



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

09/29/2026

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
3425 Boone Road SE
Salem, OR 97317

RE: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY # 1995

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 84350 (Completion Date 09/29/2026) and 80997 (Completion Date 08/05/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/29/2026 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.

- (1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.
- (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:
 - (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
 - (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.
- (5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under

chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

The Department staff who did the On Site verification:

Faith Le, NCI

Erin Steinbrenner, 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
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License # 1995	Compliance Determination #80997
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 6	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING	08/05/2026
COMMUNITY LLC		

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 07/30/2026 of:

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following SOD dated: 08/05/2026

The following sample was selected for review during the unannounced on-site visit: 5 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, 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

Statement of Deficiencies	License # 1995	Compliance Determination # 80997
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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.

Jamie Singer
Residential Care Services

08/12/2026

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.

[Signature]
Administrator (or Representative)

8/17/2026
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

- (1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.
- (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:
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
 - (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.
- (5) Under RCW 18.88B.041 and chapter 246-880 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.
- (6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009.

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 sampled staff (Staff C) received facility orientation. This failure placed 56

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

08/12/2026
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)

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

- (1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.
- (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:
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
 - (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.
- (5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.
- (6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

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 sampled staff (Staff C) received facility orientation. This failure placed 55

Statement of Deficiencies	License #: 1995	Compliance Determination # 80997
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Page 3 of 6	Licenses: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	08/05/2026

residents at risk of harm from care staff unfamiliar with the ALF and their expected duties.

Findings included...

Facility Orientation

Note: Washington Administrative Code (WAC) 388-112A-0200 - 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.

Record review showed the ALF hired Staff C (Caregiver) on 12/10/2025. Staff C's records did not show they received facility orientation.

During an interview, on 07/30/2026 at 12:46 PM, Staff A (Regional Director of Operations) stated she was unable to provide any documentation to show Staff C had completed facility orientation.

This is an uncorrected deficiency previously cited under subsections (1) and (3) on 06/15/2026, and a recurring deficiency previously cited on 12/18/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9-25-2026 9/19/2026

SB confirmed amended POC date with Provider on 8/26/2026.

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

Heather K Chambers
Administrator (or Representative)

8/17/2026
Date

residents at risk of harm from care staff unfamiliar with the ALF and their expected duties.

Findings included...

Facility Orientation

Note: Washington Administrative Code (WAC) 388-112A-0200 - 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.

Record review showed the ALF hired Staff C (Caregiver) on 12/10/2025. Staff C's records did not show they received facility orientation.

During an interview, on 07/30/2026 at 12:45 PM, Staff A (Regional Director of Operations) stated she was unable to provide any documentation to show Staff C had completed facility orientation.

This is an uncorrected deficiency previously cited under subsections (1) and (3) on 06/15/2026, and a recurring deficiency previously cited on 12/16/2024.

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, NORTH CREEK RETIREMENT & 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

Statement of Deficiencies	License # 1995	Compliance Determination # 80997
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
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WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 1, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff C) was completed. This placed 55 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included:

Review of records for Staff C (Caregiver), hired on 12/19/2025, did not show a completed NFBC.

In an interview, on 07/30/2026 at 11:12 AM, Staff A (Regional Director of Operations) confirmed Staff C had not completed an NFBC and would remove her from the schedule.

This is an uncorrected deficiency previously cited 06/15/2026, and recurring deficiency previously cited on 12/18/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9/19/2026

SB confirmed amended POC date with Provider on 8/26/2026.

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

[Signature]
Administrator (or Representative)

8/17/2026
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff C) was completed. This placed 55 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff C (Caregiver), hired on 12/10/2025, did not show a completed NFBC.

In an interview, on 07/30/2026 at 11:12 AM, Staff A (Regional Director of Operations) confirmed Staff C had not completed an NFBC and would remove her from the schedule.

This is an uncorrected deficiency previously cited 06/15/2026, and recurring deficiency previously cited on 12/16/2024.

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, NORTH CREEK RETIREMENT & 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-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.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

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 members (Staff B) completed the required two-step tuberculin skin test (TST) within three days of employment. This placed 55 residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records on 07/30/2026 showed the ALF hired Staff B (Caregiver) on 03/07/2026. Review showed Staff B had a negative blood test completed on 10/16/2024. Further record review showed Staff B did not have a completed TST after date of hire.

