STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

REDM LLC
FAIRWINDS REDMOND
9988 AVONDALE ROAD NE
REDMOND, WA 98052

RE: FAIRWINDS REDMOND License # 1814

Dear Administrator:

This letter addresses Compliance Determination(s) 70485 (Completion Date 12/22/2025) and 67329 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/22/2025 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-2210-2-b, WAC 388-78A-2700-1-a, WAC 388-78A-2700-1-e-i, WAC 388-78A-2700-1-e-ii, WAC 388-78A-2700-1-e-iii, WAC 388-78A-2700-1-g-v, WAC 388-78A-2468-1, WAC 388-78A-2484-1

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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/22/2025 and 10/24/2025 of:
FAIRWINDS REDMOND
9988 AVONDALE ROAD NE
REDMOND, WA 98052

The following sample was selected for review during the unannounced on-site visit: 7 of 33 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, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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

Residential Care Services — 10/30/2025 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.

Administrator (or Representative) — 10/30/25 Date

WAC 388-78A-2210 Medication services.

(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 observation, interview, and record review, the facility failed to ensure 2 of 7 residents (Resident 4, and Resident 5) received medications as prescribed. This failure placed Resident 4 and Resident 5 at risk for a potential decline in their health.

Findings included...

Review of the facility's policy titled, "Medication Services Policy", dated 11/2024, showed that staff who dispense resident medications must ensure they provided "The Right Dose".

RESIDENT 4
Review of the facility's undated Assisted Living Resident Characteristics Roster showed that the facility admitted Resident 4 in [redacted] 2014 with a diagnosis of [redacted].

Review of Resident 4's electronic medication administration record (eMAR) dated October 2025, showed that Diclofenac Sodium Gel 100 grams (pain relieving gel), 4

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

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 _____

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(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 observation, interview, and record review, the facility failed to ensure 2 of 7 residents (Resident 4, and Resident 5) received medications as prescribed. This failure placed Resident 4 and Resident 5 at risk for a potential decline in their health.

Findings included…

Review of the facility's policy titled, "Medication Services Policy", dated 11/2024, showed that staff who dispense resident medications must ensure they provided "The Right Dose".

RESIDENT 4
Review of the facility's undated Assisted Living Resident Characteristics Roster showed that the facility admitted Resident 4 in [redacted] 2014 with a diagnosis of [redacted].

Review of Resident 4's electronic medication administration record (eMAR) dated October 2025, showed that Diclofenac Sodium Gel 100 grams (pain relieving gel), 4

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grams were to be applied topically to both knees twice a day.

Observation on 10/24/2025 at 8:54 AM showed Staff K, Resident Assistant II/Medication Technician, (unlicensed staff who dispense and administer medications) entered Resident 4's apartment and unlocked the cabinet above the stove to access Resident 4's medications which included a tube of Diclofenac Sodium Gel. Observation showed Resident 4 seated in a recliner. Observation showed Staff K donned disposable gloves and squeezed an unknown quantity of Diclofenac Sodium Gel into their hand and applied the gel to Resident 4's right knee.

During an interview on 10/24/2025 at 10:17 AM, Staff K stated that when they dispensed medications they knocked on the resident's door, told the resident who they were and then obtain the resident's medication from a locked cabinet in the kitchen. Staff K stated they checked the electronic tablet to review the eMAR and compared the medication orders with the resident's medications. Staff K stated that when they applied Resident 4's Diclofenac Sodium gel they donned gloves and squeezed out an unknown quantity of the Diclofenac Sodium gel from the tube into the glove and applied the gel to Resident 4's right knee. Staff K stated that they did not know the actual amount of Diclofenac Sodium gel that was applied. Staff K stated that there was a measurement tool used to measure the prescribed amount. Staff K stated they did not use the measurement device.

Resident 5
Review of the facility's undated Assisted Living Resident Characteristics Roster showed that the facility admitted Resident 5 in [redacted] 2022 with a diagnosis of [redacted] and [redacted].

Review of Resident 5' eMAR dated 2025, showed an order for Diclofenac Sodium 1% gel, 4 grams to be applied to Resident 5's "low back twice daily" and "2 grams to be applied" to the knuckles of Resident 4's hands.

