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

OVENELL HOME ALF INC

OVENELL HOME ALF INC
625 E Washington Ave
Burlington, WA 98233

RE: OVENELL HOME ALF INC License # 2172

Dear Administrator:

This letter addresses Compliance Determination(s) 81664 (Completion Date 08/05/2026) and 78726 (Completion Date 06/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/05/2026 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, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2480-1, WAC 388-78A-2180-1-b, WAC 388-78A-2180-1, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-4

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor
Karen Glover, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***



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 06/09/2026 and 06/10/2026 of:

OVENELL HOME ALF INC
625 E Washington Ave
Burlington, WA 98233

The following sample was selected for review during the unannounced on-site visit: 5 of 18 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

6/16/2026
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)

6/25/26
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 record review and interview, the Assisted Living Facility (ALF) failed to ensure the Washington state name and date of birth background check (BGC) for 3 of 6 staff (Staff A, E and F) was renewed every two years. This failure placed residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included...

Record review showed the ALF hired Staff A (Facility Manager) on 04/03/2018. Staff A's employee file showed a current BGC dated 03/03/2025. Staff A's employee file did not show any previous BGC's.

Record review showed the ALF hired Staff E (Caregiver - CG) on 05/08/2021. Staff E's employee file showed a current BGC dated 05/08/2025. Staff E's employee file did not show a BGC dated in 2023.

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

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

Residential Care Services _____ Date _____

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

Administrator (or Representative) _____ Date _____

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**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure the Washington state name and date of birth background check (BGC) for 3 of 6 staff (Staff A, E and F) was renewed every two years. This failure placed residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included…

Record review showed the ALF hired Staff A (Facility Manager) on 04/03/2018. Staff A's employee file showed a current BGC dated 03/03/2025. Staff A's employee file did not show any previous BGC's.

Record review showed the ALF hired Staff E (Caregiver - CG) on 05/08/2021. Staff E's employee file showed a current BGC dated 05/08/2025. Staff E's employee file did not show a BGC dated in 2023.

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Record review showed the ALF hired Staff F (CG) on 10/12/2021. Staff F's employee file showed a current BGC dated 03/03/2025. Staff F's employee file did not show a BGC dated in 2023.

In an interview on 06/09/2026 at 11:15 AM, Staff A confirmed they did not have copies of the BGC's from previous years.

This is a repeated deficiency previously cited on 05/23/2025.

**Plan/Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, OVENELL HOME ALF INC is or will be in compliance with this law and / or regulation on (Date) 7/25/26.

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

Administrator (or Representative) 6/25/26 Date

**WAC 388-78A-2480 Tuberculosis Testing Required.**

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

**This requirement was not met as evidenced by:**

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) were screened for Tuberculosis (TB - a contagious infection that was spread through bacteria in the air and primarily affects that lungs) within three days of hire. This failure placed all residents at risk of possible exposure to a communicable disease.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2484 - Tuberculosis—Two Step Skin Testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing must ensure that each staff person has the following two-step skin testing: (1) An initial skin test within

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Record review showed the ALF hired Staff F (CG) on 10/12/2021. Staff F's employee file showed a current BGC dated 03/03/2025. Staff F's employee file did not show a BGC dated in 2023.

In an interview on 06/09/2026 at 11:15 AM, Staff A confirmed they did not have copies of the BGC's from previous years.

This is a repeated deficiency previously cited on 05/23/2025.

**Plan/Attestation Statement**

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Administrator (or Representative) Date

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Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2484 - Tuberculosis—Two Step Skin Testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing must ensure that each staff person has the following two-step skin testing: (1) An initial skin test within

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three days of employment; and (2) A second test done one to three weeks after the first test.

Record review showed the ALF hired Staff B (Caregiver - CG) on 04/22/2026. Staff B's employee file showed they received their first step TB test on 05/20/2026, 28 days after their date of hire.

Record review showed the ALF hired Staff C (CG) on 12/14/2024. Staff C's employee file showed they received their first step TB on 05/20/2026, 522 days after their date of hire.

In an interview, on 06/10/2026 at 11:40 AM, Staff A (Facility Manager) confirmed that Staff B and Staff C's first step TB tests were both late.

This is a repeated deficiency previously cited on 05/23/2025.

**Plan/Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, OVENELL HOME ALF INC is or will be in compliance with this law and / or regulation on (Date) 7/23/26 .

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

Administrator (or Representative) — Date 6/25/26

**WAC 388-78A-2180 Activities. The assisted living facility must:**

(1) Provide space and staff support necessary for:

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

**This requirement was not met as evidenced by:**

Based on observation and interviews, and record review the Assisted Living Facility (ALF) failed to provide group activities three times a week to 5 of 5 sampled residents (Residents 1 ,2 ,3, 4, and 5). This failure resulted in a decreased quality of life for all residents.

