



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
***PO Box 99250, Lakewood, WA 98496***

CASCADE PARK GARDENS, L.L.C.  
Cascade Park Gardens, L.L.C.  
4347 S UNION AVE  
TACOMA, WA 98409

RE: Cascade Park Gardens, L.L.C. License # 2605

Dear Administrator:

This letter addresses Compliance Determination(s) 62283 (Completion Date 07/09/2025) and 59026 (Completion Date 05/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/09/2025 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-2150-1, WAC 388-78A-2150, WAC 388-78A-2150-2, WAC 388-78A-2150-3

The Department staff who did the on-site verification:  
Nikolas Jennings, Community Nurse Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager  
Region 3, Unit D  
Residential Care Services



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** Cascade Park Gardens, L.L.C.      **Provider Type:** Assisted Living Facility  
**License/Cert. #:** 2605      **Intake ID:** 176487  
**Compliance Determination #:** 59026      **Region/Unit #:** RCS Region 3 / Unit D  
**Investigator:** Nikolas Jennings  
**Investigation Date(s):** 05/07/2025 through 05/19/2025  
**Complainant Contact Date(s):**

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### Allegation(s):

1) Quality of care/treatment- Resident representative not being informed or present during care conferences.

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### Investigation Methods:

<b>Sample:</b>	Total residents: 57 Resident sample size: 3 Closed records sample size: 1
<b>Observations:</b>	Identified resident Residents Dining Staff to resident interactions Resident to resident interactions
<b>Interviews:</b>	Identified resident Identified staff Nursing staff Family members
<b>Record Reviews:</b>	Medical records Incident investigation Facility policies Staff patterns

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### Investigation Summary:

1) Quality of care/treatment- Resident representative not being informed or present during care conferences. Negotiated service agreements showed no signatures on an annual basis for 2 sampled residents. No progress notes showing a care plan within 12 months for 2 of 4 sampled residents. Failed practice identified.

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### Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written  
☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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Statement of Deficiencies	License #: 2605	Compliance Determination # 59026
Plan of Correction	Cascade Park Gardens, L.L.C.	Completion Date
Page 1 of 3	Licensee: CASCADE PARK GARDENS, L.L.C.	05/19/2025

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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 an unannounced on-site complaint investigation on 05/07/2025 of:

Cascade Park Gardens, L.L.C.  
4347 S UNION AVE  
TACOMA, WA 98409

This document references the following complaint number(s): 176487, 177281, 176004, 176043, 174857

The following sample was selected for review during the unannounced on-site visit: 3 of 57 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3 , Unit D  
PO Box 99250  
Lakewood, WA 98496

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.

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

**WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:**

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and
- (3) Any public or private case manager for the resident, if available.

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

Based on interviews and records review, the facility failed to ensure that 2 of 4 sampled residents (Resident 1 [R1] & Resident 2 [R2]) had negotiated service agreements (NSA) signed by the resident or resident's representative. This failure placed the residents at risk for unmet care needs and lack of resident autonomy.

Findings included...

Record review of R1's NSA, undated, showed no signature from resident representative in the section labeled "signature."

Record review of R2's NSA, undated, showed no signature from resident representative in the section labeled "signature."

In an interview on 05/07/2025 at 12:49PM, Staff A, Resident Care Coordinator, stated that "it can be like pulling teeth to get it [the NSA] signed. I ask that it get emailed

back, some people never respond.”

In an interview on 05/19/2025 at 1:46PM with Staff C, Director of Resident services, when asked if R2 had anything signed within the last 12 months prior to his care conference stated they “did not think so”.

In an interview on 05/19/2025 at 1:46PM with Staff B, Executive Director, stated in regards to R1, there was no signature on the documents in question.

**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, Cascade Park Gardens, L.L.C. 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