STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BETHANY OF THE NORTHWEST
BETHANY AT SILVER CREST
2131 LAKE HEIGHTS DR
EVERETT, WA 98208

RE: BETHANY AT SILVER CREST License # 1346

Dear Administrator:

This letter addresses Compliance Determination(s) 79438 (Completion Date 07/02/2026) and 77245 (Completion Date 05/14/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2026 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-112A-0200-1, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0710, WAC 388-112A-0720-2-a, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2480-1, WAC 388-78A-2300-2-a, WAC 388-78A-2300-2-a-i, WAC 388-78A-2300-2-a-ii, WAC 388-78A-2300-2-a-iii

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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

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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 the unannounced on-site full inspection on 05/12/2026 and 05/14/2026 of:
BETHANY AT SILVER CREST
2131 LAKE HEIGHTS DR
EVERETT, WA 98208

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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.

Residential Care Services — 05/21/2026 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.

Emily Scott — Administrator (or Representative)
5/27/26 — Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

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 below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(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.

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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.

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Administrator (or Representative) _____ Date _____

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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.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and Staff F) completed the training requirement within the required timeframe. Staff B did not complete facility orientation and cardiopulmonary resuscitation (CPR)/first aid training, Staff F did not complete 12 hours of continuing education by their birthday each year. These failures caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

Facility Orientation

Review of the ALF's employee files showed the following:

Staff B, Nursing Assistant Certified (NAC), was hired on 07/08/2025. Staff B's files showed no documentation they had completed facility orientation.

Review of the April 2026 Nursing Department Care Team Monthly Schedule showed Staff B worked five days from 04/06/2026 to 04/16/2026.

CPR and First Aid Training

Further review of Staff B's employee file showed Staff B had completed part of the CPR/First Aid Training, but that training did not include the required hands-on training component.

In an interview on 05/13/2026 at 3:15 PM, Staff A, stated that they had not been aware that Staff B didn't complete the hands-on training for their CPR/First Aid.

Continuing Education

Staff F, NAC was hired on 09/08/2015. Staff F's file showed 9.5 hours of Department of Social and Health Services (DSHS) approved continuing education completed for the timeframe from 01/26/2025-01/26/2026.

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Review of the April 2026 Nursing Department Care Team Monthly Schedule showed Staff F had worked 17 days in April.

In an interview on 05/13/2026 at 10:15 AM, Staff A stated that they had no additional continuing education for Staff A.

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, BETHANY AT SILVER CREST is or will be in compliance with this law and / or regulation on (Date) 6/10/26 .

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

Emily Scott
Administrator (or Representative)

5/27/26
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

(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 interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 2 staff (Staff E) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff E not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's Employee Handbook, dated 01/01/2023, showed that background checks would be completed annually for all employees.

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Review of the April 2026 Nursing Department Care Team Monthly Schedule showed Staff F had worked 17 days in April.

In an interview on 05/13/2026 at 10:15 AM, Staff A stated that they had no additional continuing education for Staff A.

Plan/Attestation Statement

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 2 staff (Staff E) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff E not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's Employee Handbook, dated 01/01/2023, showed that background checks would be completed annually for all employees.

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Review of the ALF's "Criminal History Background Checks policy" undated, showed the facility would repeat background inquiry requests for every individual who had unsupervised access to resident every two years.

Review of the ALF's employee files showed the following:

Staff E, Nursing Assistant Certified, was hired on 06/14/2023. Staff E had a Washington State name and date of birth background check dated 06/14/2023, that was valid until 06/14/2025. Review of a Washington State name and date of birth background check showed it was not completed until 06/17/2025, which was three days with no valid background check.

In an interview on 05/13/2026 at 10:19 AM, Staff A, Executive Director, stated that they tracked and completed all background checks for the ALF's staff. Staff A stated that they had missed Staff E's two-year background check.

Plan/Attestation Statement

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Emily Scott
Administrator (or Representative)

5/27/26
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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 staff (Staff C) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

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Review of the ALF's "Criminal History Background Checks policy" undated, showed the facility would repeat background inquiry requests for every individual who had unsupervised access to resident every two years.

Review of the ALF's employee files showed the following:

Staff E, Nursing Assistant Certified, was hired on 06/14/2023. Staff E had a Washington State name and date of birth background check dated 06/14/2023, that was valid until 06/14/2025. Review of a Washington State name and date of birth background check showed it was not completed until 06/17/2025, which was three days with no valid background check.

In an interview on 05/13/2026 at 10:19 AM, Staff A, Executive Director, stated that they tracked and completed all background checks for the ALF's staff. Staff A stated that they had missed Staff E's two-year background check.

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Findings included…

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Review of the ALF's "Bethany at Sliver Lake Employee PPD Testing policy" dated 07/10/2020, showed that new employees will have a test within three days of employment or start date.

Review of the ALF's Characteristic Roster and Sample Selection provided to the inspection team on 05/12/2026, showed 48 residents resided in the ALF.

Review of the ALF' s employee roster showed that Staff C was hired on 03/01/2026

Review of the ALF's employee files showed the following:

Staff C, Registered Nurse (RN)/Director of Nursing Services (DNS), was hired on 03/01/2026. There was no documentation showing TB screening had been completed within three days of hire.

In an interview on 05/13/2026 at 10:12 AM, Staff A, Executive Director (ED) stated that they had been unable to locate the original positive TB test for Staff C.

In an interview on 05/13/2026 at 3:08 PM, Staff C stated that they had tested positive in the past and thought the chest X-ray dated 03/08/2016 was all that was needed at time of hire.

In an interview on 05/14/2026 at 2:20 PM, Staff A, ED, stated that they thought a chest Xray Staff C had provided would cover them for their tuberculosis screening.

Plan/Attestation Statement

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Emily Scott
Administrator (or Representative)

5/27/26
Date

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

(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

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Staff C, Registered Nurse (RN)/Director of Nursing Services (DNS), was hired on 03/01/2026. There was no documentation showing TB screening had been completed within three days of hire.

In an interview on 05/13/2026 at 10:12 AM, Staff A, Executive Director (ED) stated that they had been unable to locate the original positive TB test for Staff C.

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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:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

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

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 kitchen (Main Kitchen) that provided meal preparation and services to residents maintained a dietitian-approved diet manual available for use by kitchen staff. This failure placed 48 residents at risk of receiving services that did not meet the current nutritional standards.

Findings included…

In an observation on 05/12/2026 at 12:16 PM, Staff G, Dietary Manager, prepared and plated food for the lunch meal.

In a Resident Group meeting on 05/12/2026 at 1:10 PM, unsampled residents stated that they had been concerned that the food prepared by the facility cook didn't meet their nutritional needs. The residents stated they had been frequently receiving high carbohydrate meals with no fresh fruit or vegetables.

In an interview on 05/13/2026 at 1:20 PM, Staff G stated that they had developed the weekly meal plan based on recipes they had made in the past and suggestions provided by the residents. Staff G stated they had not used a dietary manual to create the weekly menus.

In an interview on 05/13/2026 at 3:25 PM, Staff A, Executive Director, stated that they did not have a dietary manual in the kitchen and didn't know the ALF needed to have one available for staff that developed and prepared meals for residents.

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