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

MILL CREEK SPECIAL CARE COMMUNITY LLC
THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

RE: THE COTTAGES AT MILL CREEK License # 1977

Dear Administrator:

This letter addresses Compliance Determination(s) 69544 (Completion Date 12/03/2025) and 66402 (Completion Date 10/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/03/2025 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-2, WAC 388-78A-2466, WAC 388-78A-2480-1, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2474-2-d, WAC 388-78A-3090-1-b, WAC 388-78A-2950-6, WAC 388-78A-2710-2, WAC 388-78A-2468-1

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

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

Sincerely,

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

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 09/30/2025, 10/01/2025 and 10/02/2025 of:

THE COTTAGES AT MILL CREEK
13200 10TH DRIVE SE
MILL CREEK, WA 98012

The following sample was selected for review during the unannounced on-site visit: 7 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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-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 1 of 2 staff (Staff F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff F not having a cleared background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's Criminal History Background Check policy dated 02/02/2015,

showed the facility would repeat background inquiry requests for every individual who had unsupervised access to residents every two years.

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

Staff F, Caregiver, was hired on 05/10/2022. Staff F had a Washington State name and date of birth background check dated 08/18/2022 that was valid until 08/18/2024. Review of another Washington State name and date of birth background check showed it was not completed until 10/25/2024, which was 68 days late.

On 10/02/2025 at 3:01 PM, Staff G, House Manager, stated that they were not aware of the requirement to complete a background check every two years and had not completed them.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, THE COTTAGES AT MILL CREEK 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff B and Staff D) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included…

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

Staff B, Medication Technician (MT), was hired on 04/08/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

Staff D, MT, was hired on 03/17/2025. There was no documentation in Staff D's file that they had TB testing within three days of hire.

On 10/02/2025 at 8:45 AM, Staff D stated that they did not do any TB testing within three days of their hire date.

On 10/02/2025 at 3:00 PM, Staff G, House Manager, stated that they thought Staff B's chest Xray they did in 2024 was good for their TB testing at hire, and for Staff D they had sent them to a clinic for a blood test over two months after hire because they had told them they had a previous positive TB test.

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) 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

(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 4 staff (Staff C) completed the initial step of two-step tuberculosis (TB) testing within three days of hire, and a second test done one to three weeks after the first test. This failure placed residents at risk of exposure to a communicable disease.

Findings included…

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

Staff C, Caregiver, was hired on 05/19/2025. Staff C's TB testing documentation showed that they completed the first step of TB testing on 06/26/2025, 38 days after their hire date, and there was no second step TB test documentation available for review.

On 10/01/2025 at 2:23 PM, Staff C stated that they did their first step TB testing when they were told to do it, and that they were not told to do a second step.

On 10/02/2025 at 3:00 PM, Staff G, House Manager, stated that they had sent Staff C out to a clinic for their first step of TB testing, but they did that late. Staff G also stated that Staff C never followed up to do their second step TB test.

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) 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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed cardiopulmonary resuscitation (CPR) and first aid training for 2 of 6 Staff (Staff D and F). These failures resulted in Staff D and F not having the necessary training related to their job duties and expectations and placed residents at risk for compromised care and safety.

Findings included…

Review of the ALF's Staff Training and Education policy dated 02/01/2015 showed administrators, and/or designee, caregivers and licensed nurses will have and maintain a current CPR/First Aid card within 30 days of employment.

CPR and First Aid Training

Review of WAC 388-122A-0720(2)(a) showed all long-term care workers must have and maintain a valid CPR and First Aid card or certificate within 30 days of their hire date.

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

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

Staff D, Medication Technician, was hired 03/17/2025. Staff D's file showed a CPR certificate that was obtained from the International CPR Institute (an online CPR certification course with no in-person return demonstration). Staff D's file had no documentation of a completed first aid training.

Staff F, Caregiver, was hired 05/10/2022. Staff F's file showed no documentation of a completed first aid training.

On 10/02/2025 at 3:16 PM, Staff G, House Manager, stated that they thought the CPR completed by Staff D and F had all of the required components for training but failed to review the details on the certificates. Staff G stated that when the staff provided the certificate, they entered the date into the facility's tracking system as completed.