During an interview on 10/24/2025 at 1:17 PM, Staff K stated that they applied the Diclofenac Sodium to Resident 5's low back 7:00 AM and did not measure the amount of Diclofenac Sodium used. Staff K stated that they were unable to answer the question of how they would know if they applied 4 grams of Diclofenac Sodium to Resident 5's low back and 2 grams of Diclofenac Sodium to Resident 5's knuckles. Staff K stated that they should have used the measuring device to determine the correct amount "but didn't".

During the exit conference on 10/24/2025 at 1:45 PM, Staff L, Health and Wellness Coordinator, stated that the Diclofenac Sodium should always be measured out before applied.

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Statement of Deficiencies	License #: 1814	Compliance Determination # 67329
Plan of Correction	FAIRWINDS REDMOND	Completion Date
Page 4 of 9	Licensee: REDM LLC	10/29/2025

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, FAIRWINDS REDMOND is or will be in compliance with this law and / or regulation on (Date) 12/14/25 12/13/25

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

Administrator (or Representative) Date 10/30/25

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

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

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

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 4 doors (unsecured beauty salon door, external elevator mechanical room door, and 2 external pool access doors) to areas with hazards to residents were secured. The facility failed to ensure that the first-aid supplies were readily available and unlocked and was able to be moved to a location where needed. The facility failed to maintain their disaster plan with provision for essential water supplies. These failures placed all 33 Assisted Living Residents at risk for exposure to hazardous chemicals, electrical mechanical objects not meant for them, unmonitored swimming and at risk of harm from an injury or in the event of a disaster.

Findings included...

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

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

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

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 4 doors (unsecured beauty salon door, external elevator mechanical room door, and 2 external pool access doors) to areas with hazards to residents were secured. The facility failed to ensure that the first-aid supplies were readily available and unlocked and was able to be moved to a location where needed. The facility failed to maintain their disaster plan with provision for essential water supplies. These failures placed all 33 Assisted Living Residents at risk for exposure to hazardous chemicals, electrical mechanical objects not meant for them, unmonitored swimming and at risk of harm from an injury or in the event of a disaster.

Findings included…

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

Review of the facility's undated Assisted Living Resident Characteristic Roster showed that 33 residents were currently in the facility and received assisted living services. The Characteristic Roster showed that two residents were identified with either dementia (conditions that cause loss of memory, language, problem-solving and thinking abilities), Alzheimer's disease (a brain disorder that causes memory loss, confusion, and other cognitive decline), or cognitive impairment.

Review of Resident 1's Negotiated Service Agreement (NSA) dated 06/16/2025 showed a diagnosis of [redacted]. Review of Resident 3's NSA dated 09/18/2025 showed a diagnosis of [redacted]. Review of Resident 4's NSA dated 10/23/2025 showed a diagnosis of [redacted]. Review of Resident 5's NSA dated 04/21/2025 showed Resident 5 was diagnosed with [redacted]. Review of Resident 6's NSA dated 05/14/2025 showed that Resident 6 was diagnosed with [redacted] and [redacted]. Review of Resident 7's NSA dated 10/23/2025 showed that Resident 7 was diagnosed with [redacted].

UNLOCKED DOORS
Beauty Salon
Observation on 10/22/2025 at 11:00 AM, showed that the beauty salon entrance was equipped with a secured grilled roll up security door approximately eight feet wide. Observation showed that the roll up grilled security door was rolled up in the open position. Observation showed the beauty salon was unstaffed and the massage area was unoccupied. Observation showed an unlocked closet with multiple beauty products and cleaners, topical treatments for skin conditions, anti-stain products, hospital grade disinfectant clothes, glass cleaner, and hair coloring products were accessible to residents.

Observation on 10/23/2025 at 8:37 AM, showed the roll up security door was in the open position. Observation showed that the lights were off, and the salon and massage area were unoccupied. Observation showed that the beauty supply closet door was unlocked which allowed residents access to beauty and cleaning products.

During an interview on 10/23/2025 at 4:00 PM, Staff A, General Manager, stated that the beauty salon was to be locked unless in use. Staff A stated that the beauty and cleaning products were to be secured.

Observation on 10/24/2025 at 7:30 AM, showed the roll up security door was in the open position. Observation showed the lights were off and the area was unstaffed. Observation showed the beauty supply closet was unlocked and partially ajar. Observation showed beauty and cleaning supply products on the shelves.

