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

MARYSVILLE SPECIAL CARE COMMUNITY LLC
THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

RE: THE COTTAGES AT MARYSVILLE License # 2149

Dear Administrator:

This letter addresses Compliance Determination(s) 81544 (Completion Date 08/04/2026) and 78442 (Completion Date 06/18/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2026 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-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0720-2-a, WAC 388-78A-2480-1, WAC 388-78A-2305-2, WAC 246-217-035-1, WAC 388-78A-2730-1-b, WAC 388-110-220-3-d-i, WAC 388-110-220-3-d-ii, WAC 388-110-220-3-d-iii, WAC 388-110-220-3-d-iv, WAC 388-110-220-3-d-ix, WAC 388-110-220-3-d-v, WAC 388-110-220-3-d-vi, WAC 388-110-220-3-d-vii, WAC 388-110-220-3-d-viii, WAC 388-110-220-3-d-x, WAC 388-110-220-3-d-xi, WAC 388-110-220-3-d, WAC 388-78A-2305-1, WAC 246-215-06505-1, WAC 246-215-02310-5, WAC 246-215-03351-1-a

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,

Jim Sherman

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

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

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STATE OF WASHINGTON
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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 06/15/2026 and 06/17/2026 of:
THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

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:

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

From:
DSHS, Home and Community Living 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.

Jim Shaw
Residential Care Services

06/30/2026
Date

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

Kelli J Ember
Administrator (or Representative)

7/2/2026
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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 3 staff (Staff A, Staff E and Staff F) had a valid Washington state name and date of birth background check completed every two years. This failure resulted in Staff A, Staff E, and Staff F not having valid background checks 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 policy titled "Criminal History and Background Check," undated, showed it did not address the Washington state requirement that a new background check be done every two years for all staff persons. The ALF policy stated that new criminal history and background checks would be done when accepting employment with a new employer and when the individual's last criminal history and background check was completed more than three years prior to hire.

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 02/02/2022. Staff A had a Washington state

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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

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 3 staff (Staff A, Staff E and Staff F) had a valid Washington state name and date of birth background check completed every two years. This failure resulted in Staff A, Staff E, and Staff F not having valid background checks 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 policy titled "Criminal History and Background Check," undated, showed it did not address the Washington state requirement that a new background check be done every two years for all staff persons. The ALF policy stated that new criminal history and background checks would be done when accepting employment with a new employer and when the individual's last criminal history and background check was completed more than three years prior to hire.

Review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 02/02/2022. Staff A had a Washington state

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name and date of birth background check dated 02/20/2024, that was valid until 02/20/2026. Review of a Washington state name and date of birth background check showed it was not completed until 03/19/2026, which was 26 days with no valid background check.

Staff E, Medication Technician, was hired on 10/15/2014. Staff E had a Washington state name and date of birth background check dated 02/24/2023, that was valid until 02/24/2025. Review of a Washington state name and date of birth background check showed it was not completed until 03/14/2026, which was 18 days with no valid background check.

Staff F, Medication Technician, was hired on 04/15/2024. Staff F had a Washington state name and date of birth background check dated 04/12/2024, that was valid until 04/12/2026. In a review done on 06/15/2026, Staff F did not have another background check, this was 64 days so far without a current background check.

In an interview on 06/15/2026 at 2:17 PM, Staff J, Business Office Manager, stated that Staff A and Staff F's background checks were not done timely because they (Staff J) had been on leave at the time. Staff J also stated that they hadn't realized that Staff E's background check was late, but that they did do it.

In a phone interview on 06/18/2026 at 10:26 AM, Staff G, Executive Director Designee, stated that they had recently been updating their policies and that they knew in Washington state that background checks needed to be updated every two years.

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 MARYSVILLE is or will be in compliance with this law and / or regulation on (Date) 8/2/2026.

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

Kelli J Ember
Administrator (or Representative)

7/2/2026
Date

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 below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year.

(iii) A certified nursing assistant;

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name and date of birth background check dated 02/20/2024, that was valid until 02/20/2026. Review of a Washington state name and date of birth background check showed it was not completed until 03/18/2026, which was 26 days with no valid background check.

Staff E, Medication Technician, was hired on 10/15/2014. Staff E had a Washington state name and date of birth background check dated 02/24/2023, that was valid until 02/24/2025. Review of a Washington state name and date of birth background check showed it was not completed until 03/14/2025, which was 18 days with no valid background check.

