STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 License # 1712

Dear Administrator:

This letter addresses Compliance Determination(s) 77832 (Completion Date 05/21/2026) and 72688 (Completion Date 03/26/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/21/2026 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-2140-1-a, WAC 388-78A-2140-1-b, WAC 388-78A-3090-1-a

The Department staff who did the on-site verification:
Melissa Phillips, Long Term Care Surveyor

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

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
License/Cert.#: 1712
Compliance Determination #: 72688
Investigator: Teresa Pederson-Tuley
Investigation Date(s): 02/10/2026 through 03/26/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 211578
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
1. The Identified Resident (IR) did not receive care and services for dressing and fecal material was found on the floor and the room smelled of urine.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Nursing staff Residents Family members Housekeeping staff
Record Reviews:	Medical records Facility policies Staff training records

Investigation Summary:
1. Review of medical records showed the IR had a physical decline and the negotiated service agreement had not been updated to meet any of the resident needs. Family interviewed stated they had made several attempts to contact the facility, but no one would call them back. Staff interviews showed they were aware of the resident changes but had failed to notify management of increased needs. Failed practice identified and citations were issued at 388-78A-3090 Maintenance and Housekeeping and 388-78A-2160 Negotiated Service Agreement contents.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 complaint investigation on 02/10/2026 of:

OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY
20909 Olympic Pl NE
Arlington, WA 98223

This document references the following complaint number(s): 210676, 211578, 212944, 213763

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Teresa Pederson-Tuley, Nursing Consultant Institutional

From:
DSHS, Home and Community Living 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

3/30/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

4.10.2026
Date

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

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

(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:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to include in the Negotiated Service Agreement (NSA) care and services to meet the needs of 1 of 3 residents (Resident 1). This failure resulted in Resident 1 not receiving care and services, having poor hygiene and living in an unsanitary environment.

Findings included...

Record review showed the ALF admitted Resident 1 on [redacted]/2024 with a multiple disabling diagnosis.

Record review of the NSA, dated 10/01/2025, showed Resident 1 performed showers independently, was independent with personal hygiene and toileting, and only light housekeeping assistance and was not a fall risk.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Date

WAC 388-78A-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:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to include in the Negotiated Service Agreement (NSA) care and services to meet the needs of 1 of 3 residents (Resident 1). This failure resulted in Resident 1 not receiving care and services, having poor hygiene and living in an unsanitary environment.

Findings included…

Record review showed the ALF admitted Resident 1 on [redacted]/2024 with a multiple disabling diagnosis.

Record review of the NSA, dated 10/01/2025, showed Resident 1 performed showers independently, was independent with personal hygiene and toileting, and only light housekeeping assistance and was not a fall risk.

Record review of Progress Notes, dated 12/20/2025, showed Resident 1 was found with dried fecal matter on the inside of his thighs, fecal matter was in his pants that were down around his ankles, urine was on the bathroom floor, and an incontinent brief was in the kitchen sink.

Record review of the Progress Notes, dated 01/18/2026 and 02/02/2026, showed Resident 1 had two falls in the facility.

On 02/10/2026 at 10:30 AM, observation of Resident 1's bathroom showed the shower water was running, water covered the bathroom floor. Observation showed a profound stench of urine, fecal stains on the carpet in the living room and bedroom, the kitchen counter and dining table were covered in smeared and dried food.

In an interview, on 02/09/2026 at 11:27 AM, Collateral Contact 1 (CC1- Resident 1's Power of Attorney) stated they attempted to have conversations with staff about the care Resident 1 needed. CC1 stated the care was not what it should be, but no one seemed to be concerned. CC1 stated they attempted to contact Staff A (Regional Director of Operations) but each time they were told she was not available. CC1 stated they visited Resident 1, on 01/26/2026, and had to find staff to clean the room because of the urine smell and stains on the carpet.

In an interview at 11:00 AM on 02/10/2026 with Staff C (Caregiver) stated the Resident 1's condition had declined and he now required help with dressing, toileting, and showering. Staff C stated there had not been any updated or care changes that had not been discussed with the care staff.

Staff C stated she had not seen a NSA that outlined interventions for care Resident 1 currently needed.

In an interview, at 12:50 PM on 02/10/2026, Staff A stated they were aware that Resident 1 had changes in care needs. Staff A confirmed the NSA had not been updated to include interventions appropriated to Resident 1's current care needs.

In an interview, at 6:15 AM on 02/13/2026, Staff H (Interim Executive Director) stated she had created a new NSA however, she had not provided it to care staff.

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) ~~4/15/2026~~ 5/10/2026

SB confirmed amended POC date with Provider on 4/15/2026.

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

B K Chambers — Administrator (or Representative)

4.10.2026 — Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 residents (Resident 1) apartments were safe, sanitary and well-maintained. This failure placed Resident 1 at risk of a diminished quality of life.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the
Assisted Living Facility (ALF) failed to ensure 1 of 3 residents (Resident 1) apartments were safe, sanitary and
well-maintained. This failure placed Resident 1 at risk of a diminished quality of life.

Findings included…

NOTE: **WAC 388-78A-2170 - Required assisted living facility services.**
(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.
(b) **Housekeeping -** Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building;

Record review showed Resident 1 admitted to the facility [redacted] 2024 with multiple disabling diagnoses.

Observation, at 10:26 AM on 02/10/2026, of Resident 1's room showed a profound stench of urine, fecal stains on carpet in the living room and bedroom, the kitchen counter and dining table was covered in smeared and dried food, the bathroom shower was running and water covered the bathroom floor.

In an interview and joint observation, on 02/10/2026 at 10:52 AM, Staff E (Housekeeper) stated Resident 1 had their room cleaned weekly, the room was last cleaned 02/07/2026 and staff did not notify them the room needed cleaning. Staff E agreed there was a urine stench, the stains on the carpet throughout the rooms were fecal matter, there was dried food smeared on the countertops and kitchen table, the bathroom floor was covered with water and agreed there was brown liquid in the cannister of the vacuum.

In an interview and joint observation, on 02/10/2026 at 11:00 AM, Staff D (Medication Technician) and Staff C (Caregiver) agreed there was a urine stench in the room, the stains on the carpet throughout the rooms were fecal matter, there was dried food smeared on the countertops and kitchen table, the bathroom floor was covered with water and agreed there was brown liquid in the cannister of the vacuum. Staff D and Staff C stated the room had always smelled of urine and the fecal stains on the carpet were not new. They had not notified anyone to clean the room because it had always been dirty.

In an interview and joint observation, on 02/10/2026 at 11:10 AM, Staff A (Regional Director of Operations) agreed there as a urine stench in the room, the stains on the carpet throughout the rooms were fecal matter, there was dried food smeared on the countertops and kitchen table, the bathroom floor was covered with water and agreed there was brown liquid in the canister of the vacuum.

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) 4/1/2026.

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

B Chambers — 4-10-2026

Administrator (or Representative) — 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, OLYMPIC PLACE RETIREMENT AND ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date