Pool, Spa, and Mechanical Room
Observation on 10/22/2025 at 11:50 AM, during an unguided external environmental

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tour, along the resident walking path showed a door that accessed an outside elevator electrical mechanical room. Observation showed that the door was unlatched and opened without a key when pulled.

Observations on 10/22/2025 at 11:50 AM showed a single wide external door was unlocked which allowed outside access to the secured pool and spa area. Observation showed an external glass double doors that were unlatched which allowed unrestricted access to the indoor pool and spa. Observation showed that the interior indoor pool doors were locked and required a key code to access the indoor pool and spa from the inside of the building.

During an interview on 10/22/2025 at 1:30 PM during the environmental tour with Staff G, Plant Operations Supervisor, Staff J, Prime Fit Personal Trainer, stated that residents who accessed the pool and spa area were required to be medically cleared and assessed for safe use of the pool and spa by the facility training staff before access would be allowed.

Observations on 10/22/2025 at 1:49 PM, during the environmental tour with Staff G, showed that the single wide external door to the pool and spa area was unlocked. Observation showed that the two external glass double doors were unlatched which allowed unrestricted access to the pool and spa area.

During an interview on 10/22/2025 at 1:49 PM, Staff G stated that the outside access doors to the pool and spa were to be always locked. Staff G stated that the latches were stuck in the open position due to the moisture from the pool and spa.

FIRST-AID SUPPLIES
Observation on 10/22/2025 between 1:40 PM and 3:25 PM showed the facility had two first-aid kits that contained first-aid supplies. The kits were in the commercial kitchen and the gym room next to the swimming pool. There were no indicators in the common areas, the halls, or the dining room to identify where the kits were located. Further observation showed the commercial kitchen and the gym room allowed limited access.

During an interview on 10/22/2025 at 3:00 PM, Staff G stated that they kept two first-aid kits, one kit in the commercial kitchen and one kit in the gym room next to the swimming pool. Staff G stated that the commercial kitchen and the gym room allowed limited access. Staff G stated that the commercial kitchen was accessible by staff only. Staff G stated that the gym room was closed after operation hours. Staff G stated that they were unaware they were required to make the first-aid supplies readily available and not locked and movable to the location where needed.

ESSENTIAL WATER SUPPLIES
Review of the facility’s document titled “Planning for an Emergency”, dated December 2021, showed that the facility was responsible to ensure water supplies on hand in the community during an infrastructural failure including water outage that interrupted

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water supplies.

Observation on 10/22/2025 between 1:40 PM and 3:25 PM showed no storage of water supplies anywhere in the facility premises.

During an interview on 10/22/2025 at 3:00 PM, Staff G stated that they were unaware of any water storage in the facility for emergency use.

During an interview on 10/23/2025 at 10:15 AM, Staff H, Chef, stated that they did not maintain water storage for emergency use. Staff H stated that they were unaware they were required to maintain water supplies. Staff H stated they did not know how much water they were required to maintain that would be adequate to meet their assisted living residents' needs.

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, FAIRWINDS REDMOND is or will be in compliance with this law and / or regulation on (Date) 12/13/25

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

Administrator (or Representative) — Date: 10/30/25

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 observation, interview, and record review, the facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 1 of 4 sampled staff (Staff A) within one business day after their start date. This failure placed all 33 residents as risk for abuse and neglect from caregivers and staff person with unknown background.

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water supplies.

Observation on 10/22/2025 between 1:40 PM and 3:25 PM showed no storage of water supplies anywhere in the facility premises.

During an interview on 10/22/2025 at 3:00 PM, Staff G stated that they were unaware of any water storage in the facility for emergency use.

During an interview on 10/23/2025 at 10:15 AM, Staff H, Chef, stated that they did not maintain water storage for emergency use. Staff H stated that they were unaware they were required to maintain water supplies. Staff H stated they did not know how much water they were required to maintain that would be adequate to meet their assisted living residents' needs.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(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 observation, interview, and record review, the facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 1 of 4 sampled staff (Staff A) within one business day after their start date. This failure placed all 33 residents as risk for abuse and neglect from caregivers and staff person with unknown background.

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

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 33 residents received assisted living services.

STAFF A
Review of Staff A's employee record showed the facility hired Staff A, General Manager, on 06/24/2024. Review of Staff A's Email dated 10/23/2025 showed Staff A's date of hire was 06/24/2025. Staff A's employee records showed that the facility completed the Washington state name and date of birth BGI on 06/28/2023, four days after hire.