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) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

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 2 courtyard fences (A & B cottages) was maintained in good repair and was at least 72 inches high per the Enhanced Adult Residential Care – Specialized Dementia Care contract. This failure placed residents at risk of living in an unsecure environment and for diminished quality of life.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 09/30/2025 the ALF had an Enhanced Adult Residential Care – Specialized Dementia Care contract.

Review of the Enhanced Adult Residential Care – Specialized Dementia Care Contract showed the facility must ensure that the outdoor area for residents: (ii) is surrounded by walls or fences at least seventy-two inches high.

On 09/30/2025 at 10:59 AM, the joint courtyard fencing for A & B cottages was missing lattice on one section of the fence making it not as high as the rest of the fencing.

On 10/02/2025 at 11:11 AM, the joint courtyard fencing for the A & B cottages was missing the top section of lattice leaving the top of the fence 66 ½ inches tall by 96 inches wide.

On 10/02/2025 at 3:42 PM, Staff A, Executive Director, stated that the A & B cottage courtyard fencing lattice had been broken when a resident climbed over it and the resident was later located at a grocery store. Staff A stated that the fence had been repaired but had since fallen apart.

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) Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the hot water temperature in 1 of 4 cottages (Cottage B) was maintained at a temperature of 105 to 120 degrees Fahrenheit (F). This failure resulted in the hot water in the kitchen, bathrooms and shower being cooler than required and placed residents at risk for hygiene issues.

Findings included…

On 09/30/2025 at 11:03 AM, the sink hot water temperature in the B-Cottage shower room was 98.5 F.

On 09/30/2025 at 11:15 AM, the shower hot water temperature in the B-Cottage shower room was 96.4 F.

On 10/01/2025 at 2:55 PM, Staff D, Medication Technician, stated that the B-Cottage hot water temperature had first been identified as being cool two days prior.

On 10/02/2025 at 2:31 PM, the sink hot water temperature in the B-Cottage common bathroom was 67.3 F.

On 10/02/2025 at 2:47 PM, the kitchen sink hot water temperature in the B-Cottage was 66.6 F.

Review of an email dated 10/03/2025 from Staff G, House Manager, showed that the cool hot water issue in B-Cottage was beyond the scope of their maintenance director and they had contacted a licensed plumbing company to correct the issue.

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) Date

WAC 388-78A-2710 Disclosure of services.

(2) The assisted living facility must provide the services disclosed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to have a Licensed Practical Nurse (LPN) and Registered Nurse on site as noted in the ALF's Disclosure of Services for 1 of 1 ALF's. This failure resulted in the staff providing care to residents with no nursing oversight and placed residents at risk of unmet healthcare needs.

Findings included...

Review of the Resident Rights policy dated 02/01/2015 showed the administrator or designee would notify residents in writing in a language they would understand of changes in services provided by the facility.

Review of the Disclosure of Services, undated, showed a Registered Nurse (RN) would

typically be in the facility for 1 day per week, totaling 8 hours per week. A Licensed Practical Nurse (LPN) would typically be in the facility 5 days per week, totaling 40 hours per week.

On 10/01/2025 at 9:44 AM Staff A, Executive Director, stated that the facility nurse had been let go and the Disclosure of Services had not been updated.

On 10/01/2025 at 10:36 AM, Staff A stated that they did not have an LPN or RN on-site but had an RN on-call and available by phone only.

On 10/02/2025 at 9:46 AM, Staff A stated that the residents and/or representatives had not been notified of the changes in the availability of the LPN or RN.

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) Date

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) had a Washington State name and date of birth background check that was submitted within one business day after their date of hire. This failure placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's Criminal History Background Check policy dated 02/01/2015, showed the facility would complete a criminal history background check no later than one business day after an individual begin working.

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

Staff B, Medication Technician, was hired on 04/08/2025. Staff B had a Washington State name and date of birth background check dated 05/15/2025, which was 37 days after their date of hire.

Staff C, Caregiver, was hired on 05/19/2025. Staff C had a Washington State name and date of birth background check dated 06/18/2025, which was 30 days after their date of hire.

On 10/01/2025 at 2:23 PM, Staff C stated that they completed the background check when the facility told them to do it.

On 10/02/2025 at 3:05 PM, Staff G, House Manager, stated that Staff B's background check had gotten lost in an email to the executive director and had not been completed on time.

On 10/02/2025 at 3:07 PM, Staff G stated that they had no idea why Staff C's background had not been completed on time.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, THE COTTAGES AT MILL CREEK 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