During an interview, on 07/30/2026 at 12:45 PM, Staff A (Regional Director of Operations) stated she would look for additional tuberculosis test records for Staff B completed after date of hire. As of 08/01/2026, no additional records for Staff B had been received.

This is an uncorrected deficiency previously cited on 06/15/2026, and a recurring deficiency previously cited on 12/16/2024 and 08/17/2023.

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COMMUNITY LLC

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 8/19/2026

SB confirmed amended POC date with Provider on 8/26/2026.

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


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, NORTH CREEK RETIREMENT & 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



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

Statement of Deficiencies	License #: 1995	Compliance Determination #78220
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
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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 06/02/2026 and 06/04/2026 of:

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
 1907 201ST PLACE SE
 BOTHELL, WA 98012

The following sample was selected for review during the unannounced on-site visit: 10 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
 Erin Steinbrenner, 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

06/24/2026
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.

Linda K. Chambers
Administrator (or Representative)

6/25/2026
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(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.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

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 sampled staff (Staff D) received facility orientation, 1 of 6 sampled staff (Staff F)

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completed the required cardiopulmonary resuscitation (CPR) training, 3 of 6 sampled staff had current food worker cards (Staff D, E and F), 1 of 6 sampled staff (Staff D) had the necessary specialized training to fulfill their expected responsibilities and 2 of 6 sampled staff (Staff C and F) had completed the required annual 12 hours of continuing education. This failure placed 62 residents at risk of harm and injury from care staff unfamiliar with the ALF and their expected duties, improper CPR technique in the event of an emergency and untrained and unqualified staff.

Findings included...

Facility Orientation

Note: Washington Administrative Code (WAC) 388-112A-0200 - 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.

Record review showed the ALF hired Staff D (Caregiver) on 12/10/2025. Staff D's records did not show they received facility orientation.

During an interview, on 06/04/2026 at 2:31 PM, Staff A (Executive Director) stated Staff D had likely completed the training but was unable to locate any documentation to confirm and stated it was a filing error.

CPR

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

(b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

Review of staff records showed the ALF hired Staff F (Caregiver) on 06/08/2021. Record

review showed a CPR training certificate with an expiration date of 06/2025. Further review showed no current CPR certificate for Staff F.

During an interview, on 06/04/2026 at 2:31 PM Staff A confirmed Staff F did not have a current CPR certificate.

Food Worker Cards

Record review of the ALF's Caregiver job responsibilities, revised 01/2018, showed Caregivers to be responsible for resident food delivery and to maintain safe food handling practice.

Review of staff records, on 06/03/2026, showed the ALF hired Staff D on 12/10/2025 as a Caregiver. Staff D's record showed no food worker card.

Review of staff records, on 06/03/2026, showed the ALF hired Staff E on 09/04/2024 as a Caregiver. Staff E's record showed no food worker card.

Review of staff records, on 06/03/2026, showed the ALF hired Staff F on 06/08/2021 as a Caregiver. Staff F's record showed no food worker card.

During an interview, on 06/04/2026 at 2:31 PM Staff A confirmed that Staff D, E and F did not have current food worker cards.

Specialized Training

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Review of a Resident Characteristic Roster, provided on 06/02/2026, showed the ALF provided care and services to 62 residents of which 29 had a diagnosis of [REDACTED] and one [REDACTED]

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had a [REDACTED] diagnosis.

Review of staff records showed the ALF hired Staff D (Caregiver) on 12/10/2025. Review of staff records on 06/03/2026 showed Staff D did not have the required specialized dementia and mental health training.

During an interview, on 06/04/2026 at 2:45 PM, Staff A stated the ALF was unable to provide Dementia and Mental Health specialized training records for Staff D and would follow up.

Continuing Education

NOTE: WAC 388-112A-0611 - Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

- (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section.
- (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
 - (i) A certified home care aide;
 - (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);
 - (iii) A certified nursing assistant;
 - (i) Must complete 12 hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

Review of staff records showed the ALF hired Staff C (Medication Technician-Home Care Aide-HCA) on 09/17/2025. Record review showed Staff C did not have the required annual 12 hours of continuing education between the years 2025 and 2026 of Staff C's month and day of birth as required for a credential HCA.

Review of staff records showed the ALF hired Staff F (Caregiver-HCA) on 06/08/2021. Record review showed Staff F did not have the required annual 12 hours of continuing education between the years 2024 and 2025 of Staff F's month and day of birth as required for a credential HCA.

