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

BELLEVUE GARDENS MANAGER LLC
THE GARDENS AT TOWN SQUARE
933 111th Ave NE
Bellevue, WA 98004

RE: THE GARDENS AT TOWN SQUARE License # 1604

Dear Administrator:

This letter addresses Compliance Determination(s) 78377 (Completion Date 07/07/2026) and 76814 (Completion Date 05/18/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/07/2026 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-2468-1, WAC 388-78A-2305-1, WAC 246-215-02310-5, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-c, WAC 388-78A-2700-1-a, WAC 388-78A-2700-3-f

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

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

Statement of Deficiencies	License #: 1604	Compliance Determination # 76814
Plan of Correction	THE GARDENS AT TOWN SQUARE	Completion Date
Page 1 of 9	Licensee: BELLEVUE GARDENS MANAGER LLC	05/18/2026

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 05/05/2026 and 05/08/2026 of:
THE GARDENS AT TOWN SQUARE
933 111TH AVE NE
BELLEVUE, WA 98004

The following sample was selected for review during the unannounced on-site visit: 9 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF 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.

Jim Sherman
Residential Care Services

05-20-2026
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.

Ash Betz
Administrator (or Representative)

5/27/26
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit the Washington state name and date of birth (WNDOB) background inquiry (BGI) for 1 of 2 sampled contracted staff (Staff H) within one business day after their start date. This failure placed 64 residents at risk for abuse and neglect from contract staff.

Findings included...

Review of the facility's Assisted Living Facility Resident Characteristic Roster, dated 05/05/2026, showed that 64 residents received assisted living services.

STAFF H
Review of the facility's personnel files showed that the facility hired Staff H, Registered Nurse/Contracted Agency Staff, on 04/01/2026. Review of Staff H's work schedule showed that Staff H provided care and services to the residents between 04/01/2026 and 04/10/2026. Review of Staff H's employee records showed that the facility completed the WNDOB BGI through the Department's Background Check Central Unit (BCCU) for Staff H on 05/07/2026, 36 days after hire.

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During an interview on 05/07/2026 at 2:55 PM, Staff G, Executive Director, stated that the facility hired care staff from contracted healthcare agencies. Staff G stated that the facility did not have a system in place to complete the background check for the contracted care staff on each of their start dates. Staff G stated that the contracted homecare agencies completed the background check for the agency staff and provided them the background check results. Staff G stated that when they hired Staff H, they did not receive Staff H's WNDOB BGI from their contracted homecare agency. Staff G stated that the facility did not complete the WNDOB BGI for Staff H on their start date.

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, THE GARDENS AT TOWN SQUARE is or will be in compliance with this law and / or regulation on (Date) 7/1/2026 .

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

Administrator (or Representative) Ah Betz Date 5/27/26

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees 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:

(5) After handling soiled equipment or utensils;

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to follow proper sanitation procedures for 1 of 2 kitchens (Main Facility Kitchen). This failure placed 64 residents at risk of consuming contaminated food and contracting food borne illnesses.

Findings included...

Review of the facility's policy titled, "General Sanitation Policy and Procedure" dated 04/02/2013, showed that "to avoid cross contamination, employees involved in dishwashing will sanitize their hands before touching clean dishes by following correct

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handwashing procedures". The policy showed that towels used for sanitization purposes were not to be kept on the counters.

During an interview on 05/06/2026 at 12:15 PM, Staff K, Dishwasher, stated through an interpreter (unidentified dietary coworker) that the process for cleaning dirty dishes, utensils, pots and pans entailed removal of debris from soiled dishes, with a sprayer and hard to remove food particles were scrubbed off. The soiled dishes were then placed in a dishwasher rack. Staff K stated that the soiled dishwasher rack was then pushed into the dishwasher from the dirty side. Staff K stated that once the dishwasher cycle was completed they removed their soiled disposable gloves and removed the clean dishrack from the clean side of the dishwasher and put the clean dishes away.

Observation on 05/06/2026 at 12:32 PM showed Staff K used the sprayer to remove food debris from the soiled dishes, utensils and pots and pans. Observation showed Staff K placed the dishes into a dishwasher rack and placed the rack into the dishwasher from the dirty side. Observation showed gloves were not worn by Staff K during the process. Staff K removed the clean dishrack with clean dishes and utensils from the clean side of the dishwasher and put the dishes away without washing their hands in-between handling dirty and clean dishes. Observation at 12:46 PM showed Staff K repeated the process three times before they wiped off the front of their apron with a towel, dried off their hands with the same towel and continued to put the clean dishes away without ever washing or sanitizing their hands.

During an interview on 05/06/2026 at 1:00 PM, Staff L, Registered Dietician, stated that Staff K did not follow the correct dishwasher policy and procedures.