During an interview on 10/23/2025 at 1:15 PM, Staff A, General Manager, stated that their Washington Staff BGI was done late. Staff A stated that they were aware of the requirements for the Washington State background checks.

Plan/Attestation Statement

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

Administrator (or Representative) 10/30/25 Date

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:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled staff (Staff B) completed an initial skin test for Tuberculosis (TB), within three days of hire, as required. This failure placed all 33 Assisted Living residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

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

Findings included…

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 33 residents received assisted living services.

STAFF A
Review of Staff A's employee record showed the facility hired Staff A, General Manager, on 06/24/2024. Review of Staff A's Email dated 10/23/2025 showed Staff A's date of hire was 06/24/2025. Staff A's employee records showed that the facility completed the Washington state name and date of birth BGI on 06/28/2023, four days after hire.

During an interview on 10/23/2025 at 1:15 PM, Staff A, General Manager, stated that their Washington Staff BGI was done late. Staff A stated that they were aware of the requirements for the Washington State background checks.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled staff (Staff B) completed an initial skin test for Tuberculosis (TB), within three days of hire, as required. This failure placed all 33 Assisted Living residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included…

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

Note: Washington Administrative Code (WAC) 388-78A-2480, Tuberculosis—Testing—Required, (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Review of the facility's undated policy document titled "Tuberculosis" showed that the facility followed the Washington state TB testing requirements.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 33 residents received assisted living services.

Review of the facility's undated employee roster showed that the facility hired Staff B, Resident Assistant, on 11/14/2024. Review of Staff B's employee records showed a negative result of the TB skin test dated 05/19/2022. The employee records showed a negative result of another TB skin test dated 06/21/2023. The employee records showed no documentation that as of 10/22/2025, 342 days after hire, Staff B completed a TB test.

During an interview on 10/23/2025 at 12:12 PM, Staff A, General Manager/Administrator, stated that their employee records showed Staff B completed two one-step TB tests with negative results, prior to hire. Staff A stated that they were unable to locate additional TB records for Staff B.

During an interview on 10/27/2025 at 2:40 PM, Staff B stated that they received one TB skin test in May 2022 and one TB skin test in June 2023 prior to hire. Staff B confirmed that the results of the TB skin tests were negative. Staff B stated that they did not receive a TB test after they were hired.

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, FAIRWINDS REDMOND is or will be in compliance with this law and / or regulation on (Date) 12/14/25 ~~12/13/25~~

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

Administrator (~~or Representative~~) 10/30/25 Date

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Note: Washington Administrative Code (WAC) 388-78A-2480, Tuberculosis—Testing—Required, (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Review of the facility's undated policy document titled "Tuberculosis" showed that the facility followed the Washington state TB testing requirements.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 33 residents received assisted living services.

Review of the facility's undated employee roster showed that the facility hired Staff B, Resident Assistant, on 11/14/2024. Review of Staff B's employee records showed a negative result of the TB skin test dated 05/19/2022. The employee records showed a negative result of another TB skin test dated 06/21/2023. The employee records showed no documentation that as of 10/22/2025, 342 days after hire, Staff B completed a TB test.

During an interview on 10/23/2025 at 12:12 PM, Staff A, General Manager/Administrator, stated that their employee records showed Staff B completed two one-step TB tests with negative results, prior to hire. Staff A stated that they were unable to locate additional TB records for Staff B.

During an interview on 10/27/2025 at 2:40 PM, Staff B stated that they received one TB skin test in May 2022 and one TB skin test in June 2023 prior to hire. Staff B confirmed that the results of the TB skin tests were negative. Staff B stated that they did not receive a TB test after they were hired.

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Administrator (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

REDM LLC
FAIRWINDS REDMOND
9988 AVONDALE ROAD NE
REDMOND, WA 98052

RE: FAIRWINDS REDMOND # 1814

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/29/2025 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:

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 days, 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-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

The Assisted Living Facility failed to ensure that two culinary staff (Staff H and Staff I) obtained a food worker card issued by the Washington State Department of Health when their previous food worker card expired. On 10/22/2025, during the Department's full inspection, Staff H and Staff I completed the food worker training through the jurisdictional health departments to meet the requirements.

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,

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

Enclosure

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