STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE MEMORY CARE License # 1328

Dear Administrator:

This letter addresses Compliance Determination(s) 80071 (Completion Date 07/08/2026) and 77319 (Completion Date 05/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/08/2026 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 388-78A-2400-2, WAC 388-78A-2260-1, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130-2, WAC 388-78A-2140-3, WAC 388-78A-2140-5, WAC 388-78A-2140-1-b, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e

The Department staff who did the on-site verification:
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

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

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health Field Manager
Region 3, Unit E
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 05/13/2026 and 05/15/2026 of:
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

The following sample was selected for review during the unannounced on-site visit: 7 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Clinton Fridley, RN
Residential Care Services

05/22/2026
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)

5/25/26
Date

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 follow and implement safe food handling and failed to ensure staff completed proper hand hygiene for 2 of 2 areas (nautical dining room and assisted living dining room) reviewed. These failures placed all residents at risk of receiving improperly handled food that was at risk for food-borne illnesses.

Findings included...

Washington Administrative Code (WAC) 246-215-02310 "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 246-215-02305 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (1) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (5) After handling soiled EQUIPMENT or UTENSILS; (6) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (7) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (8) Before donning gloves for working with READY-TO-EAT FOOD unless a glove change is not the result of contamination; and (9) After engaging in other activities that contaminate the hands or gloves."

WAC 246-215-03342 "Preventing contamination from equipment, utensils, and linens—

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.

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-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 follow and implement safe food handling and failed to ensure staff completed proper hand hygiene for 2 of 2 areas (nautical dining room and assisted living dining room) reviewed. These failures placed all residents at risk of receiving improperly handled food that was at risk for food-borne illnesses.

Findings included...

Washington Administrative Code (WAC) 246-215-02310 “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 246-215-02305 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and: (1) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (5) After handling soiled EQUIPMENT or UTENSILS; (6) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (7) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (8) Before donning gloves for working with READY-TO-EAT FOOD unless a glove change is not the result of contamination; and (9) After engaging in other activities that contaminate the hands or gloves.”

WAC 246-215-03342 “Preventing contamination from equipment, utensils, and linens—

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Gloves, use limitation (FDA Food Code 3-304.15). (1) If used, SINGLE-USE gloves must be used for only one task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation."

WAC 246-215-03330 "Preventing contamination from equipment, utensils, and linens—Food contact with equipment and utensils (FDA Food Code 3-304.11). FOOD must only contact surfaces of: (1) EQUIPMENT and UTENSILS that are cleaned as specified under WAC 246-215-04600 through 246-215-04650 and SANITIZED as specified under WAC 246-215-04700 through 246-215-04710;"

Record review of the facility's policy titled "Infection Control Resource Manual," undated, showed washing hands was the most important and the best defense against the spread of infection to others and to the environment. The Center Disease Control states that washing hands with soap and water was the best method of removing germs. Facility staff should wash hands before and immediately after wearing gloves, wash hands between each resident contact, after you have touched your face and before serving food.

Nautical Dining Room

In an observation on 05/13/2026 at 12:00 PM, Staff E, Caregiver, grabbed a ready to eat brownie with their bare hands and handed it to Resident 11.

In an interview on 05/13/2026 at 2:06 PM, Staff I, Cook, stated bare hand contact with ready to eat foods was not allowed and the facility staff should use gloves, tongs and other utensils as needed.

Assisted Living Dining Room

In an observation on 05/13/2026 at 11:53 AM, Staff J, Dietary Aid, wore disposable gloves as they passed out drinks to the residents. Staff J touched their face with their gloved hand and without taking off their gloves and washing their hands they retrieved a shirt protector to put on a resident and touched another resident on their shoulder as they helped put their shirt protector on.

In an observation on 05/13/2026 at 12:05 PM, Staff J wore disposable gloves as they distributed plates of food to the residents, Staff J was observed to touch the table with their gloved hand as they leaned against it. Without taking off their gloves and washing their hands they went into the kitchen, as they waited for more plates of food they rested both of their gloved hands against the counter. Without taking off their gloves and washing their hands they served more plates of food to the residents.