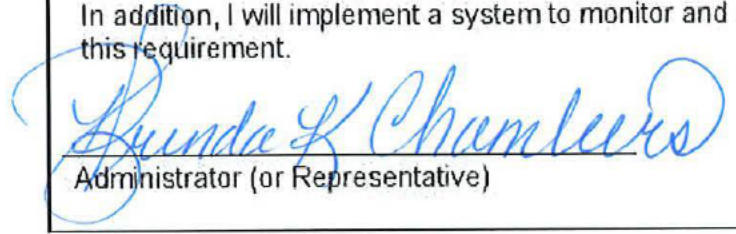
During an interview, on 06/04/2026 at 2:40 PM, Staff A stated the ALF was unable to provide proof Staff C or Staff F had completed the required 12 hours of continuing education within the last year of their employment.

This deficiency was previously cited on 12/16/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/30/2026.

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


Administrator (or Representative)

6/25/2026
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff D) was completed. This placed 62 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff D (Caregiver), hired on 12/10/2025, did not show a completed NFBC.

In an interview, on 06/04/2026 at 2:50 PM, Staff A (Executive Director) confirmed Staff D had not completed an NFBC. Staff A stated Staff D had missed her appointment and did not get her fingerprint check completed.

This deficiency was previously cited on 12/16/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/30/2026

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

[Signature]
Administrator (or Representative)

6/25/2026
Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

- (1) Require the person to complete a DSHS background authorization form; and
- (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 6 sampled Staff (Staff E) had a valid Washington State name and date of birth background check (NDBGC) completed after date of hire. This placed 62 residents at risk of exposure to staff members whose criminal background history in Washington State was unknown.

Findings included...

Review of a staff roster showed Staff E (Caregiver) was hired on 09/04/2024. Record review on 06/03/2026 showed no documentation as to whether Staff E had completed an initial NDBGC from Washington State Department of Social and Health Services after date of hire and prior to working with residents. Review of Staff E's records showed an NDBGC dated 01/31/2025, 149 days after date of hire.

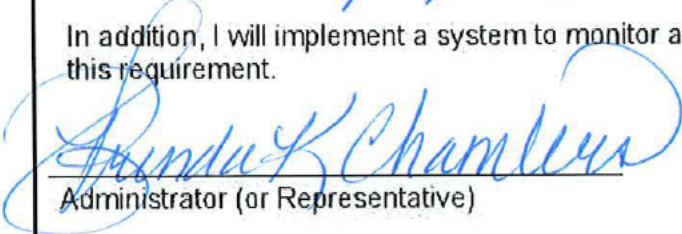
In an interview, on 06/04/2026 at 4:48 PM, Staff A (Executive Director) stated she had been unable to find an initial NDBGC completed for Staff E.

This deficiency was previously cited on 12/16/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/30/2026

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


Administrator (or Representative)

6/25/2026
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.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

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 members (Staff A, B, C and D) completed the required two-step tuberculin skin test (TST) within three days of employment. This placed 62 residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records showed the ALF hired Staff A (Executive Director) on 06/02/2025. Record review showed Staff A had transferred from a sister community. Record review showed no completed TST on file for Staff A.

Review of staff records showed the ALF hired Staff B (Caregiver) on 03/07/2026. Review showed Staff B did not have a completed TST.

Review of staff records showed the ALF hired Staff C (Medication Assistant) on 09/17/2025. Review showed Staff C two-step TST was initiated on 01/15/2026, four months after date of hire.

Review of staff records showed the ALF hired Staff D (Caregiver) on 12/10/2025. Review showed Staff D two-step TST was initiated on 02/20/2026, 72 days after date of hire.

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In an interview, on 06/04/2026 at 4:50 PM, Staff A (Executive Director) stated tuberculosis testing is typically done onsite on the same day of new hire orientation. Staff A stated she thought it was a coordination or scheduling issue.

This is a recurring deficiency previously cited on 12/16/2024, 06/26/2023 and 08/17/2023.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/30/2026

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

Brenda K Chambers
Administrator (or Representative)

10/25/2026
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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility,

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(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:

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(a) Exclusively for the individual resident, or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Service Plan (SP-Equivalent to a Negotiated Service Agreement) the plan to provide necessary health support services, clearly defined roles and responsibilities and an alternate plan for collaboration with a Home Health (HH) agency for 1 of 2 residents (Resident 8). This failure placed Resident 8 at risk for health complications and mismanaged care of an indwelling catheter (a flexible, hollow tube inserted into the bladder to continuously drain urine into an external collection bag).

