review Staff A's TB test results, and they were unaware that Staff A did not complete a TB test when hired.

Plan/Attestation Statement	
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<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Administrator (or Representative)	<u>2/17/2025</u> _____ Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :
 - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
 - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update the service plan for 3 of 15 sampled residents (Resident 1, Resident 2, and Resident 7). This failure placed Resident 1, Resident 2, and Resident 7 at risk of unmet care needs and a diminished quality of life

Findings included...

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

Review of the facility's Employee Roster showed the facility hired Staff A, Medication Technician, on 02/23/2024. Review of Staff A's personnel records showed that on 10/23/2023, Staff A completed a T-Spot TB test (a blood test for TB), with a negative result, 123 days prior to Staff A's hire date. There was no documentation that showed Staff A completed one-step TB test when hired, as required.

During an interview on 02/04/2025 at 3:00 PM, Staff G, Executive Director, stated that they were familiar with the TB testing requirements per the Washington Administrative Code. Staff G stated that they were unable to find any additional TB test documents for Staff A. Staff G stated that they did not review Staff A's TB test results, and they were unaware that Staff A did not complete a TB test when hired.

Plan/Attestation Statement	
<p>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, PARK PLACE is or will be in compliance with this law and / or regulation on (Date)_____.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Administrator (or Representative)	Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :
 - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
 - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update the service plan for 3 of 15 sampled residents (Resident 1, Resident 2, and Resident 7). This failure placed Resident 1, Resident 2, and Resident 7 at risk of unmet care needs and a diminished quality of life.

Findings included...

RESIDENT 1

Review of the facility's Characteristics Roster showed that the facility admitted Resident 1 in [REDACTED] 2018, with diagnosis of [REDACTED].

Review of Resident 1's Service Plan, dated 08/25/2024, showed that since 09/16/2020, Resident 1 used a continuous positive airway pressure machine [(CPAP) a machine designed to help a person breath when asleep]. The service plan showed that Resident 1 was able to independently maintain the CPAP equipment and would ask for assistance if needed.

Observation on 02/04/2025 at 1:29 PM, showed that Resident 1's apartment was cluttered with multiple items. Observation showed that the bedroom was filled with furniture, medical devices and multiple other items. Observation showed there was no bed in the bedroom. Observation showed Resident 1 seated in a recliner next to a window. Observation showed no evidence of any CPAP machine being used.

During an interview on 02/04/2025 at 01:29 PM, Resident 1 stated that they used the bedroom for storage and slept in the recliner. Resident 1 stated that they did not like the CPAP machine and refused to use it. Resident 1 stated that the CPAP interfered with their sleep and therefore did not use the CPAP machine. Resident 1 stated that they had not used the CPAP machine for more than a year.

During an interview on 02/06/2025 at 3:38 PM, Staff A, Assisted Living Director/Administrator, stated that they were unaware Resident 1 no longer used their CPAP machine. Staff A stated that they were unaware Resident 1's service plan was not updated.

RESIDENT 2

Review of the facility's Residents Characteristic Roster showed that the facility admitted Resident 2 in [REDACTED] of 2024.

Observation of Resident 2's apartment on 02/04/2025 at 1:49 PM, showed a transfer pole installed next to Resident 2's bed.

Review of Resident 2's Service Plan, dated 08/01/2024, showed no documentation that Resident 2 used a transfer pole.

During an interview on 02/06/2025 at 3:38 PM, Staff A, stated that they were unaware the service plan was not updated to show Resident 2 used a transfer pole.

RESIDENT 7

Review of the facility's Characteristics Roster showed that the facility admitted Resident 7 in [REDACTED] 2020, with diagnosis of [REDACTED].

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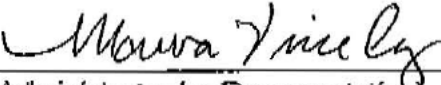
Review of Resident 7's Service Plan, dated 08/08/2024, showed that as of 03/21/2023, Resident 7 used a CPAP machine.

Review of Resident 7's "Flow Sheets", dated November 2024 and December 2024, showed that at bedtime, the facility staff assisted Resident 7 with the CPAP machine, as needed.

Review of Resident 7's doctor's office visit notes dated 12/29/2024, documented that Resident 7 did not use a CPAP.

Observation on 02/06/2025 at 12:03 PM, showed that Resident 7 resided in a one-bedroom apartment. Observation showed an oxygen concentrator with oxygen tubes next to Resident 7's bed.

During an interview on 02/06/2026 at 12:03 PM, Resident 7 stated that they no longer used the CPAP machine at night. Resident 7 stated that they were placed on oxygen at night and were told that they no longer needed the CPAP machine

Plan/Attestation Statement	
<p>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, PARK PLACE is or will be in compliance with this law and / or regulation on (Date) <u>03/13/2025</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p style="text-align: center;"> _____ Administrator (or Representative)</p>	<p style="text-align: center;"><u>2/17/2025</u> _____ Date</p>

WAC 388-78A-2100 Ongoing assessments.

- (2) The assisted living facility must:
 - (b) Complete an assessment specifically focused on a resident's identified problems and related issues:
 - (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120;
 - (ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

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

Review of Resident 7's Service Plan, dated 08/08/2024, showed that as of 03/21/2023, Resident 7 used a CPAP machine.

