STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

FARRINGTON COURT (WAKFC) LLC
FARRINGTON COURT RETIREMENT COMMUNITY
516 Kenosia Ave S
Kent, WA 98030

RE: FARRINGTON COURT RETIREMENT COMMUNITY License # 2145

Dear Administrator:

This letter addresses Compliance Determination(s) 81154 (Completion Date 07/28/2026) and 77730 (Completion Date 06/05/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/28/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481-2, WAC 388-78A-2481, WAC 388-78A-2040-1

The Department staff who did the on-site verification:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Angelica Rios, 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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2145	Compliance Determination # 77730
Plan of Correction	FARRINGTON COURT RETIREMENT COMMUNITY	Completion Date
Page 1 of 4	Licensee: FARRINGTON COURT (WAKFC) LLC	06/05/2026

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 05/27/2026 and 06/01/2026 of:
FARRINGTON COURT RETIREMENT COMMUNITY
516 Kenosia Ave S
Kent, WA 98030

This document references the following complaint numbers: 225147.

The following sample was selected for review during the unannounced on-site visit: 7 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Angelica Rios, ALF Licensor
James Sherman, Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License #: 2145	Compliance Determination # 77730
Plan of Correction	FARRINGTON COURT RETIREMENT COMMUNITY	Completion Date
Page 2 of 4	Licensee: FARRINGTON COURT (WAKFC) LLC	06/05/2026

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.

Jim Sherman
Residential Care Services

06-18-2026
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.

Kristy Mefadden
Administrator (or Representative)

6/18/2026
Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 4 staff (Staff C) was screened for tuberculosis (TB), with an approved testing method, within three days of employment. This failure placed residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

Note: WAC 38-78A-2480 showed the assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

STAFF C
Review of the facility's undated personnel records showed the facility hired Staff C, Caregiver, on 09/30/2025. The records showed that Staff C provided care and services for residents from 09/30/2025 to 06/01/2026. The records showed that Staff C completed a chest x-ray on 12/16/2025. There was no documentation that showed the facility screened Staff C for TB within three days of employment with an Intradermal

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Mantoux test (a skin test used to determine presence of TB) or a blood test.

During an interview on 05/29/2026 at 2:10 PM, Staff G, Assistant Executive Director, confirmed that when Staff C was hired, they were not screened per regulatory requirements for tuberculosis. Staff G stated that they were aware that tuberculosis screening and testing required an intradermal skin test or a blood test for all facility staff, within three days of employment.

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, FARRINGTON COURT RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/20/2026.

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

Administrator (or Representative) [signature] Date 6/18/26

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to obtain 1 of 1 active Medical Test Site Waiver (MTSW) certificate for the performance of medical testing on the facility premises. This failure placed 43 residents at risk of receiving medical tests from a facility that has not been waived to conduct onsite medical tests.

Findings included...

According to WAC 246-338-020 Licensure-Types of medical test site licenses showed After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1: (1) Certificate of waiver.

Review of the Department of Health's (DOH) website showed no documentation the facility had an active MTSW certificate. Review of facility's documentation showed no documentation that the facility had an active MTSW certificate.

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Statement of Deficiencies	License #: 2145	Compliance Determination # 77730
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Review of the facility's Characteristic Roster showed the facility provided care and services to 43 residents.

Review of Resident 7's records showed the facility admitted Resident 7 on [redacted]/2025. The records showed that Resident 7 admitted with diagnosis of [redacted]. Review of Resident 7's Assessment and Care Plan, dated 05/19/2026, showed that facility staff performed the fingerstick to obtain blood for monitoring of Resident 7's blood sugar level.

During an interview on 06/01/2026 at 10:50 AM, Resident 7 stated they received assistance with their diabetes monitoring from the facility care staff. Resident 7 stated that the facility care staff performed blood glucose finger sticks to monitor their blood glucose.

During an interview on 05/27/2026 at 10:12 AM, Staff A, Executive Director/Administrator, stated they were aware of the MTSW certification requirements and that the facility performed testing on residents that required MTSW certification. Staff A stated that they were unaware the facility did not have an active MTSW certification.

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, FARRINGTON COURT RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/20/26.

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

Administrator (or Representative) Kristi McFaddy Date 6/18/26

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

AMENDED
06/10/2026

FARRINGTON COURT (WAKFC) LLC
FARRINGTON COURT RETIREMENT COMMUNITY
516 Kenosia Ave S
Kent, WA 98030

RE: FARRINGTON COURT RETIREMENT COMMUNITY # 2145

Dear Administrator:

This document references the following complaint numbers 225147.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 06/05/2026 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

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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 calendar days of Last Date of Data Collection (06/05/2026), no later than 07/20/2026 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-3040 Laundry.

(7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is:

(a) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

The facility did not ensure there was a ventilation system in the resident laundry room that provided mechanical ventilation to the outside. During the inspection, the facility staff ordered a mechanical ventilation fan to install in the resident laundry room. 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:

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https://www.dshs.wa.gov/altsa/idr

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

Enclosure

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