STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 and complaint investigation on 04/22/2026 and 04/28/2026 of:
Village Green Senior Living of Federal Way
35419 1ST AVE S
FEDERAL WAY, WA 98003

This document references the following complaint numbers: 221497.

The following sample was selected for review during the unannounced on-site visit: 8 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Staci Dilg IDR PM for Reg 2D — June 24, 2026

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 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

(5) Until a long-term care worker completes the specialty training and demonstrates competency as required under subsection (4) of this section, the home must not allow the long-term care worker to provide personal care to a resident with special needs without direct supervision, unless indirect supervision is allowed under subsection (6) of this section.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 4 staff (Staff C) completed all required specialty training to perform their job duties and responsibilities. This failure placed 35 residents at risk of unmet care needs from staff with incomplete specialty training.

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Findings included...

Review of the undated Disclosure of Services document showed that the facility provided care for individuals with [redacted] and [redacted] diagnoses.

Review of the undated facility Resident Characteristics Roster showed that on 04/22/2026, the facility provided care and services for 8 residents who had [redacted] diagnoses. Review of the undated facility Resident Characteristics Roster showed that on 04/22/2026, the facility provided care and services for 4 residents who had [redacted] and [redacted] diagnoses.

Review of the facility's personnel records completed on 04/23/2026, showed the facility hired Staff C, Residential Care Coordinator, on 12/01/2025. Review of facility records showed that Staff C had worked providing supervision to caregivers and providing care and services for residents for 145 days.

SPECIALTY TRAINING
Review of the facility's personnel records showed no documentation that Staff C completed the required specialty training for Mental Health and Dementia.

During an interview on 04/23/2026 at 1:50 PM, Staff G, Executive Director, stated that they were aware that Staff C had not completed the required specialty training requirements.

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, Village Green Senior Living of Federal Way 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-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

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(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 4 of 6 staff (Staff A, Staff B, Staff C, and Staff D) were screened for tuberculosis (TB), with an approved testing method, within three days of employment. This failure placed 35 residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

NOTE: WAC 388-78A-2480 showed the assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

STAFF A
Review of the facility's undated personnel records showed the facility hired Staff A, Health Services Director, on 03/18/2026. The records showed that Staff A provided supervision of care and services for residents from 03/18/2026 to 04/23/2026. There was no documentation that showed the facility screened Staff A for TB within three days of employment with an Intradermal Mantoux test (a skin test to determine presence of TB) or a blood test.

STAFF B
Review of the facility's undated personnel records showed the facility hired Staff B, Caregiver, on 03/04/2026. The records showed that Staff B provided care and services for residents from 03/04/2026 to 04/23/2026. The records showed that Staff B completed a chest x-ray on 02/19/2026. There was no documentation that showed the facility screened Staff B for TB within three days of employment with an Intradermal Mantoux test or a blood test.

STAFF C
Review of the facility's undated personnel records showed the facility hired Staff C, Resident Care Coordinator, on 12/05/2025. The records showed that Staff C provided care and services for residents from 12/05/2025 to 04/23/2026. The records showed that Staff C completed a blood test on 04/04/2025. There was no documentation that showed the facility screened Staff C for TB within three days of employment with an Intradermal Mantoux test or blood test.
STAFF D
Review of the facility's undated personnel records showed the facility hired Staff D, Caregiver/Medication Technician, on 01/24/2025. The records showed that Staff D provided care and services for residents from 01/24/2025 to 04/23/2026. The records

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showed that Staff D completed the first step of the Intradermal Mantoux skin test on 01/27/2025. There was no documentation that showed the facility completed the second step of the Intradermal Mantoux skin test for Staff D.

During an interview on 04/23/2026 at 2:10 PM, Staff G, Executive Director, stated that when Staff A, Staff B, Staff C, and Staff D were hired, they were not screened per regulatory requirements for TB. Staff G stated that they were aware that TB screening and testing required an intradermal skin test or a blood test for all facility staff, within three days of employment.

Plan/Attestation Statement

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

_____ _____

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 7 residents (Resident 3 and Resident 6) or their representative, and a facility representative signed their Care Plan (equivalent to the negotiated service agreement), at least annually. This failure placed Resident 3 and Resident 6 at risk of being uninformed about the services received at the facility and having unmet care needs.

Findings included...

RESIDENT 3

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

Review of Resident 3's information document showed the facility admitted Resident 3 on [redacted]2024. Review of Resident 3's Care Plans showed no signatures by resident, resident's representative, or facility staff since Resident 3's admission.

RESIDENT 6
Review of Resident 6's information document showed the facility admitted Resident 6 on [redacted]2024. Review of Resident 6's Care Plans showed no signatures by resident, resident's representative, or facility staff since Resident 6's admission.

During an interview on 04/28/2026 at 9:20 AM, Resident 6 stated that they did not recall receiving or reviewing any Care Plan for the services they received at the facility. Resident 6 stated that they do not recall signing any Care Plan acknowledging the care and services they received at the facility.

During an interview on 04/23/2026 at 12:40 PM, Staff G, Executive Director/Administrator, and Staff A, Health Services Director, stated that they were aware the Care Plans required signatures from the facility staff, residents, or resident's representatives at least annually. Staff G and Staff A stated they were unaware some of the Care Plans were not signed and dated by facility staff, residents, or their representatives, as required.

Plan/Attestation Statement

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_____ _____
Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

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(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State Name and Date of Birth Background Check for 2 of 6 staff (Staff E and Staff F). These failures placed 35 residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included...

Review of the facility's undated Resident Characteristic Roster showed that the facility provided care and services for 35 residents.

Review of the facility's undated personnel records showed the facility hired Staff E, Caregiver/Medication Technician, on 10/18/2022. Review showed the facility hired Staff F, Caregiver/Medication Technician, on 06/08/2022.

Review of Staff E's records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 10/05/2022. Review of Staff E's records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 11/01/2024. The records showed Staff E provided direct care to residents for 28 days without a valid Washington State Name and Date of Birth background check.

Review of Staff F's records showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 05/06/2022. Review of Staff F's records showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 07/09/2024. The records showed Staff F provided direct care to residents for 45 days without a valid Washington Name and Date of Birth background check.

During an interview on 04/23/2026 at 1:55 PM, Staff G, Executive Director, stated that the facility was aware that staff needed Washington State Name and Date of Birth background checks upon hire and then every 2 years.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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