Review of Resident 7's "Flow Sheets", dated November 2024 and December 2024, showed that at bedtime, the facility staff assisted Resident 7 with the CPAP machine, as needed.

Review of Resident 7's doctor's office visit notes dated 12/29/2024, documented that Resident 7 did not use a CPAP.

Observation on 02/06/2025 at 12:03 PM, showed that Resident 7 resided in a one-bedroom apartment. Observation showed an oxygen concentrator with oxygen tubes next to Resident 7's bed.

During an interview on 02/06/2025 at 12:03 PM, Resident 7 stated that they no longer used the CPAP machine at night. Resident 7 stated that they were placed on oxygen at night and were told that they no longer needed the CPAP machine.

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, PARK PLACE 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.

Administrator (or Representative)

Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to assess 2 of 2 sampled residents (Resident 2 and Resident 5) for their ability to safely use a medical device. This failure placed Resident 2 and Resident 5 at risk for unmet care needs and possible injury.

Findings included...

Resident 2

Review of the facility's Residents Characteristic Roster showed that the facility admitted Resident 2 in [REDACTED] of 2024.

Review of Resident 2's undated Resident Notes, showed Resident 2 admitted to the hospital on [REDACTED]/2024 for multiple falls. The notes showed Resident 2 discharged back to the facility on [REDACTED]/2025.

Observation of Resident 2's apartment on 02/04/2025 at 1:49 PM, showed a transfer pole installed next to Resident 2's bed.

Review of Resident 2's Service Plan, dated 08/01/2024, showed no documentation that Resident 2 used a transfer pole.

Review of Resident 2's records showed that after Resident 2 returned from the hospital, an updated service plan and assessment was not completed to document Resident 2's safe ability to use the transfer pole.

Review of Resident 2's records showed on 02/04/2025, Staff L, Physical Therapist, completed an "Enabler/Side Rail/transfer Pole Assessment" for Resident 2, 21 days after Resident 2 returned to the facility. The assessment showed that Resident 2 was wheelchair bound. The assessment showed that Resident 2 was safe to use the transfer pole with staff assistance.

During an interview on 02/04/2025 at 1:49 PM, Resident 2 stated that the transfer pole was there when they returned to the facility from a rehabilitation facility. Resident 2 stated that they used the transfer pole to get in and out of bed.

During a telephonic interview on 02/12/2025 at 1:17 PM, Staff L stated that on 11/14/2025 they requested maintenance install a transfer pole next to Resident 2's bed. Staff L stated that on 02/04/2025, the nursing staff requested Staff L complete an assessment of Resident 2's ability to safely use the transfer pole 21 days after Resident 2 returned back to the facility.

During an interview on 02/06/2025 at 3:38 PM, Staff A, Assisted Living Director/Administrator, stated that Resident 2 was out of the facility for approximately two months. Staff A stated that they thought the transfer pole for Resident 2 was installed prior to Resident 2's hospitalization.

Resident 5

Review of the facility's Residents Characteristic Roster showed that the facility admitted Resident 5 in [REDACTED] of 2024

Review of Resident 5's Assessment, dated 05/03/2024, showed Resident 5 was alert and oriented with no cognitive impairment and no memory loss. The assessment showed Resident 5 was independent with mobility and transfers.

Observation of Resident 5's apartment on 02/04/2025 at 2:39 PM, showed two half-length bedrails attached to the head of an electric hospital bed, one on each side. Observation showed that the bedrails were not able to be lowered to the down position.

During an interview on 02/04/2025 at 2:39 PM, Resident 5 stated that the facility provided the hospital bed when they moved in last [REDACTED]. Resident 5 stated that they did not request the bedrails. Resident 5 stated that they did not know why the bedrails were there though Resident 5 stated they used the bedrails to assist with getting in and out of bed.

During an interview on 02/04/2025 at 3:38 PM, Staff A stated that they were not aware there were bedrails on Resident 5's bed. Staff A stated they were unable to confirm whether the facility provided the hospital bed with bedrails for Resident 5.

Review of an email dated 02/11/2025 received at 10:59 AM from Staff A, showed that the facility provided Resident 5 the hospital bed with bedrails. The email showed that the facility did not complete an assessment for Resident 5's use of the bedrails.

Statement of Deficiencies	License #: 1532	Compliance Determination # 53919
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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, PARK PLACE is or will be in compliance with this law and / or regulation on (Date) 03/13/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Maura Trice Og
Administrator (or Representative)

2/17/2025
Date

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

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, PARK PLACE 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.

Administrator (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

02/14/2025

PARK PLACE RHF HOUSING
PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

RE: PARK PLACE # 1532

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/12/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - Sign and date the enclosed report;
 - For each deficiency, indicate the date you have or will correct each deficiency;
 - Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

PARK PLACE # 1532

02/12/2025

Page 2 of 3

eFax: (253) 395-5071

Email: rcsregion2email@dshs.wa.gov

Optional method:

20425 72nd Avenue S, Suite 400

Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3040 Laundry.

(7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is:

(a) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

Two laundry room ventilation systems did not operate correctly. The Maintenance Director determined the motor for the second-floor laundry room ventilation unit burned out. During the on-site inspection, the facility staff cleaned the two ventilation systems and replaced the motor which allowed the vents to correctly operate and met the regulatory requirements.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

Email: RCSIDR@dshs.wa.gov, or

PARK PLACE # 1532

02/12/2025

Page 3 of 3

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure