STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

12/30/2025

OLYMPIC PLACE RETIREMENT AND ASSIST
OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
SALEM, OR 97317

RE: OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY # 1712

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70677 (Completion Date 12/30/2025) and 68404 (Completion Date 11/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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:

(b) Basic;

(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.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

The Department staff who did the On Site verification:

Allison Nunn, Long Term Care Surveyor
Karen Glover, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 11/06/2025 of:
OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
20909 Olympic Pl NE
Arlington, WA 98223

This document references the following SOD dated: 11/13/2025

The following sample was selected for review during the unannounced on-site visit: 11 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Karen Glover, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

11/20/2025
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.

Lynette K Chambers
Administrator (or Representative)

Date 12/14/2025

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:

(b) Basic;

(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.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff D and E) met the training requirements. These failures resulted in Staff D and E not having the necessary training related to their job duties and placed all residents at risk of harm by being cared for by unqualified staff.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0080(5) showed long-term care workers in ALFs must complete the 70-hour Basic training within 120 days of their date of hire.

Record review showed Staff D (Medication Technician-MT) was hired 01/31/2024 and had no documentation of completed Basic Training, 645 days after their hire date.

Record review showed Staff E (Caregiver) was hired 02/02/2024 and had no documentation of completed Basic Training, 643 days after their hire date.

In an interview, on 11/06/2025 at 2:30 PM, Staff C (Operations Specialist) confirmed that Staff D and E had not completed the 70-hour Basic Training.

This is an uncorrected deficiency for subsection (2)(b) previously cited on 09/15/2025.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 12-15-2025

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

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 1712	Compliance Determination # 64715
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
Page 1 of 32	Licensee: OLYMPIC PLACE RETIREMENT AND ASSIST	09/15/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 08/26/2025 and 09/03/2025 of:
OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
20909 Olympic Pl NE
Arlington, WA 98223

This document references the following complaint numbers: 190545.

The following sample was selected for review during the unannounced on-site visit: 14 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jessica Seigler
Residential Care Services

9/18/2025
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.

Holly Smalley (Designee)
Administrator (or Representative)

9/25/2025
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF), failed to obtain physician prescribed medications in a timely manner for 9 of 14 sampled residents (Resident 2, 3, 7, 8, 9, 11, 12, 13, and 14). This failure resulted in Residents 2, 3 ,7, 8, 9, 11, 12, 13, and 14 not receiving their prescribed medications and placed them at risk for medical complications.

Findings included...

Record review of the ALF's policy titled, "Medication Systems", dated 06/04/2025, showed the ALF was to establish supply/order systems to make resident medications available when needed, and document and notify when the medication was unavailable.

Record review of the ALF's Medication Technicians (MT) training manual, roles and responsibilities, undated, showed a MT's day-to-day tasks included reordering of resident medications.

Resident 2

Record review of an undated face sheet showed the ALF admitted Resident 2 on

[redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted].

Record review of a Resident Service Plan (equivalent to a Negotiated Service Agreement), dated 08/26/2025, showed the ALF would administer medications as directed by the physician.

Record review of an Electronic Medication Administration Record (EMAR), dated 08/20/2025 through 08/26/2025, showed Resident 2 had physician orders for amlodipine (treats high blood pressure) once per day; calcium citrate (supplement) once per day; diclofenac sodium gel (joint pain relief) three times per day; doxepin HCL (treats depression) once per day; miconazole nitrate cream (treats rash) twice per day; senna (treats constipation) twice per day.

Record review of an EMAR, dated 08/20/2025 through 08/26/2025, showed when ALF staff circled their initials, it identified that medications were not given. The EMAR showed Resident 2's amlodipine was not given for six doses from 08/21/2025 to 08/26/2025; calcium citrate was not given for five doses from 08/22/2025 through 08/26/2025; diclofenac sodium gel was not given for 17 doses from 08/21/2025 through 08/26/2025; doxepin HCL was not given for four doses from 08/23/2025 through 08/26/2025; miconazole nitrate cream was not given for 13 doses from 08/20/2025 through 08/26/2025; and senna was not given for 13 doses from 0820/2025 through 08/26/2025. The reasons shown on the EMAR of why the medications were not given were; medications did not arrive, coordinating with rehab and doctors about revised medication list, corresponding with pharmacy and rehab for refills, transferring all medications from rehab to our facility, working on refills for missing medications, coordinating with pharmacy to get missing medications delivered, and awaiting delivery.

Record review of Resident 2's progress notes dated 06/23/2025 through 08/27/2025 showed no documentation regarding the missed medications.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses including [redacted].