Findings included...

Review of an Assessment, dated 03/16/2026, showed the ALF admitted Resident 8 on [REDACTED]/2023 with multiple debilitating diagnoses. Review of an Assessment showed Resident 8 to have an indwelling catheter due to urinary retention.

Review of an Outside Agency Visit Note, dated 04/24/2026, showed Resident 8's indwelling catheter was replaced. Further review of the PN showed Resident 8 to be discharged by the hospice agency and catheter management would transfer to a home health agency for future management and monthly changes.

Review of a Progress Note (PN), dated 05/05/2026, showed that Resident 8's indwelling catheter had become dislodged and would require a new foley catheter to be inserted. Further review of a PN, dated 05/14/2026, showed Resident 8's foley catheter had not yet been replaced and the writer requested Resident 8 be transferred to a health care facility for replacement.

Review of Resident 8's SP, dated 11/20/2025, showed no information regarding who would provide the nursing services for regular replacement and management of an indwelling catheter. Review of the SP showed no HH agency name or contact information, visit schedule or roles and responsibilities for maintenance and replacement of Resident 8's catheter. Review of the SP showed no alternate plan or steps for caregivers to take in the event of an issue with Resident 8's catheter. No changes to the SP were noted to indicate management of Resident 8's catheter had been transferred to home health.

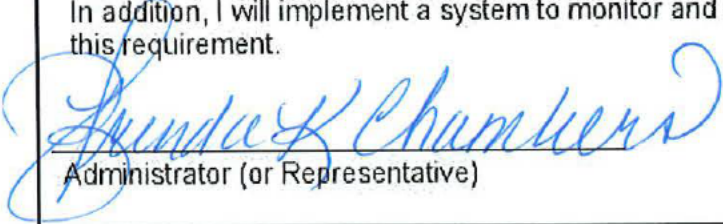
In an interview, on 06/04/2026 at 3:17 PM, Staff A (Executive Director) agreed Resident 8's SP did not contain information regarding catheter management and stated it was not clear to her whether hospice or home health managed the catheter replacement.

This deficiency was previously cited on 11/06/2024.

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)

6/25/2026
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 temperatures in the ALF were between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed 62 of 62 residents at risk for burns and injury.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 62 residents, 15 of the residents resided on the Memory Care Unit (MCU).

Observation, during the environmental tour with Staff G (Memory Care Director), on 06/02/2026 at 11:40 AM, showed the hot water temperature of the common bathroom sink across from Independent Living dining room was 123 F; the common bathroom sink in the MCU was 121.6 F.

Observation, on 06/04/2026 at 9:40 AM, Resident 5's bathroom sink showed the hot water temperature was 121.7 F.

Observation, on 06/04/2026 at 10:42 AM, Resident 4's bathroom sink showed the hot water temperature was 124.1 F.

Observation, on 06/04/2026 at 11:39 AM, Resident 2's bathroom sink showed the hot water temperature was 125.2 F.

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Observation, on 06/04/2026 at 11:44 AM, Resident 1's bathroom sink showed the hot water temperature was 122.1 F.

Observation, on 06/04/2026 at 1:45 PM, Resident 7's bathroom sink showed the hot water temperature was 124.1 F.

Record review of the ALF's Water Temperature Log showed the last water temperature record was logged on 04/16/2026.

In interview, on 06/04/2026 at 3:12 PM, Staff (Executive Director) reported water temperatures should be checked every two weeks, and the hot water temperature should not be above 120 F. Staff A confirmed the water temperature was too high.

This deficiency was previously cited on 12/16/2024.

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)	<u>6/25/2026</u> Date

WAC 388-78A-2600 Policies and procedures.

- (1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:
- (b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement their policies and procedures related to care and safety needs for 2 of 4 sampled residents (Residents 2 and 10) who had bed side rails (BSR) and failed to implement and instruct staff to administer medications according to and consistent with their policies and medication regulation requirements for 1 of 8 residents (Resident 9).

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These failures placed Resident 2 and 10 at risk for improper use of equipment, injury and entrapment and Resident 9 at risk for compromised health conditions when policies for safe medication administration services were not maintained.

Findings included...