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In an observation on 05/13/2026 at 12:08 PM, Staff K, Caregiver, showed with their bare hands they touched the handlebars of a resident's wheelchair as they assisted them into the dining room, Staff K moved the residents footrests attached to the wheelchair. Without performing hand hygiene Staff K touched another resident's shoulder as they said hello. Staff K opened a drawer that contained shirt protectors and helped two residents put on their shirt protectors. A resident’s drink spilled and Staff K opened a drawer to get a cloth and helped clean the liquid off the ground. Without performing hand hygiene Staff K touched another resident's wheelchair handlebars to help them into the dining room.

In an observation on 05/13/2026 at 12:13 PM, Staff K scratched their elbow with their bare hand, without performing hand hygiene, they entered the kitchen, returned to the dining room and delivered a resident a straw to put into their drink, opened a drawer that contained a trash can, and sat down at a table amongst the residents.

In an observation on 05/13/2026 at 12:16 PM, Staff J wore disposable gloves as they used their hand to itch their face, without taking off their gloves and washing their hands they continued to serve plates of food to the residents.

In an observation on 05/15/2026 at 11:49 AM, Staff J wore disposable gloves on both hands handing out clean cups filled with water and juice. Staff J was observed to pick up a cup by the top that was soiled put it on the rolling cart, then grab the clean cups of juice and water by the tops and handed them out. Staff J was not observed to remove their gloves or wash their hands after touching the soiled coffee cup.

In an observation on 05/15/2026 at 12:04 PM, Staff J wore disposable gloves and while they talked to a resident rested their hand against the back of a chair. Without taking off their gloves and washing their hands Staff J delivered a drink to another resident and brought multiple residents their lunch.

In an observation on 05/15/2026 at 12:08 PM, Staff J with their gloved hands reached into their shirt pocket and removed a coffee cream that was then handed to Resident 10. Staff J entered the kitchen and grabbed two ready to eat plate of lunch food and served them to a table.

In an interview on 05/13/2026 at 2:06 PM, Staff I stated the facility staff were to wash their hands when they switched tasks and when they changed gloves. Staff I stated the facility staff were to wash their hands in between their glove use.

In an interview on 05/15/2026 at 11:28 AM, Staff J stated when they served residents their food and needed to change their gloves, they used hand sanitizer instead of washing their hands because it took a lot of time to wash their hands in between glove changes. Staff J stated when they wore gloves and if they touched themself on the face or if they touched a resident then they were supposed to wash their hands and change their gloves.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 5/29/26

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

Administrator (or Representative) — 5/25/26 Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure confidentiality of resident records for 4 of 4 residents (Resident 1, 7, 8 and 9) reviewed. This failure placed all memory care residents at risk for exposure of confidential records.

Findings included...

Record review of the facility's document titled, "Confidential/HIPPA Agreement," dated October 2008, showed that all medical information and related nursing problems must be held in strict confidence and not be disclosed to anyone without the proper identification.

In an observation on 05/14/2026 at 1:52 PM, the screen on the medication cart's computer was halfway closed with an illuminating light. Upon lifting the screen, the following was displayed:

- Resident 1(R1)'s first and last name with the order for desmopressin (medication to help excess urination).
- Resident 7 (R7)'s first and last name with an order for high calorie boost
- Resident 8 (R8)'s first and last name with orders for senna (medication used to help pass bowel movements), midodrine (medication to help with low blood pressure) melatonin (medication to help with sleep), calcium with vitamin D (medication to help increase calcium and vitamin D levels in the body) and blood pressure checks.

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, DUNGENESS COURTE MEMORY CARE 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

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• An order for staff to check the placement of Resident 8 (R8)'s fentanyl patch (medication patch used to treat pain).

In an interview on 05/14/2026 at 1:52 PM, Staff H, Nursing, stated they were to log out or close the computer screen completely to secure resident's personal information.

This is a recurring deficiency previously cited on 09/26/2024.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 5/29/26.