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, THE GARDENS AT TOWN SQUARE is or will be in compliance with this law and / or regulation on (Date) 6/8/2026 .

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

Administrator (or Representative) Ashley Betz Date 5/27/26

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

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(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to assess and implement nurse delegation services for 3 of 5 sampled residents, (Resident 2, Resident 8, and Resident 9). This failure placed Resident 2, Resident 8, and Resident 9 at risk for unsafe medication administration by non-licensed staff.

Findings included...

According to WAC 246-840-930 Criteria for delegation. (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

Review of the facility's undated Disclosure of Services showed the facility provided intermittent nursing services and used nursing assistants to administer drops, oral, and topical medications under the delegation of a Registered Nurse.

Review of the facility's "Nurse Delegation" policy dated 04/02/2013, showed that the facility provided nurse delegation services. The policy showed that "a Registered Nurse will delegate tasks of nursing care when the nurse determines that it is in the best interests of the resident for a non-licensed staff person to provide the task". The policy showed that the Registered Nurse Delegator (RND) would determine if the resident was stable and predictable and that the resident could not be taught to do perform the task themselves. The policy showed that the delegating RN would evaluate and ensure the delegated staff were competent to administer resident medications. Review of the policy showed that the RND would design a "clear delegation plan" for each resident delegated task.

RESIDENT 2

Review of Resident 2's records showed they were admitted by the facility in [redacted] 2024 with a diagnosis of [redacted] and [redacted]. Review of Resident 2's undated Individual Service Plan (ISP) showed Resident 2 required maximum assistance for instrumental activities of daily living. Review of the facility's "Resident Characteristics Roster" dated 05/05/2026 showed that Resident 2 resided in the secured memory care unit.

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Observation and interview on 05/07/2026 at 3:06 PM, showed Resident 2 seated at a table in the dining/activity room of the secured memory care unit. Resident 2 was encouraged to play a small tambourine during a musical activity by an unidentified Life Enrichment staff. Resident 2 stated the temperature was comfortable and they felt safe. Resident 2 did not respond coherently or appropriately to additional questions.

Observation on 05/08/2026 at 7:45 AM, showed Staff I, Lead Resident Assistant, administered Resident 2 their medications.

Review of the facility's nurse delegation binder showed no documentation that Resident 2 was on nurse delegation services. Review of Resident 2's records showed no documentation that Resident 2 received nurse delegation services.

RESIDENT 8

Review of Resident 8's records showed that the facility admitted Resident 8 in [redacted] 2024 with a diagnosis of [redacted] and [redacted]. Review of the facility's resident characteristics roster dated 05/05/2026 showed that Resident 8 resided in the secured memory care unit. Review of Resident 8's undated ISP showed Resident 8 required staff assistance due to inappropriate judgement related to safety. Resident 8's ISP showed that Resident 8 received hands on assistance with eating. The ISP showed Resident 8 required assistance with medication administration.

Observation on 05/08/2026 between 8:00 AM – 08:30 AM, showed Resident 8 seated in a wheelchair at the breakfast table in the secured memory care unit dining/activity room. Observation showed an unidentified facility Resident Assistant physically hand feed Resident 8 breakfast.

Review of the facility's nurse delegation binder showed no documentation that Resident 8 was on nurse delegation services. Review of Resident 8's records showed no documentation that Resident 8 received nurse delegation services.

RESIDENT 9

Review of Resident 9's records showed that the facility admitted Resident 9 in [redacted] 2024 with a diagnosis of [redacted]. Review of the facility's resident characteristics roster dated 05/05/2026 showed Resident 9 resided in the secured memory care unit.

Review of Resident 9's "Functional Evaluation" dated 04/15/2026 showed that Resident 9 required hands-on assistance with eating. The functional evaluation showed that Resident 9 was aware they took medications. The functional evaluation showed that Resident 9 required assistance with medication administration.

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Observation on 05/08/2026 between 8:00 AM – 08:30 AM, showed Resident 9 seated in a wheelchair at the breakfast table in the secured memory care unit dining/activity room. Observation showed an unidentified facility Resident Assistant physically hand feed Resident 9 breakfast.

Observation 05/08/2026 at 10:15 AM, showed Resident 9 was unable to coherently participate in an interview. Observation showed an unidentified Resident Assistant transferred Resident 9 to the toilet during care.

During an interview on 05/08/2026 at 9:00 AM, Staff I stated that they administered Resident 2, Resident 8, and Resident 9 their medications. Staff I stated that the three residents were not capable to place the medications into their own mouths due to cognitive impairment and required staff to place the pills in their mouths for them. Staff I stated that both Resident 8 and Resident 9 required the Resident Assistants to hand feed them. During the interview Staff J, Registered Nurse, Community Nurse, questioned Staff I whether Resident 2, Resident 8, and Resident 9 required medication administration. Staff I confirmed that all three residents required medication administration.