Staff F, Medication Technician, was hired on 04/15/2024. Staff F had a Washington state name and date of birth background check dated 04/12/2024, that was valid until 04/12/2026. In a review done on 06/15/2026, Staff F did not have another background check, this was 64 days so far without a current background check.

In an interview on 06/15/2026 at 2:17 PM, Staff J, Business Office Manager, stated that Staff A and Staff F's background checks were not done timely because they (Staff J) had been on leave at the time. Staff J also stated that they hadn't realized that Staff E's background check was late, but that they did do it.

In a phone interview on 06/18/2026 at 10:26 AM, Staff G, Executive Director Designee, stated that they had recently been updating their policies and that they knew in Washington state that background checks needed to be updated every two years.

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 388-112A-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 below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

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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.

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

(e) Continuing education.

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 Staff F) completed the training requirements within the required timeframes. This failure resulted in Staff B not completing cardiopulmonary resuscitation (CPR) and first aid training and Staff F not completing 12 hours of continuing education by their birthday each year. These failures caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

Review of the facility position description for nursing assistants, undated, showed that nursing assistants were to maintain current CPR and first aid training and that they were to participate in in-service education as requested.

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

Staff B, Caregiver/Nursing Assistant, was hired on 03/03/2026. Staff B's file showed no documentation of current CPR and first aid training.

Staff F, Medication Technician/Nursing Assistant, was hired on 04/15/2024. Staff F's file showed that they had completed no Department of Social and Health Services approved continuing education for the timeframe of their birthday each year from 10/06/2024 – 10/06/2025.

In an interview on 06/15/2026 at 2:17 PM, Staff J, Business Office Manager, stated that they had a monthly reminder set up to notify them about staff CPR/first aid training expirations, but that didn't work for Staff B's CPR and first aid training.

In an interview on 06/16/2026 at 9:35 AM, Staff G, Executive Director Designee, stated that Staff F had not completed any continuing education from 10/06/2024 – 10/06/2025.

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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 MARYSVILLE is or will be in compliance with this law and / or regulation on (Date) 8/2/2026

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

Kelli J Ember
Administrator (or Representative)

7/2/2026
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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (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 policy titled "Tuberculosis Testing," undated, showed it was their policy to test new employees for TB within three days of hire.

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

Staff D, Medication Technician, was hired on 07/23/2025. There was no documentation showing TB screening was completed within three days of hire.

In an interview on 06/15/2026 at 2:17 PM, Staff J, Business Office Manager, stated that they didn't think they needed to do any TB testing if the new staff had it done within the last year.

In an interview on 06/17/2026 at 1:58 PM, Staff D stated that at the time of hire they provided a two-step TB test completed by a previous employer and had not been asked by the facility to complete any additional testing.

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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-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 1 of 3 staff (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 policy titled "Tuberculosis Testing," undated, showed it was their policy to test new employees for TB within three days of hire.

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

Staff D, Medication Technician, was hired on 07/23/2025. There was no documentation showing TB screening was completed within three days of hire.

In an interview on 06/15/2026 at 2:17 PM, Staff J, Business Office Manager, stated that they didn't think they needed to do any TB testing if the new staff had it done within the last year.

In an interview on 06/17/2026 at 1:59 PM, Staff D stated that at the time of hire they provided a two-step TB test completed by a previous employer and had not been asked by the facility to complete any additional testing.

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

Julie J Ember
Administrator (or Representative)

7/2/2026
Date

WAC 246-217-035 Validity and form of food worker cards.

(1) All initial cards are valid for two years from the date of issuance.

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

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 staff (Staff F) obtained a current food worker card. This failure resulted in Staff F handling food while not being trained in safe food handling practices.

Findings included...

Review of the ALF's employee files showed:

Staff F, Medication Technician, was hired on 04/15/2024. Staff F's food worker card had expired on 06/08/2026.

Review of the ALF's staffing schedules showed Staff F had worked on 06/07/2026, 06/08/2026, 06/09/2026, 06/10/2026, 06/11/2026, 06/14/2026, and 06/15/2026.

In an interview on 06/15/2026, Staff J, Business Office Manager, stated that they had just seen that Staff F's food worker card had expired and they would have them do that training.

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Plan/Attestation Statement

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

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Administrator (or Representative) Date

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(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

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 staff (Staff F) obtained a current food worker card. This failure resulted in Staff F handling food while not being trained in safe food handling practices.