Note: Washington Administrative Code 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: (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

Review of the ALF's policy detail for "Supportive / Assisted Device Policy", revised 5/2011, showed "A comprehensive assessment is to be conducted by the community's Registered Nurse to determine the level of risk to the resident and the proper placement / positioning of the supportive / assistive devices." And, "Documented instructions from the community Nurse (nursing assignment) must be left directing the Caregivers on the risks of using physical restraints, how to check for resident's safety and danger signs to observe for." And, "The use of supportive / assistive devices must be documented on the Service Plan and reviewed and updated every 90 days or with significant change of condition."

Resident 2

Review of a Face Sheet showed that the ALF admitted Resident 2 on [REDACTED] 2019 into the Memory Care Unit (MCU) with multiple medically disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life).

Observation, on 06/04/2026 at 11:39 AM, showed a BSR had been installed on left side of Resident 2's bed.

In interview, on 06/15/2026 at 12:48 PM, Staff G (Memory Care Director) reported Resident 2's BSR was installed around April of 2026 when he returned from the hospital due to a fall.

In interview, on 06/04/2026 at 11:39 AM, Staff D (Caregiver) reported Resident 2's BSR were used at night as the bedrails were observed to be in the upright position in the mornings.

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In interview, on 06/04/2026 at 1:16 PM, an assessment for BSR for Resident 2 was requested from Staff A (Executive Director).

Review of facility records showed Resident 2 had an Assessment of his ability to safely use BSR. The Assessment was dated 06/04/2026, the day the BSR Assessment was requested by the Department. No prior BSR Assessments were found.

Review of Resident 2's Service Plan, dated 06/01/2026, gave no documentation to show Resident 2 used BSR. There were no monitoring instructions for staff on the use of BSR.

Resident 10

Review of facility records showed that the ALF admitted Resident 10 on [REDACTED] 2025 into the MCU with multiple medically disabling conditions including dementia, hypertension (high blood pressure--when the force of blood flowing through your blood vessels is consistently too high) and a history of stroke.

Observation, on 06/04/2026 at 11:44 AM, showed BSR installed on both sides of Resident 10's bed.

In interview, on 06/04/2026 at 1:16 PM, an assessment for BSR for Resident 10 was requested from Staff A.

In interview, on 06/15/2026 at 8:40 PM, Collateral Contact 1 (Resident 10's Representative) reported Resident 10 had the BSR installed since the day he was admitted into the ALF.

Review of facility records showed Resident 10 had an Assessment of his ability to safely use BSR. The Assessment was dated 06/03/2026, the day before the BSR Assessment was requested by the Department. No prior BSR Assessments were found.

In interview on 06/04/2026 at 2:18 PM, Staff A confirmed Assessments for BSR had not been completed prior to 06/04/2026 for Resident 2 and 06/03/2026 for Resident 10, and there was no documentation with instruction for monitoring on the use of BSR for Residents 2.

Resident 9

Record review of the facility's policy titled, "Medication Systems", revised 06/04/2025, showed that the [ALF] shall establish and maintain a safe, effective 24-hour medication

delivery system for staff to administer, provide assistance for administration of prescription and non-prescription (over the-counter) medication/treatment, as allowed by state and pharmacy regulations.

Record review of the ALF's Medication Technician training document, revised 05/01/2023, defined preparation for a "med pass" in Washington State as "an event where medications are prepared for and passed to one resident at a time. Documentation of this med pass will occur after each resident." The record outlined that the practice of pre-pouring as defined as "a process where medications are prepared for multiple residents (pre-pouring) and then delivered to the residents. Documentation of pre-pouring occurs at the time the meds are prepared and final documentation of ingestion or refusal may not occur until the med pass is completed. The ALF's record indicated the practice of pre-pouring medication was not permitted for Washington State facilities.

Review of an Assessment, dated 11/20/2025, showed the ALF admitted Resident 9 on [REDACTED] 2025 with a primary diagnosis of [REDACTED]. Review of an Assessment, dated 11/20/2025, showed Resident 9 required facility assistance and support with medication management services.