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

Administrator (or Representative) — Date: 5/26/26

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure all medications were stored and locked in a secure manner in 1 of 1 sampled resident (Resident 4 [R4]) room. The failure to secure medication placed all memory care residents at risk of access and potential ingestion of potentially harmful substances and presented risk for tampering with or misuse of medications by residents, staff or visitors in the facility.

Findings included...

Record review of the facility's policy titled, "Security and Storage of Routine Medications," undated, showed all medications in the facility were to be stored safely and secure. Residents who maintained control of their medications would have a mechanism in place to enable them to safely store their medications to prevent other

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• An order for staff to check the placement of Resident 9 (R9)'s fentanyl patch (medication patch used to treat pain).

In an interview on 05/14/2026 at 1:52 PM, Staff H, Nursing, stated they were to log out or close the computer screen completely to secure resident's personal information.

This is a recurring deficiency previously cited on 09/26/2024.

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, DUNGENESS COURTE MEMORY CARE 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-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure all medications were stored and locked in a secure manner in 1 of 1 sampled resident (Resident 4 [R4]) room. The failure to secure medication placed all memory care residents at risk of access and potential ingestion of potentially harmful substances and presented risk for tampering with or misuse of medications by residents, staff or visitors in the facility.

Findings included...

Record review of the facility's policy titled, "Security and Storage of Routine Medications," undated, showed all medications in the facility were to be stored safely and secure. Residents who maintained control of their medications would have a mechanism in place to enable them to safely store their medications to prevent other

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residents to gain access.

Record review of the facility's, "Assisted Living Facility Resident Characteristic Roster and Sample Selection," dated 05/11/2026, showed 33 of 35 residents were labeled to have dementia (a condition that affects thinking, remembering, reasoning, and effects daily life)/Alzheimer's (condition causing memory loss and reduced functional abilities)/Cognitive Impairment (condition affecting thinking, memory, and decision-making) and 11 residents were labeled to wander (moving from place to place without a fixed plan or clear destination).

Record review of R4's Face Sheet, dated 05/14/2026, documented R4 moved into the facility on [redacted]/2025 and they had a diagnosis of [redacted]

Record review of R4's, Service Plan, dated 10/02/2025, showed R4 received medication assistance and the facility nurse prepared and administered their medications. R4 self-administered a few medications per their request, and the medications were locked in a cabinet.

In an interview on 05/13/2026 at 3:30 PM, R4 stated they kept an inhaler (a small handheld device that delivers medication directly to the lungs by breathing it in) in their nightstand drawer and they kept Imodium (medication that helps stop diarrhea) in case they had diarrhea. R4 stated when residents wandered into their room, they pushed their call light to get the facility staff to redirect them out.

In an observation on 05/13/2026 at 3:30 PM, R4's apartment room was unlocked and they opened their unlocked bottom drawer and pulled out their inhaler. Inside of the drawer there was a bottle of Tylenol (medication used to treat pain and reduce fever) and other unknown medications.

In an observation on 05/15/2026 at 9:50 AM, R4's apartment room was unlocked and on their table, there was a container of gut brain reset (medication used to treat the digestive system and brain), a container of Perque guard supports (medication used to counter excess inflammatory fatty acid) and a container of Qunol extra strength memory plus magnesium (a dietary supplement designed to support memory and focus).

In an interview on 05/15/2026 at 9:50 AM, R4 stated the medication on their table was from their acupuncturist (healthcare professional trained to treat pain, manage stress and improve overall wellness).

In an interview on 05/15/2026 at 11:44 AM, Staff G, Director of Nursing, stated R4 was allowed some medications as their bedside but Tylenol would never be allowed to be at a resident's bedside.

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Record review on 05/18/2026 at 12:00 PM, showed all of R4's active medications that were able to be kept in their room for them to self-administer did not include any of the medications found in R4's apartment.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 6/15/26

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

Administrator (or Representative) — Date 5/25/26

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2499 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 4 sampled Staff (Staff A, Staff B and Staff E) received their tuberculosis (TB) (a bacterial infection that typically affects the lungs but can also affect any part of the body) test within three days of hire. This failure placed all memory care residents and staff at risk for exposure to TB.

Findings included...

Record review of the facility's policy titled, "TB Testing of Facility Staff," undated, showed a staff member must have a baseline two-step skin test initiated within three days of hire.

Staff A

Record review of the facility's Employee Information List, dated 05/13/2026, showed

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Record review on 05/16/2026 at 12:00 PM, showed all of R4's active medications that were able to be kept in their room for them to self-administer did not include any of the medications found in R4's apartment.

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, DUNGENESS COURTE MEMORY CARE 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 4 sampled Staff (Staff A, Staff B and Staff E) received their tuberculosis (TB) (a bacterial infection that typically affects the lungs but can also affect any part of the body) test within three days of hire. This failure placed all memory care residents and staff at risk for exposure to TB.

Findings included…

Record review of the facility's policy titled, "TB Testing of Facility Staff," undated, showed a staff member must have a baseline two-step skin test initiated within three days of hire.

Staff A

Record review of the facility's Employee Information List, dated 05/13/2026, showed

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Staff A, Administrator, was hired on 02/02/2026.

Record review of Staff A's employee file showed there was no TB testing completed within three days of their start of employment.

Staff C

Record review of the facility's Employee Information List, dated 05/13/2026, showed Staff C, Caregiver, was hired on 08/13/2025.

Record review of Staff C's TB Skin Testing Facility Record, dated 11/16/2025, showed they were provided their first TB skin test on 11/16/2025.

Staff B

Record review of the facility's Employee Information List, dated 05/13/2026, showed Staff B, Caregiver, was hired on 08/20/2025.

Record review of Staff B's TB Skin Testing Facility Record, dated 10/29/2025, showed they were provided their first TB skin test on 10/28/2025.

In an interview on 05/14/2026 at 12:38 PM, Staff A stated they did not have a TB skin test after they were hired at the facility. Staff A stated they were unaware that new employees needed to be screened and tested within three days of employment.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 5/26/26.

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

Administrator (or Representative) 5/26/26 Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment

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Staff A, Administrator, was hired on 02/02/2026.

Record review of Staff A's employee file showed there was no TB testing completed within three days of their start of employment.

Staff C

Record review of the facility's Employee Information List, dated 05/13/2026, showed Staff C, Caregiver, was hired on 08/13/2025.

Record review of Staff C's TB Skin Testing Facility Record, dated 11/16/2025, showed they were provided their first TB skin test on 11/16/2025.

Staff B

Record review of the facility's Employee Information List, dated 05/13/2026, showed Staff B, Caregiver, was hired on 08/26/2025.

Record review of Staff B's TB Skin Testing Facility Record, dated 10/29/2025, showed they were provided their first TB skin test on 10/29/2025.

In an interview on 05/14/2026 at 12:38 PM, Staff A stated they did not have a TB skin test after they were hired at the facility. Staff A stated they were unaware that new employees needed to be screened and tested within three days of employment.

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, DUNGENESS COURTE MEMORY CARE 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment

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addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is

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permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident’s move-in date for 1 of 4 sampled new residents (Resident 5 [R5]). This failure placed R5 at risk for their care needs and services not being met.

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Findings included...

Record review of the facility's policy titled, "Resident Level of Care Assessment and Negotiated Service Plan," undated, showed a qualified assessor would complete an assessment within 14 days of the resident's admission date to obtain sufficient information on the resident's capabilities, needs and preferences.

Record review of R5's, Face Sheet, dated 05/14/2026, showed R5 moved into the facility on [redacted]/2026.

Record review of all R5's provided assessments, showed there was no assessment completed within 14 days

In an interview on 05/14/2026 at 11:12 AM, Staff A, Administrator, stated R5 did not have an assessment completed within 14 days of when they moved in.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 5/26/26.

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

Administrator (or Representative) — Date: 5/26/26

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the service plan (facilities version of the Negotiated Service Agreement) within 30 days following admission to the facility for 2 of 4 sampled newly admitted residents (Resident 5 [R5]

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Findings included...

Record review of the facility's policy titled, "Resident Level of Care Assessment and Negotiated Service Plan," undated, showed a qualified assessor would complete an assessment within 14 days of the resident's admission date to obtain sufficient information on the resident's capabilities, needs and preferences.

Record review of R5's, Face Sheet, dated 05/14/2026, showed R5 moved into the facility on [redacted]/2026.

Record review of all R5's provided assessments, showed there was no assessment completed within 14 days.

In an interview on 05/14/2026 at 11:12 AM, Staff A, Administrator, stated R5 did not have an assessment completed within 14 days of when they moved in.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the service plan (facilities version of the Negotiated Service Agreement) within 30 days following admission to the facility for 2 of 4 sampled newly admitted residents (Resident 5 [R5]

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and Resident 6 [R6]). This failure placed R5 and R6 at risk of unmet care needs and decreased quality of life.

Findings included...

Record review of the facility's policy titled, "Resident Level of Care Assessment and Negotiated Service Plan," undated, showed there were no timeline guidelines that newly admitted residents service plans were to be completed within 30 days of the resident moving in.

R5

Record review of R5's, Face Sheet, dated 05/14/2026, showed R5 moved into the facility on [redacted]/2026.

Record review of all R5's provided service plans showed there was no service plan completed within 30 days.

R6

Record review of R6's, Face Sheet, dated 05/14/2026, showed R6 moved into the facility on [redacted]/2026.

Record review of all R6's provided service plans showed there was no service plan completed within 30 days.

In an interview on 05/15/2026 at 10:30 AM, Staff A, Administrator, stated the facility did not complete a 30-day service plan for R5 and R6.

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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) 5/26/26 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to have the resident service plans (the facilities version of the Negotiated Service Agreement) included the plan to provide the residents preferences with assistance with activities of daily living and appropriate behavioral interventions for 7 of 7 sampled residents (Resident 1, 2, 3, 4, 5, 6 and 7). This failure placed the residents at risk for unmet care needs and decreased quality of life.

Findings included...

Record review of the facility's policy titled, "Resident Level of Care Assessment and Negotiated Service Plan," undated, showed the resident's service plan would be revised to reflect any changes in the resident's level of care.

Record review of the facility's document titled "Shower schedule", dated 06/07/2026, showed showers were provided Monday through Saturdays and resident were scheduled to have 2 showers

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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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

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(1) The care and services necessary to meet the resident's needs, including:

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to have the resident service plans (the facilities version of the Negotiated Service Agreement) included the plan to provide the residents preferences with assistance with activities of daily living and appropriate behavioral interventions for 7 of 7 sampled residents (Resident 1, 2, 3, 4, 5, 6 and 7). This failure placed the residents at risk for unmet care needs and decreased quality of life.

Findings included...

Record review of the facility’s policy titled, “Resident Level of Care Assessment and Negotiated Service Plan,” undated, showed the resident’s service plan would be revised to reflect any changes in the resident’s level of care.

Record review of the facility’s document titled “Shower schedule”, dated 05/07/2026, showed showers were provided Monday through Saturdays and resident were scheduled to have 2 showers

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Resident 1 (R1)

Record review of R1's medical records showed they moved into the facility on [redacted]/2025.

Showers

Record review of R1's Service Plan, dated 02/25/2026, showed R1 needed one person assistance with their showers seven days a week in the morning and evening.

In an interivew on 05/15/2026 at 9:58 AM, Staff E stated R1 received two showers a week by the shower aid.

Diet

Record review of R1's hospital discharge orders, dated [redacted]/2026, showed R1 was to eat a pureed diet (food that is blended smooth) and thin liquids.

Record review of R1's Service Plan, dated 02/25/2026, showed on 02/02/2026 R1 was to drink nectar thick liquids with a regular diet.

In an interivew on 05/15/2026 at 9:58 AM, Staff E, Caregiver, stated R1 drank nectar thickened liquids.

In an interview on 05/15/2026 at 10:05 AM, Staff G, Director of Nursing, stated R1 was ordered to have thin liquids and pureed diet.

Therapy

Record review of R1's Service Plan, dated 02/25/2026, showed R1 was on home health physical therary services for gait training and balance.

In an interview on 05/15/2026 at 10:05 AM, Staff G stated R1 was not on home health services.

Resident 2 (R2)

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Record review of R2's medical records showed they moved into the facility on [redacted]/2026.

Showers

Record review of R2's Service Plan, dated 02/27/2026, showed R2 required one person assistance for their showers seven days a week and in the morning and evening.

Resident 3 (R3)

Record review of R3's medical records showed they moved into the facility on [redacted]/2021,

Showers

Record review of R3's Service Plan, dated 10/23/2025, showed R3 required total assistance with bathing seven days a week in the morning and evening.

Toileting

Record review of R3's Service Plan, dated 10/23/2025, showed R3 requried one to two total assist with toileting. There was no clear direction as to what R3's assistance needed.

Resident 4 (R4)

Record review of R4's medical records showed they moved into the facility on [redacted]/2025.

Showers

Record review of R4's, Service Plan, dated 10/02/2025, showed they needed one person assistance with their showers seven days a week in the morning and evening.

Nail Care

Record review of R4's, Service Plan, dated 10/02/2025, showed they needed one person to assist, clean, cut, file and paint their nails as requested which contradicted that they

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were scheduled to have nail care completed seven days a week in the morning and evening.

Visitors

Record review of R4's, Service Plan, dated 10/02/2025, showed home health phyiscal therapy worked with R4 on transfers, balance and falls.

In an interview on 05/13/2026 at 3:16 PM, R4 stated they were no longer on home health services.

In an interview on 05/14/2026 at 9:00 AM, Staff G stated R4 no longer recieved home health services.

Resident 5 (R5)

Record review of R5's medical records showed they moved into the facility on [redacted] 2026.

Showers

Record review of R5's, Service Plan, dated 03/03/2026, showed they needed one person assistance with their showers seven days a week in the morning and evening.

Nail Care

Record review of R5's, Service Plan, dated 03/03/2026, showed they needed one person to clean, cut and file R5's fingernails on their shower days and as needed which contradicted that they were scheduled to have nail care completed seven days a week in the morning and evening.

Behaviors

Record review of R5's, Service Plan, dated 03/03/2026, showed they were agreeable and had no real behavioral concerns.

In an observation on 05/14/2026 at 8:32 AM, Staff M, Housekeeping, showed that when they attempted to open R5's door to their bedroom a reclining chair had been moved in front of the door which impacted the door's ability to open. Staff M stated R5 must have

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redecorated. Inside of R5's bathroom there were no paper towels accessible to use.

In an interview on 05/14/2026 at 8:39 AM, Staff M stated they regularly stocked R5's bathroom with supplies which included paper towels and toilet paper. Staff M stated R5 was a hoarder (a person who has a persistent difficult throwing away or parting with possessions regardless of their value) and they regularly stashed items in their closet.

In an observation on 05/15/2026 at 9:46 AM, showed when R5's door to their bedroom was opened a reclining chair was moved in front of the door which impacted the door's ability to open. Inside of R5's bathroom there was no paper towels or toilet paper accessible to use.

In an interview on 05/15/2026 at 10:12 AM, Staff N, Nursing, stated R5 had a tendency to collect items such as cups from the dining room and stored them in their room.

Resident 6 (R6)

Record review of R6's medical records showed they moved into the facility on [redacted]/2026.

Showers

Record review of R6's, Service Plan, dated 02/27/2026, showed they required total assistance with showers twice weekly which contradicted that they were scheduled to have showers completed seven days a week in the morning and evening.

Nail Care

Record review of R6's, Service Plan, dated 02/27/2026, showed they needed help to clean, cut, file and paint their fingernails on their shower days and as needed which contradicted that they were scheduled to have nail care completed seven days a week in the morning and evening.