Record review of a Resident Service Plan, dated 04/27/2025, showed the ALF would provide support with medication administration.

Record review of an EMAR, dated 06/29/2025 through 08/23/2025, showed Resident 3 had physician orders for asamanex HFA inhaler (used for treatment of asthma) twice a day; instaflex capsule (pain supplement) once a day; Lidocaine patch (treats nerve pain)

once a day; aspirin (blood thinner) twice a day; celecoxib (pain and anti-inflammatory) twice a day.

Record review of an EMAR, showed Resident 3's asamanex inhaler was not given for five doses from 06/29/2025 to 07/03/2025; instaflex capsule was not given for ten doses from 07/01/2025 to 07/20/2025; lidocaine patch was not given for ten doses from 07/01/2025 to 07/28/2025; aspirin was not given for four doses from 07/28/2025 to 08/15/2025; and celecoxib was not given for seven doses from 07/28/2025 to 08/23/2025. The reasons shown on the EMAR of why the medications were not given were, medication had not arrived, and medication was unavailable.

Resident 7

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2024 with multiple medical diagnoses including a [redacted].

Record review of Resident 7's Resident Service Plan, dated 08/28/2025, showed the ALF would administer medications per physician's orders.

Record review of an EMAR, dated 06/10/2025 through 06/16/2025, showed Resident 7 had physician orders for famotidine (reduces stomach acid) twice per day and lisinopril (treats high blood pressure).

Record review of the EMAR, dated 06/10/2025 through 06/16/2025, showed Resident 7's famotidine was not given for 13 doses from 06/10/2025 through 06/17/2025. The reasons shown on the EMAR of why the medication was not given were; medication not arrived, waiting on pharmacy to deliver, medication not in cart and medication ordered multiple times through the pharmacy. Record review of the EMAR, dated 07/25/2025 through 07/30/2025, showed Resident 7's lisinopril was not given for six doses from 07/25/2025 through 07/30/2025. The reasons shown on the EMAR of why the medication was not given were; contacting pharmacy to order medication, medication had not arrived; medication not in cart, ordered again through the pharmacy.

Resident 7 had no progress notes available for review.

Resident 8

Record review of an undated face sheet showed the ALF admitted Resident 8 on [redacted]/2024 with multiple diagnoses including [redacted].

Record review of Resident 8's Resident Service Plan, dated 01/27/2025, showed the ALF

would provide support with medication administration.

Record review of an EMAR, dated 05/31/2025 to 06/07/2025, showed Resident 8 had physician orders for escitalopram oxalate (anti-depressant) once a day.

Record review of the EMAR, dated 05/31/2025 to 06/07/2025, showed that Resident 8's escitalopram was not given for six doses from 05/31/2025 to 06/06/2025. The reasons shown on the EMAR of why the medications were not given were medication was not in the cart.

Record review of Resident 8's progress notes for June 2025 showed no documentation regarding residents missing medications.

Resident 9

Record review of an undated face sheet showed the ALF admited Resident 9 on [redacted]/2024 with multiple medical diagnoses including [redacted] and [redacted].

Record review of a Resident Service Plan, dated 02/11/2025, showed the ALF would administer medications per doctors orders.

Record review of the EMAR, dated 07/01/2025 through 07/31/2025, showed Resident 9 had physician order for eliquis (reduces the risk of stroke and blood clots) twice per day; gabapentin (treats nerve pain) once per day, and hydromorphone (pain relief) four times per day.

Record review of the EMAR, dated 07/01/2025 through 07/31/2025, showed showed Resident 9's eliquis was not given for nine doses from 07/05/2025 through 07/29/2025; gabapentin was not given for 18 doses from 07/05/2025 through 07/29/2025; hydromorphone was not given for 12 doses from 07/04/2025 through 07/31/2025. The reasons shown on the EMAR of why the medications were not given were; medication not in cart; medication had not arrived; resident was out of medication, and hospice had been contacted. Record review of the EMAR, dated 08/04/2025 through 08/13/2025, showed Resident 9's gabapentin was not given for seven doses from 08/04/2025 through 08/13/2025. The reason shown on the EMAR of why the medication was not given was; medication had not arrived.

Record review of Resident 9's progress notes dated 05/29/2025 through 08/12/2025 showed no documentation regarding missed medications.

Resident 11

Record review of an undated face sheet showed the ALF admitted Resident 11 on [redacted]/2024 with multiple diagnoses including [redacted] and [redacted].

Record review of Resident 11's Resident Service Plan, dated 01/23/2025, showed the ALF would provide support with medication administration.

Record review of the EMAR, dated 07/25/2025 through 08/31/2025, showed Resident 11 had physician orders for digestive enzymes three times a day; and cyanocobalamin (vitamin supplement) once a day.

Record review of the EMAR, dated 07/25/2025 to 08/31/2025, showed Resident 11's digestive enzyme was not given for 59 doses from 07/25/2025 to 08/31/2025; cyanocobalamin was not given for 18 doses from 07/25/2025 to 08/31/2025. The reasons shown on the EMAR of why the medications were not given were; medication was not in the cart and family had been notified that the digestive enzymes needed to be reordered.

Record review of Resident 11's progress notes for 07/01/2025 to 08/31/2025, showed no documentation regarding the missing medications.

Resident 12

Record review of an undated face sheet showed the ALF admitted Resident 12 on [redacted]/2018 with multiple diagnoses including [redacted].

Record review of Resident 12's Resident Service Plan, dated 07/31/2025, showed the ALF would provide support with medication administration.

Record review of an EMAR, dated 07/11/2025 through 08/31/2025, showed Resident 12 had physician orders for atorvastatin (lowers bad cholesterol) once daily; estrace cream (used to treat vaginal changes) twice daily; topiramate (anticonvulsant medication) three times a day; and levothyroxine (used to treat thyroid gland issues) once daily.

Record review of the EMAR, dated 07/11/2025 to 08/31/2025, showed that Resident 12's atorvastatin was not given for 23 doses from 07/11/2025 to 08/31/2025; estrace cream was not given for 3 doses from 07/25/2025 to 08/31/2025; topiramate was not given for four doses from 07/25/2025 to 08/31/2025; levothyroxine was not given for

three doses from 07/25/2025 to 08/31/2025. The reasons shown on the EMAR of why the medications were not given were; medication was not in the cart.

Record review of Resident 12's progress notes for 07/01/2025 to 08/31/2025 showed no documentation regarding residents missing medications.

Resident 13

Record review of an undated face sheet showed the ALF admitted Resident 13 on [redacted]/2024 with multiple diagnosis including [redacted].

Record review of Resident 13's Resident Service Plan, dated 03/09/2025, showed the ALF would provide support with medication administration.

Record review of an EMAR, dated 07/31/2025 through 08/23/2025, showed Resident 13 had physician orders for lisinopril (treats high blood pressure) once a day; and fluticasone propionate (treats allergies) once a day.

Record review of an EMAR, dated 07/31/2025 through 08/23/2025, showed Resident 13's lisinopril was not given for three doses from 07/31/2025 to 08/02/2025; fluticasone propionate was not given for two doses from 08/25/2025 to 08/26/2025. The reasons shown on the EMAR of why the medications were not given were; medication was not in the cart.

Record review of Resident 13's progress notes for 07/01/2025 to 08/31/2025 showed no documentation regarding residents missed medications.

Resident 14

Record review of an undated face sheet showed the ALF admitted Resident 14 on [redacted]/2025 with multiple diagnosis including [redacted] and a [redacted].

Record review of Resident 14's Resident Service Plan, dated 06/19/2025, showed that the ALF would provide support with medication administration.

Record review of an EMAR, dated 07/01/2025 to 07/23/2025, showed Resident 14 had physician orders for acyclovir (treats herpes virus) once a day; vitamin B-12 (supplement) three times a week; and rivaroxaban (blood thinner) once a day.

Record review of an EMAR, dated 07/01/2025 through 07/23/2025, showed Resident 14's acyclovir was not given for five doses from 07/01/2025 to 07/23/2025; vitamin B-12 was not given for four doses from 07/01/2025 to 07/31/2025; and rivaroxaban was not given for two doses from 07/01/2025 to 07/23/2025. The reasons shown on the EMAR of why the medications were not given were; medication was not in the cart.

Record review of Resident 14's progress notes dated 07/01/2025 to 07/31/2025, showed no documentation regarding residents missed medications.

In an interview, on 08/27/2025 at 2:49 PM, Staff I, Registered Nurse, stated that she and Staff J (Assisted Living Director) evaluate missed medications every day.

In an interview, on 08/28/2025 at 10:31 AM, Staff J stated that the pharmacy had a process that did not work for the facility. Staff J stated that they used an online application to communicate with the pharmacy and all communication regarding missing medications should be in the residents' progress notes.

In an interview, on 08/28/2025 at 11:22 AM, Staff J stated that she and Staff I go through the missed medications every morning.

In an interview, on 09/02/2025 at 12:35 PM, Staff F, Medication Technician, stated that they had an application on their phone and the laptop to order medications from the pharmacy. Staff F stated that there were residents that went without medication because of the ordering process from the pharmacy.

This deficiency was previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025 .

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

Holly Sindelar (Designee) 9/25/2025

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place when 2 of 2 narcotic books (Medication Cart 1 and 2) were not signed showing narcotic counts were completed. This placed all residents who received narcotic medications at risk of possible medication errors.

Findings included...

Record review of the ALF's policy titled, "Medication Systems" dated 06/04/2025, showed procedures would be established for ordering and receiving medications into the community and adequate instruction provided about the requirements for special tracking of narcotics and other controlled substances, including shift count verifications.

Record review showed the narcotic books for Medication Cart 1 and 2, for both medication carts, used by the ALF had pages in the front that were designated for two signatures to document each time staff conduct a narcotic count.

Record review, on 09/02/2025 at 4:22 PM, showed the narcotic books for Medication Cart 1 and 2, for both medication carts, had not have been signed during shift change between night and day shifts, 09/02/2025, and day and evening shifts, 09/02/2025.

In an interview, on 09/02/2025 at 4:22 pm, Staff I, Registered Nurse, stated that the Medication Technicians (MT), had received an in-service regarding narcotic counts and signing the narcotic book.

In an interview, on 09/02/2025 at 4:24 pm, Staff G, MT, stated they did not have time to

count the narcotics at the beginning of their shift.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Holly Sindelar (Designee) 9/25/2025

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:

(b) Basic;

(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.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff (Staff A, B, C, D, E and F) met the training requirements. These failures resulted in Staff A, B, C, D, E and F not having the necessary training related to their job duties and placed all 67 residents at risk of harm by being cared for by unqualified staff.

Findings included...

Basic Training

Review of Washington Administrative Code (WAC) 388-112A-0080(5) showed long-term

care workers in ALFs must complete the 70-hour Basic training within 120 days of their date of hire.

Record review of the ALF's employee files showed the following:

Staff B, Caregiver, was hired on 02/02/2024. Staff B had no record of completed Basic training 571 days after their date of hire.

Staff D, Medication Technician (MT), was hired on 01/31/2024. Staff D had no record of completed Basic training 573 days after their date of hire.

In an interview, on 08/27/2025 at 2:37 PM, Staff D stated that they had not completed 70- hour basic training.

In an interview, on 08/28/2025 at 9:16 AM, Staff A, Executive Director, stated that it was the Assisted Living Director's responsibility to ensure staff had their required credentials.

Cardiopulmonary resuscitation (CPR) and First Aid Training

Review of WAC 388-112A-0720 showed long-term care workers must obtain a CPR and first aid card or certificate within 30 days of hire and maintain their certification thereafter.

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

Staff C, Caregiver, was hired 07/17/2025. Staff C had no record of CPR and first aid training 40 days after their date of hire.

In an interview, on 09/02/2025 at 1:26 PM, Staff C stated that they do not have a CPR and first aid card.

Continuing Education

Review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education (CE) by their birthday each year.

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

Staff A, Executive Director, was hired 07/25/2023. There was no documentation that Staff A had completed any CE in the time period between their birthday in 2023 and their birthday in 2024.

Staff B, Caregiver, was hired 02/02/2024. There was no documentation that Staff B had completed any CE in the time period between their birthday in 2024 and their birthday in 2025.

Staff D, MT, was hired 11/29/2022. There was no documentation that Staff D had completed any CE in the time period between their birthday in 2024 and their birthday in 2025.

Staff E, Caregiver, was hired 11/29/2022. There was no documentation that Staff E had completed any CE in the time period between their birthday in 2023 and their birthday in 2024.

Staff F, MT, was hired 06/03/2023. There was no documentation that Staff F had completed any CE in the time period between their birthday in 2024 and their birthday in 2025.

In an interview, on 08/27/2025 at 1:56 PM, Staff F stated that they had not completed any CE since their initial training when they were hired at the ALF.

In an interview, on 08/27/2025 at 2:43 PM, Staff D stated that they had not completed any training on Relias (an online platform that provided training and compliance for healthcare industries).

In an interview, on 08/28/2025 at 9:16 AM, Staff A stated that staff had problems logging into Relias.

In an interview, on 09/02/2025 at 5:31 PM, Staff H, Regional Director of Operations, stated that it was company policy to have staff obtain their CE through Relias. Staff H stated that the Assisted Living Director was responsible for ensuring CE was completed for the staff every month.

Training and Orientation for specific job duties

Review of 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.

Review of the ALF's policy titled, "Health Services Staff Training", dated 10/11/2023, showed each health services staff would be provided with initial training specific to their assigned roles. Initial training would be documented using a skills checklist.

Review of the ALF's employee files showed:

Staff E, MT, was hired 07/30/2025. There was no documentation that Staff F had completed training that was specific to their job duties as a MT.

In an interview, on 09/03/2025 at 11:20 AM, Staff H stated that Staff G does not have an orientation check list completed.

Home Care Aide (HCA) Certification

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

Staff B, Caregiver, was hired 02/02/2024. There was no documentation that Staff B had obtained their HCA certification 571 days after their date of hire.

Staff D, MT, was hired 01/31/2024. There was no documentation that Staff D had a current DOH certification.

Review the DOH's online Provider Credential Search database, on 09/02/2025, showed Staff B did not have home care aide nor nursing assistant certified credentials in the State of Washington.

In an interview, on 08/28/2025 at 9:12 AM, Staff A, Executive Director, stated that they gave Staff B information on how to obtain HCA certification. Staff A stated that they did not know why Staff B was not yet certified.

Active Certification

Review of WAC 388-112A-0060 - What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators? (a) Long-term care worker in assisted living facility. Required

credential Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090.

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

Staff D, MT, was hired 11/29/2022. Review the DOH's online Provider Credential Search database, on 09/02/2025, showed Staff D's Nursing Assistant Registration expired on 02/26/2025.

In an interview, on 08/27/2025 at 2:37 PM, Staff D stated that they knew their license was expired and they would renew it when they were able.

This deficiency was previously cited on 06/01/2023 under subsection (3).

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Holly Sindelar (Designee) — Administrator (or Representative)

9/25/2025 — Date

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician when 1 of 3 Residents (Resident 5) had weight loss. This placed Resident 5 at risk of not receiving additional medical interventions needed by their provider.

Findings included...

Record Review of the ALF's policy titled, "Weight Monitoring", dated 06/04/2025.

showed the ALF would monitor a resident's weight on a monthly basis to help identify the occurrence of significant losses or gains and that physician notification would take place for significant unexpected variances in weights.

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2020 with multiple medical diagnoses including [redacted] and [redacted].

Record review of a Resident Service Plan (equivalent to a Negotiated Service Plan), dated 05/29/2025, showed Resident 5 was not at risk for weight loss and did not have recent weight loss.

Record review of a Progress Note (PN), dated 06/15/2025, showed Resident 5 had an 11.26% weight loss in the last month and a 13.50% weight loss over the past 180 days. The PN, showed that Resident 5 was getting their weight checked weekly with parameters to notify the physician.

Record review of the Electronic Medication Administration Record (EMAR), dated 05/01/2025 through 08/31/2025, showed Resident 5 was to have a weight recorded weekly, monitored for a weight gain or loss of three pounds, and physician notification.

Record review showed there was no documentation in the PNs or EMAR that Resident 5's physician was notified of their weight loss.

In an interview, on 08/28/2025 at 4:36 PM, Staff I, Registered Nurse, stated she was aware of Resident 5's weight loss.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Holly Sindelar (Designee) — Administrator (or Representative)

9/25/2025 — Date

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

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF), failed to ensure information related care and service needs were incorporated into the Negotiated Service Agreement (NSA) for 3 of 9 residents (Resident 3, 5, and 9). These failures place Resident 3, 5, and 9 at risk on not receiving interventions appropriate to their care needs and health status.

Findings included...

Review of Washington Administrative Code 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: (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following: (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340(5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses including [redacted].

Record review of Resident 3's progress notes, dated 06/03/2025 to 08/14/2025, showed Resident 3 had received home health services to manage a wound on their right buttock.

Record review of Resident 3's Resident Service Plan (equivalent to an NSA), dated 04/27/2025, showed no updates had been made to include the home health visits including interventions for the wound management.

In interview, on 08/28/2025 at 1:38 PM, Resident 3 confirmed they currently had a wound that was being managed by home health.

Resident 5

Record review of an udated face sheet showed the ALF admitted Resident 5 on [redacted]/2020 with multiple medical diagnoses including [redacted] and [redacted].

Record review of a Resident Service Plan, dated 05/29/2025, showed Resident 5 used a four wheeled walker to ambulate and could walk steadily.

Record review of a Progress Note, dated 07/04/2025, showed Resident 5 had a broken foot. The progress note showed the ALF staff provided Resident 5 a wheelchair to use because Resident 5 was instructed to not put weight on their foot.

An observation, on 08/28/2025 at 2:10 PM, showed Resident 5 self-propelling in a wheelchair within their apartment.

In an interview on 08/28/2025 at 2:47 PM, Resident 5 stated that they used the wheelchair to ambulate because they did not feel very strong.

Record review of a Resident Service Plan, dated 05/29/2025, was not updated to include information on the change of their mobility, use of wheelchair, and what care interventions were needed.

In an interview, on 09/02/2025 at 3:48 PM, Staff H, Regional Director of Operations, stated that the ALF did not have an updated Resident Service Plan regarding Resident 5's broken foot and care needs associated with the change of condition.

Resident 9

Record review of an undated face sheet showed the ALF admited Resident 9 on [redacted]/2024 with multiple medical diagnoses including [redacted]

[redacted] and [redacted].

Record review of Progress Notes, dated 06/29/2025 through 08/12/2025, showed Resident 9 admitted to hospice (end of life care) on 06/26/2025 and had been seen by a hospice nurse 15 times during that timeframe.

Record review of a Resident Service Plan, dated 02/11/2025 showed, "hospice, need to update this", written at the top of the document in black pen. The Resident Service Plan did not inlcude information of the hospice provider, when to call hospice, and interventions related to end of life care.

In an interview, on 08/28/2025 at 11:27 AM, Staff J, Assisted Living Director (ALD), acknowledged that Residents 3, 5 and 9 did not have updated Resident Service Plans. Staff J stated that she tries to update Resident Service Plans when she can.

In an interview on 08/28/2025 at 4:33 PM, Staff I, Registered Nurse, stated that when an Assessment was done, the information was not automatically put into the Resident Service Plan. Staff I stated that the process to complete the Assessments and Resident Service Plans were separate, she would complete the Assessments and Staff J was responsible to complete the Resident Service Plans.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025 .

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

Administrator (or Representative) Holly Sindelar (Designee) Date 9/25/2025

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 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

(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.

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a Full Assessment within 14 days of the resident's move-in date for 3 of 14 sampled residents (Resident 6, 8, 14) and failed to include required medication information for 3 of 14 sampled residents (Resident 3, 8, 11). This failure placed Resident 3, 6, 8, 11 and 14 at risk for unmet care needs.

Findings included...

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses.

Record review of Resident 3's Assessment dated 12/30/2024, did not include their current medications or treatments, the level of assistance needed with medications or how to obtain prescribed medications.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2025 with multiple medical diagnoses.

Record review of Resident 6's records showed a Full Assessment was completed on 08/07/2025, eight days past the expected timeline for the 14-day Full Assessment.

Resident 8

Record review of an undated face sheet showed the ALF admitted Resident 8 on [redacted]/2024 with multiple medical diagnoses.

Record review of Resident 8's records showed a Full Assessment was completed on 01/19/2025, 22 days past the expected timeline for the 14-day Full Assessment.

Record review of Resident 8's Assessment, dated 01/19/2025, did not include their current medications or treatments, the level of assistance needed with medications or how to obtain prescribed medications.

Resident 11

Record review of an undated face sheet showed the ALF admitted Resident 11 on [redacted]/2024 with multiple medical diagnoses.

Record review of Resident 11's Assessment, dated 12/09/2024, did not include their current medications or treatments, the level of assistance needed with medications or how to obtain prescribed medications.

Resident 14

Record review of an undated face sheet showed the ALF admitted Resident 14 on [redacted]/2025 with multiple medical diagnoses.

Record review of Resident 14's records showed a Full Assessment was completed on 09/04/2025, 35 days past the expected timeline for the 14-day Full Assessment.

In an interview on 08/28/2025 at 4:20 PM, Staff I, Registered Nurse, confirmed a resident's needs should be included in their assessment.

This deficiency was previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Holly Smdela (Designee) 9/25/2025

Administrator (or Representative) Date

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

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

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

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

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 Staff (Staff B, C, E, and F) completed the background check requirements. This failure placed 67 residents at risk of being cared for by a staff person whose criminal history is unknown.

Findings included...

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

Staff B, Caregiver, was hired 02/02/2024. Staff B did not have a national fingerprint background check available for review.

Staff C, Caregiver, was hired 04/07/2025. Staff C did not have a national fingerprint background check available for review.

Staff E, Caregiver, was hired 11/29/2022. Staff E did not have a valid Washington state name and date of birth background check available for review.

Staff F, Medication Aide, was hired 06/03/2023. Staff F did not have a valid Washington state name and date of birth background check available for review.

In an interview, on 08/27/2025 at 1:57 PM, Staff F stated that they completed a name and date of birth background check when they were hired but they had not completed another one since.

In an interview, on 08/28/2025 at 9:21 AM, Staff A, Executive Director, stated that Staff B and C did not have a fingerprint background check completed.

In an interview, on 09/02/2025 at 12:48 PM, Staff C stated that they were just given the paperwork to get their fingerprints done. Staff C stated that they did not know they needed to get their fingerprints done.

This deficiency was previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025 .

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

Administrator (or Representative) Holly Sinclair (DESIGNEE) Date 9/25/2025

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

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSA's) were signed by the resident or their representative and an authorized facility representative for 8 of 9 residents (Residents 2, 3, 4, 5, 6, 7, 8, 9). This failure placed Residents 2, 3, 4, 5, 6, 7, 8, 9 at risk of receiving care that was not agreed to and did not support their needs and preferences.

Findings included...

Resident 2

Record review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2021 with multiple medical diagnoses.

Record review of a Resident Service Plan (equivalent to an NSA), dated 08/26/2025, showed no signature for Resident 2, their representative or an authorized facility representative.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Resident Service Plan, dated 04/27/2025, showed no signature for Resident 3 or their representative or an authorized facility representative.

Resident 4

Review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2018 with multiple medical diagnoses.

Review of a Resident Service Plan, dated 06/13/2025, showed no signature for Resident 4 or their representative or an authorized facility representative.

Resident 5

Review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2020 with multiple medical diagnoses.

Review of a Resident Service Plan, dated 05/29/2025, showed no signature for Resident 5 or their representative or an authorized facility representative.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2025 with multiple medical diagnoses.

Record review of a Resident Service Plan, dated 07/16/2025, showed no signature of Resident 6 or their representative or an authorized facility representative.

Resident 7

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2024 with multiple medical diagnoses.

Review of a Resident Service Plan, dated 08/28/2025, showed no signature for Resident 7 or their representative or an authorized facility representative.

Resident 8

Record review of an undated face sheet showed the ALF admitted Resident 8 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Resident Service Plan, dated 12/26/2024, showed no signature of Resident 8 or their representative or an authorized facility representative.

Resident 9

Review of an undated face sheet showed the ALF admitted Resident 9 on [redacted]/2024

with multiple medical diagnoses.

Review of a Resident Service Plan, dated 02/11/2025, showed no signature for Resident 9 or their representative or an authorized facility representative.

In an interview, on 08/28/2025 at 11:27 AM, Staff J, Assisted Living Director, confirmed the Resident Service Plans for Residents 2, 3, 4, 5, 6, 7, 8, 9 were not signed by the resident, their representative or an authorized facility representative.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025 .

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

Holly Sindlar (Designee) — Administrator (or Representative)

9/25/2025 — Date

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

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff B, C, D, and F) had a valid food worker card. This failure resulted in Staff B, C, D, and F handling food for residents while not being trained and certified on safe food handling practices and placed residents at an increased risk for foodborne illnesses.

Findings included...

Review of Washington Administrative Code (WAC) 246-217-010 Definitions showed:
(5) "Food service worker" means an individual who works (or intends to work) with or without pay in a food service establishment and handles unwrapped or unpackaged food or who may contribute to the transmission of infectious diseases through the nature of his/her contact with food products and/or equipment and facilities. This does not include persons who simply assist residents or patients in institutional facilities with meals, or students in Kindergarten-12th grade schools who periodically assist with

school meal service.

Review of WAC 246-217-015 Applicability showed:
(1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section.

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

Staff B, Caregiver, was hired 02/02/2024. Staff B's file had a food worker card that expired on 07/10/2024.

Staff C, Caregiver, was hired 04/07/2025. Staff C's file did not have a food worker card available for review.

Staff D, Medication Aide (MA), was hired 01/31/2024. Staff D's file had a food worker card that expired on 08/10/2025.

Staff F, MA, was hired 06/03/2023. Staff F's file had a food worker card that expired on 12/06/2023.

In an interview, on 08/27/2025 at 2:37 PM, Staff D stated that they were just told by ALF management she needed to get her food worker card.

In an interview, on 08/28/2025 at 5:03 PM, Staff A, Executive Director, confirmed Staff B, C, D, and F did not have valid food worker cards.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025

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

Administrator (or Representative) Holly Sindela (Designee) Date 9/25/2025

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff C) completed a second tuberculosis test (TB) one to three weeks after the first test. This failure placed 67 residents at risk for possible exposure to a communicable disease.

Findings included...