Findings included…

Review of the ALF's employee files showed:

Staff F, Medication Technician, was hired on 04/15/2024. Staff F's food worker card had expired on 06/06/2026.

Review of the ALF's staffing schedules showed Staff F had worked on 06/07/2026, 06/08/2026, 06/09/2026, 06/10/2026, 06/11/2026, 06/14/2026, and 06/15/2026.

In an interview on 06/15/2026, Staff J, Business Office Manager, stated that they had just seen that Staff F's food worker card had expired and they would have them do that training.

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

Kelli J Ember
Administrator (or Representative)

7/2/2026
Date

WAC 388-110-220 Enhanced adult residential care service standards.

(3) In an assisted living facility with an enhanced adult residential care-specialized dementia care services contract, for residents served under that contract, the contractor must:

(d) Ensure that each staff who works directly with residents has at least six hours of continuing education per year related to dementia, including Alzheimer's disease. This six hours of continuing education may be part of the ten hours of continuing education required by WAC 388-112-0205 . Appropriate topics include, but are not limited to:

(i) Agitation: Caregiving strategies;

(ii) Challenging behaviors: Strategies for managing aggression and sexual behavior;

(iii) Delusions and hallucinations;

(iv) Using problem-solving strategies in dementia care;

(v) Depression and dementia;

(vi) Fall prevention for people with dementia;

(vii) Personal care as meaningful activity;

(viii) Promoting adequate food and fluid consumption;

(ix) Promoting pleasant and purposeful activity;

(x) Resistance to care: Caregiving strategies; and

(xi) Recognizing and assessing pain in people with dementia.

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

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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 388-110-220 Enhanced adult residential care service standards.

(3) In an assisted living facility with an enhanced adult residential care-specialized dementia care services contract, for residents served under that contract, the contractor must:

(d) Ensure that each staff who works directly with residents has at least six hours of continuing education per year related to dementia, including Alzheimer's disease. This six hours of continuing education may be part of the ten hours of continuing education required by WAC 388-112-0205 . Appropriate topics include, but are not limited to:

(i) Agitation: Caregiving strategies;

(ii) Challenging behaviors: Strategies for managing aggression and sexual behavior;

(iii) Delusions and hallucinations;

(iv) Using problem-solving strategies in dementia care;

(v) Depression and dementia;

(vi) Fall prevention for people with dementia;

(vii) Personal care as meaningful activity;

(viii) Promoting adequate food and fluid consumption;

(ix) Promoting pleasant and purposeful activity;

(x) Resistance to care: Caregiving strategies; and

(xi) Recognizing and assessing pain in people with dementia.

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

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

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 2 long-term care workers (Staff E and Staff F) completed the mandatory 6 hours of dementia specific training required under the facility's Enhanced Assisted Residential Care – Specialized Dementia Care (EARC - SDC) contract. This failure resulted in untrained staff providing direct care to 43 residents with [redacted] diagnoses and compromising resident safety.

Findings included…

Review of the ALF'S Disclosure of Services undated, showed that the ALF served residents with [redacted] related diagnoses.

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (Stars) showed the ALF had a current EARC-SDC contract dated 02/01/2026 - 01/31/2030.

Review of the ALF's resident roster undated showed 43 residents were provided care and services for dementia including Alzheimer's.

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

Staff E, Medication Technician (Med Tech), was hired 10/15/2014. Staff E's file showed 3 hours of dementia related continuing education approved by the Department of Social and Health Services (DSHS) for the timeframe of 10/15/2024 – 10/15/2025.

Review of the ALF's care staff scheduled for the week of 06/14/2026 – 06/20/2026 showed Staff E worked 4 days shifts as the Med Tech.

On 06/17/2026 at 11:21 AM, observed Staff E providing care/support for residents in the inner courtyard of the ALF.

In an interview on 06/17/2026 at 11:45 AM, Staff E stated that they received the continuing education from Staff A (Executive Director) and only completed what had been sent to them. Staff E stated they did not know there was a certain number of hours for dementia specifically, only that it had to be 12 per year to keep their credential.

Staff F, Med Tech, was hired 04/15/2024. Staff F's file showed no continuing education hours completed for the timeframe of 04/15/2024 – 04/15/2026.

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

Review of the ALF's care staff scheduled for the week of 06/14/2026 – 06/20/2026 showed Staff F worked 4-night shifts as the Med Tech.