Observation, on 06/03/2026 at 8:53 AM, showed Staff I (Medication Aide) open the electronic Medication Administration Records (eMAR) on the computer and attempt to select Resident 9. Observation showed the page to be grayed out. Record review of the computer screen showed Resident 9's medications had already been administered for the selected shift. Despite being unable to select each medication and review doses on the MAR, Staff I began to dispense medications for Resident 9 into a plastic cup and proceeded to walk to Resident 9 who was seated in the dining room. Observation showed Staff I return to the cart before giving the medication cup to the resident, open the top drawer of the medication cart and remove a cup already filled with unlabeled medications with Resident 9's room number written on the cup. Observation at 8:55 AM also showed six additional medication cups filled with unknown and unlabeled medications, each with a different room number written on the cup. Observation showed Staff I return all pills previously dispensed to the medication bottles. Staff I then took the medication cup from the top drawer of the cart labeled with Resident 9's room number and walked to the dining table and administered the medication.

In an interview, on 06/04/2026 at 8:55 AM, Staff I confirmed the eMAR had been grayed out because they had already dispensed and documented medication administration for Resident 9's morning medications, prior to the observed administration. Staff I stated, "I do this in the morning because some people like to call the front desk for their medications and they get angry when they don't get the medications right away. I follow all the rights of medications administration, right time, right med, right resident, but I prefill them. I know I am not supposed to do it but there are so many people and the residents get angry if they have to wait and I don't want to lose my job."

In an interview, on 06/04/2026 at 12:19 PM, Staff J (Nurse Delegator) stated the policy

not permitting prepouring of medications in located in the Medication Technician instruction manual and is also listed on the training checklist for new Medication Technicians. Staff J confirmed that pre-filling medications for residents is unacceptable and not ALF policy.

This deficiency was previously cited on 11/24/2025.

Plan/Attestation Statement	
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 Administrator (or Representative)	<u>10/20/2026</u> Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide the agreed upon care and services in the Negotiated Service Agreements (NSA) for 2 of 9 residents (Resident 2 and Resident 7) when food texture was not prepared as ordered (Resident 2) and shower assistance was not provided (Resident 7). This failure placed Resident 2 and Resident 7 at risk for poor quality of life and unmet needs.

Findings included...

Resident 2

Review of facility records showed that the ALF admitted Resident 2 on [REDACTED]/2019 into the Memory Care Unit (MCU) with multiple medically disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life).

Record review of Hospital Discharge report, dated 06/01/2026, showed a dietary order for Resident 2 to have minced/moist textured food.

Record review of the Resident Temporary Service Plan (RTSP- equivalent to a temporary NSA), dated 06/01/2026, showed Resident 2's care needs included a "modified diet with minced/moist food."

Observation and interview, on 06/03/2026 at 12:34 PM, showed Staff K (Caregiver) feeding Resident 2 with pureed food. Staff K reported Resident 2 was on a pureed diet since being back from the hospital.

In a follow up interview, on 06/03/2026 at 1:08 PM, Staff G (Memory Care Director) confirmed Resident 2 was on a minced/moist diet and care staff should have followed orders as written on the RTSP.

Resident 7

Review of a Service Plan (SP – equivalent to an NSA), dated 04/21/2026, showed the ALF admitted Resident 7 on [REDACTED]/2026 with a primary diagnosis of [REDACTED]. Resident 7's SP showed they required standby staff assistance for bathing two times per week.

In interview, on 06/04/2026 at 1:30 PM, Resident 7 stated "I haven't had a shower for a week, because I haven't pushed my button. I am scheduled for Tuesday and Fridays but that hasn't been very regular. I don't think I should have to call them for my showers."

Record review of a shower schedule, dated 04/2026, did not show Resident 7 listed among the scheduled showers.

In interview, on 06/04/2026 at 3:40 PM, Staff A (Executive Director) confirmed Resident 7 was not listed on the caregiver's shower schedule and would follow up with the resident. Staff A stated she was unable to provide documentation to show Resident 7 had received bathing assistance.

This deficiency was previously cited on 12/04/2024.

Plan/Attestation Statement

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

[Signature]
Administrator (or Representative)

6/25/2026
Date

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;

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the resident or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 1 of 9 sampled residents (Resident 4). This placed Resident 4 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 4 on [REDACTED]/2026. Review of Resident 4's Resident Service Plan (RSP-equivalent to a Negotiated Service Agreement), dated 03/31/2026, showed no signature from the resident or the resident representative.

In an interview, on 06/04/2026 at 2:34 PM, Staff A (Executive Director) stated they were not able to provide RSP signature page for Resident 4.

This is a recurring deficiency previously cited on 06/26/2023 and 09/26/2023.

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)

10/25/2026
Date