In an interivew on 05/14/2026 at 11:35 AM, Staff G stated all residents services plans were inaccurate for the residents showers. Staff G stated there is no specific days or prefered times listed for the showers.

In an interview on 05/15/2026 at 10:05 AM, Staff G stated they were aware that not all residents service plans were updated to the current care and services residents required.

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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 5/26/26

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 4 sampled staff (Staff C and Staff D) had the required CPR (cardiopulmonary resuscitation) and/or First Aid training and failed to ensure 1 of 2 sampled staff (Staff L) completed their continued education units (CEU).

Findings inlcuded. .

CEU

Washington Administrative Code (WAC) 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year. (i) A certified home care aide; (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2); (iii) A certified

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Administrator (or Representative) Date

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 4 sampled staff (Staff C and Staff D) had the required CPR (cardiopulmonary resuscitation) and/or First Aid training and failed to ensure 1 of 2 sampled staff (Staff L) completed their continued education units (CEU).

Findings inlcuded…

CEU

Washington Administrative Code (WAC) 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide; (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2); (iii) A certified

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nursing assistant; (iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010; and (v) An assisted living facility administrator or the administrator designee as provided under (b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC."

Record review of the facility's Employee Information List, dated 05/13/2026, showed Staff L, Caregiver, started employment on 09/11/2023 and birthday of January 26th.

Record review on 05/14/2026 of Staff L's employee file showed there were no CEU's for the time range 01/26/2025 through 01/26/2026 completed.

Record review of Staff L's Training record, undated, showed there were no completed CEU's completed.

In an interview on 05/14/2026 at 1:16 PM, Staff A, Administrator, stated Staff L's training log of CEU's was the only documentation the facility could provide for CEU trainings.

First Aid/CPR

WAC 388-112A-0720 "What are the CPR and first-aid training re quirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire."

Record review of the facility's Employee Information List, dated 05/13/2026, showed Staff C, Caregiver, started employment on 08/13/2025.

Record review on 05/14/2026 of Staff C's employee file showed there was no CPR aid card for review.

Record review of the facility's Record Summary, undated, showed Staff D, Caregiver, started employment on 04/08/2026.

Record review on 05/14/2026 of Staff D's employee file showed there were was no first aid card for reivew.

In an interview on 05/14/2026 at 1:16 PM, Staff A stated they were aware not all staff had completed both first aid and CPR trainings.

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Administrator (or Representative) — Date: 5/26/26

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Administrator (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE MEMORY CARE # 1328

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/21/2026 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';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Clinton Fridley, Community Nurse Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/21/2026), no later than 07/05/2026 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-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

The facility failed to ensure employee's Washington state (WA) name and date of birth background checks were checked every 2 years. The facility identified the problem, had the employees WA state name and date of birth background checks checked and implemented a system to track and notify the admnistrator and office manager when the background checks were due.

WAC 388-78A-2630 Reporting abuse and neglect.

(2) The assisted living facility must prominently post so it is readily visible to staff, residents and visitors, the department's toll-free telephone number for reporting resident abuse and neglect.

The facility failed to have the state complaint resolution hotline number and ombudsman phone numbers publicly posted within the facility for residents, visitors and staff members to access. The facility posted the signs throughout the facility before the inspection was completed.

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

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(ii) Indicate the date, day of week, month and year;

(f) Substitute foods of equal nutrient value, when changes in the current day's menu are necessary, and record changes on the original menu;

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(iii) Reviewed and updated as necessary or at least every five years.

The facility failed to have the month, date and year on the posted weekly menu and failed to document substitutions on the menu to review. The facility failed to ensure a dietician signed off on their diet manual within the last five years. The facility identified the problems, fixed the menu and ordered a new diet manual before the inspection was completed.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

The facility kitchen refrigerator had condensation that caused the bottom of the floor to be wet. The vent inside of the refrigerator needed to be cleaned. The facility has a plan in place to purchase a new refrigerator, cleaned the vents, and have a system going forward of who was responsible for ongoing cleaning of the kitchen vent before the inspection was completed.

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.

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

- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

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If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

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