In an interview on 06/17/2026 at 2:45 PM, Staff K, Director of Nursing (DON), stated that they did not realize Staff F failed to complete any continuing education until it was pointed out to them and that Staff E failed to have continuing education that including 6 hours of dementia-related training.

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 MARYSVILLE is or will be in compliance with this law and / or regulation on (Date) 8/2/2026.

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

Julia Ember — Administrator (or Representative)

7/2/2026 — Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-03351 Preventing contamination from the premises Food storage (FDA Food Code 3-305.11).

(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:

(a) In a clean, dry location,

WAC 246-215-06505 Methods Cleaning, frequency and restrictions (FDA Food Code 6-501.12).

(1) physical facilities must be cleaned as often as necessary to keep them clean

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

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

Review of the ALF's care staff scheduled for the week of 06/14/2026 – 06/20/2026 showed Staff F worked 4-night shifts as the Med Tech.

In an interview on 06/17/2026 at 2:46 PM, Staff K, Director of Nursing (DON), stated that they did not realize Staff F failed to complete any continuing education until it was pointed out to them and that Staff E failed to have continuing education that including 6 hours of dementia-related training.

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Administrator (or Representative) Date

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WAC 246-215-06505 Methods Cleaning, frequency and restrictions (FDA Food Code 6-501.12).

(1) physical facilities must be cleaned as often as necessary to keep them clean.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

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

Based on observations and interviews, the Assisted Living Facility (ALF) failed to provide a clean and sanitary kitchen environment, to ensure safe food storage practices, and to ensure kitchen staff utilized safe hand hygiene practices between dirty and clean dishwashing loads. This failure placed the ALF's residents at risk of foodborne illnesses.

Findings included…

Review of an Assisted Living Facility Resident Characteristic Roster and Sample Selection form, undated, showed 43 residents resided in the ALF.

DISHWASHING PRACTICES
In an observation and interview on 06/17/2026 at 11:35 AM, Staff H, Dietary Manager (DM), was observed washing dishes and pans in the dishwashing machine, they were not observed doing hand hygiene or changing their gloves when they transitioned from loading dirty dishes in the dishwashing machine to putting away the clean dishes from the clean side of the dishwashing machine. Staff H stated that they did not wash their hands when they went between the loading dirty dishes and putting away clean dishes, and they stated that they changed their gloves every now and then.

In an observation and interview on 06/17/2026 at 12:20 PM, Staff D, Medication Technician, was observed scraping off dirty dishes and rinsing them in the sink with water and putting them in a tub with dirty glasses and silverware. Staff D stated that they then would send those items back to the kitchen to be washed.

In an interview on 06/17/2026 at 12:30 PM, Staff H, DM, stated that the dirty dishes had already been cleaned and that their job was to sanitize them.

KITCHEN ENVIRONMENT
In an observation and interview on 06/17/2026 at 11:45 AM, the overhead light fixtures in the kitchen and dry storage room were observed to be soiled with splattered matter, dead insects, and cobwebs. Staff H, DM, stated that they didn't know of any cleaning schedule for the kitchen lights, and that maybe maintenance cleaned them.

In an interview on 06/17/2026 at 1:10 PM, Staff I, Maintenance Supervisor, stated that they cleaned the kitchen light fixtures whenever they changed the bulbs, and that the light fixtures were not on a cleaning schedule.

FOOD STORAGE PRACTICES/ENVIRONMENT
In an observation on 06/17/2026 at 11:51 AM, the walk-in freezer upper metal food storage racks had frozen condensation built up on and around boxes of pizza, and chili with beans, and had dripped through creating several inches of hanging ice formations of various lengths. The chili beans had ice formation inside of the package creating discoloration of the chili.

In an observation on 06/17/2026 at 1:15 PM, the walk-in refrigerator contained several containers of leftover food that were covered with plastic wrap, these foods included fettucine dated 6/12, chili dated 6/13, mac (macaroni) and cheese dated 6/9, and chick cass (chicken casserole) dated 6/7. Staff H stated that these leftover foods were ok to use for three days.

In an interview on 06/17/2026 at 1:50 PM, Staff I, Maintenance Supervisor, stated that they had contacted a refrigeration repair company to fix the walk-in freezer issue where

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water was dripping and freezing onto foods stored in the freezer.

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 MARYSVILLE is or will be in compliance with this law and / or regulation on (Date) 8/2/2026.

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

Nicki Ember — Administrator (or Representative)

7.2.2026 — Date

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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 MARYSVILLE 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

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