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

Staff C, Caregiver, was hired 04/07/2025. Staff C's had one TB test completed on 04/10/2025. Staff C's file had no documentation that a second step TB test was completed.

In an interview, on 08/28/2025 at 9:21 AM, Staff A, Executive Director, confirmed the ALF did not complete a second step TB test for Staff C.

In an interview, on 09/02/2025 at 12:56 PM, Staff C stated that they did not get a second TB test at the ALF.

This deficiency was previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025 .

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

Administrator (or Representative) Holly Sindlo (Designee) Date 9/25/2025

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician for 1 of 14 residents (Resident 11) and failed to evaluate for any outcome for 2 of 14 residents (Resident 11 and 12). This failure placed Resident 11 and 12 at risk for complications related to untreated health care needs.

Findings included...

Record review of the ALF's Health Services Medication Technician (MT) training manual, dated 05/01/2023, showed under the section, "Refused Medication", that if a resident refused medication or missed any medication, it was the MT's responsibility to put them on alert charting for monitoring. Notification will be provided to the prescribing physician by MT when a resident refuses the ordered medication or treatment.

Resident 11

Record review of an undated face sheet showed the ALF admitted Resident 11 on [redacted]/2024 with multiple medical diagnoses.

Record review of an Electronic Medication Administration Record (EMAR), dated 07/08/2025 through 08/31/2025, showed Resident 11 had physician's orders for quetiapine fumarate (used to treat agitation) once nightly; magnesium citrate (supplement) once daily.

Record review of the EMAR, dated 07/08/2025 to 08/27/2025, showed medications were not given, which was identified when staff initials were circled. The EMAR showed
Resident 11's quetiapine fumarate was not given for 47 doses from 07/08/2025 to 08/27/2025; and magnesium citrate was not given for 10 doses from 08/08/2025 to 08/22/2025. The reasons shown on the EMAR of why the medications were not given were; Resident 11 refused both medications.

Review of records showed no documentation in July and August 2025 that showed the physician was notified of Resident 11's medication refusal. There was no documentation ALF staff evaluated for any outcome associated with Resident 11's medication refusal.

Resident 12

Record review of an undated face sheet showed the ALF admitted Resident 12 on [redacted]/2018 with multiple medical diagnoses.

Record review of Resident 12's Resident Service Plan dated 07/31/2025 showed that the facility would provide support with medication administration.

Record review of an EMAR, dated 07/31/2025 through 08/31/2025, showed Resident 12 had physician's orders for levetiracetam (used to treat seizures) twice daily.

Record review of the EMAR dated 07/31/2025 to 08/28/2025 showed Resident 12's levetiracetam was not given for 46 doses from 08/02/2025 to 08/28/2025. The reasons shown on the EMAR of why the medications were not given were; Resident 12 refused.

There was no documentation that ALF staff evaluated for any outcome associated with Resident 12's medication refusal.

In an interview on 08/28/2025 at 10:31 AM, Staff J, Assisted Living Director, stated that when ordering medications, the facility messages the pharmacy through an application on their phone or laptop. Staff J stated that the pharmacy would tell the facility that the medications had been sent, but they did not arrive. The facility met with the pharmacy

staff about one month ago to discuss the facility concerns regarding re-ordering of medications.

This deficiency was previously cited on 06/01/2023.

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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Holly Sinclair (Designee) 9/25/2025

~~Administrator~~ (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written when 1 of 2 sampled residents (Resident 14) received family assistance with medications. This failure placed Resident 14 at risk for compromised health conditions if their family member was unavailable to assist.

Findings included...

Record review of the ALF's policy titled, "Self Administration of Medication" dated 06/04/2025, showed a resident may choose to have a family member provide administration of medications or provide assistance with medications (such as ordering, storing, set up of medication-set and administration). The community must maintain a written/signed "Back up" plan using the Family Assistance with Medication form.

Record review of an undated face sheet showed the ALF admitted Resident 14 on [redacted]/2025 with multiple medical diagnoses.

Record review of an Assessment, dated 09/04/2025, showed Resident 14 would self-administer their medications with family assistance to obtain all prescribed medication.

Record review showed there was no Family Assistance with Medication form on file for Resident 14 or a written alternate plan for medication assistance from family.

In an interview, on 09/11/2025 at 2:41 PM, Staff K, Regional Nurse Consultant, confirmed that there was no Family Assistance with Medication form in Resident 14's chart.

Statement of Deficiencies	License #: 1712	Compliance Determination # 64715
Plan of Correction	OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING	Completion Date
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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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/30/2025

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

Administrator (or Representative) Holly Sindelar (designee) Date 9/25/2025