Review of the facility's nurse delegation binder showed no documentation that Resident 9 was on nurse delegation services. Review of Resident 9's records showed no documentation that Resident 9 received nurse delegation services.

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, THE GARDENS AT TOWN SQUARE is or will be in compliance with this law and / or regulation on (Date) 6/26/2026

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

Administrator (or Representative) Ash Betz Date 5/27/26

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

(3) The assisted living facility's emergency preparedness plan must include procedures for:

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(f) Provision of essential resident needs and supplies, including water, food, medications, and personal care items; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to have a system in place to ensure that 1 o1 emergency water tank (Tank 1) identified in the disaster manual as the three-day emergency water supply, was readily accessible for residents in an emergency. The facility failed to ensure that 1 of 1 Bio-hazardous waste storage room and 1 of 1 beauty salon (Bio-Hazard waste and Beauty Salon) with hazards to residents were secured for resident safety. This placed 64 residents at risk of harm.

Findings included...

Review of the facility's Characteristics Roster dated 05/05/2026 showed that 64 residents resided and received assisted living services at the facility. The characteristics roster identified 28 residents with cognitive impairment.

EMERGENCY WATER

Observation during the facility environment tour with Staff G, Executive Director, on 05/05/2026 at 12:43 PM, showed a blue round 500-gallon emergency water tank located in the storage area in the facility's main garage. Observation showed several hand pumps with hoses in a large plastic bag. There were no containers in which to collect the water. There were no instructions on the tank or in the storage room to show how to obtain the water from the water tank. Observation showed a spigot near the bottom of the tank.

During an interview on 05/05/2026 at 12:43 PM Staff G stated they did not know how the emergency water was to be accessed.

Review of the facility's undated emergency and disaster manual identified the location of the 500-gallon emergency water tank. The manual did not provide instructions on how to access the water.

Observation and interview on 05/08/2026 at 12:42 PM, with Staff G, showed a sign posted on the 500-gallon emergency water tank with instructions on how to access the emergency water. The sign instructed staff to remove the lid on the top of the tank, place the pump inside the tank and pump the water into cups as needed. Due to the height of the tank observation showed a step stool located next to the tank to be used to reach the lid. Staff G stated that it would be cumbersome and difficult to operate the water pump while trying to fill a single cup with water. Staff G stated that the instructions would need to be rewritten and showed larger containers were to be used.

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UNSECURED ROOMS

Observation and interview during the facility environment tour on 05/08/2026 at 12:20 PM, showed the door to a storage room labeled biohazard waste was unlocked. Observation showed the room contained biohazard boxes and biohazard red bags with unidentified waste. Observation showed a biohazard box that contained used sharps containers. Staff G stated that the door was supposed to be locked.

Observation and interview on 05/08/2026 at 12:35 PM, showed a beauty salon located on the first floor was unlocked. Observations showed multiple hair products which included hair coloring and other toxic chemicals. Observation showed that the beauty salon was open on Wednesdays, Fridays, and Saturdays. Staff G stated that the door was to be locked when the beauty salon was closed.

ROOF FIRE ESCAPE HATCH

Observation during the facility tour on 05/05/2026 at 11:37 AM, showed a staircase that led up to the roof access hatch. Observation showed that the roof hatch was unlocked. Observation at 11:42 AM showed a ladder that led to the roof access hatch in stairwell B was unlocked. Observation showed the padlock for the stairwell B hatch was locked onto the second rung of the roof access ladder.

During an interview on 05/05/2026 at 11:42 AM, Staff G stated that both roof access hatches were supposed to be locked to prevent unauthorized access to the roof from within the building and external access.

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, THE GARDENS AT TOWN SQUARE is or will be in compliance with this law and / or regulation on (Date) 6/5/2026.

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

Ellen Betz — Administrator (or Representative)

5/27/26 — Date

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

BELLEVUE GARDENS MANAGER LLC
THE GARDENS AT TOWN SQUARE
933 111th Ave NE
Bellevue, WA 98004

RE: THE GARDENS AT TOWN SQUARE # 1604

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/18/2026 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:

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

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/18/2026), no later than 07/02/2026 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-3040 Laundry.

(5) The assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility, including areas or rooms where soiled laundry is held for processing by off site commercial laundry services.

The Assisted Living Facility did not to ensure that the exhaust fan vent cover in the facility's main commercial laundry room was free of debris and was fully operational. The exhaust vent was located over a large folding table and covered with heavy lint which restricted the exhaust flow. During the Licensing inspection the facility cleaned the exhaust fan vent cover which allowed the exhaust vent to operate at full capacity.

This deficiency was corrected by the exit conference.

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

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

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

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

Enclosure

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