Findings included...

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Record review showed the ALF hired Staff B (Caregiver - CG) on 04/22/2026. Staff B's employee file showed they received their first step TB test on 05/20/2026, 28 days after their date of hire.

Record review showed the ALF hired Staff C (CG) on 12/14/2024. Staff C's employee file showed they received their first step TB on 05/20/2026, 522 days after their date of hire.

In an interview, on 06/10/2026 at 11:40 AM, Staff A (Facility Manager) confirmed that Staff B and Staff C's first step TB tests were both late.

This is a repeated deficiency previously cited on 05/23/2025.

**Plan/Attestation Statement**

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Administrator (or Representative) Date

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Based on observation and interviews, and record review the Assisted Living Facility (ALF) failed to provide group activities three times a week to 5 of 5 sampled residents (Residents 1 ,2 ,3, 4, and 5). This failure resulted in a decreased quality of life for all residents.

Findings included…

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

Review of a Resident Characteristics Roster showed the facility provided care and services to Residents 1 ,2 ,3, 4, and 5.

During an on-site visit, on 06/09/2026 and 06/10/2026, during the times of 9:30 AM and 4:30 PM no group activities were observed.

An observation, on 06/09/2026 at 09:18 AM, showed the activity calendar was posted and had sports night scheduled every Sunday night, movie night was every other Wednesday, and every other Friday was bingo.

During the resident meeting, on 06/09/2026 at 12:15 PM, residents stated that the facility was not doing sports night or movie night and bingo was every other week.

In an interview, on 06/10/2026 at 1:00 PM, Resident 2 stated that they liked going to bingo, but they rarely had it.

In an interview, on 06/10/2026 at 4:40 PM, Staff A (Facility Manager) stated that they needed to improve and be more on top of activities.

**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, OVENELL HOME ALF INC is or will be in compliance with this law and / or regulation on (Date) 7/25/26 .

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

Administrator (or Representative) [signature] Date 6/25/26

**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:

(a) Orientation and safety;

(b) Basic;

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Review of a Resident Characteristics Roster showed the facility provided care and services to Residents 1 ,2 ,3, 4, and 5.

During an on-site visit, on 06/09/2026 and 06/10/2026, during the times of 9:30 AM and 4:30 PM no group activities were observed.

An observation, on 06/09/2026 at 09:18 AM, showed the activity calendar was posted and had sports night scheduled every Sunday night, movie night was every other Wednesday, and every other Friday was bingo.

During the resident meeting, on 06/09/2026 at 12:15 PM, residents stated that the facility was not doing sports night or movie night and bingo was every other week.

In an interview, on 06/10/2026 at 1:00 PM, Resident 2 stated that they liked going to bingo, but they rarely had it.

In an interview, on 06/10/2026 at 4:40 PM, Staff A (Facility Manager) stated that they needed to improve and be more on top of activities.

**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, OVENELL HOME ALF INC 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.

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Administrator (or Representative) Date

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(a) Orientation and safety;

(b) Basic;

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(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.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff (Staff A, B, C, D, E, and F) met the long-term care worker training requirements under Washington Administrative Code (WAC) 388-112A. These failures resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed residents at risk of not receiving proper care and services from staff members.

Findings included…

Orientation and Safety training (ORSA)

NOTE: Washington Administrative Code (WAC) 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

NOTE: WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Record review showed the ALF hired Staff B (Caregiver - CG) on 04/22/2026. Staff B's employee file showed no documentation of completed ORSA training, 49 days after their date of hire.

Record review showed the ALF hired Staff C (CG) on 12/12/2024. Staff C's employee file showed no documentation of completed ORSA training, 545 days after their date of hire.

Home Care Aide (HCA) Basic Training

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090: Assisted living facilities. (4) Assisted living facility administrators or

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their designees within one hundred twenty days of date of hire. (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Record review showed the ALF hired Staff C (CG) on 12/12/2024. Staff C's employee file had no documentation that they had completed basic training, 545 days after their date of hire.

In an interview, on 06/10/2026 at 11:48 AM, Staff A (Facility Manager) stated that Staff C was currently in training and had not completed the Basic Training course.

Specialty Training

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of the ALF's Resident Characteristic Roster, dated 06/09/2026, showed 6 residents living in the ALF had [redacted] diagnosis; and 5 residents living in the ALF with a [redacted] diagnosis.

Record review of the ALF's undated Disclosure of Services, Subsection 7, showed ALF's that choose to serve residents with Dementia, or Mental illness, would provide their staff with specialized training in those areas.

Record review showed the ALF hired Staff C (CG) on 12/12/2024. Staff C's employee file had no record of dementia and mental health specialty training, 545 days after their date of hire.

Record review showed the ALF hired Staff F (CG) on 12/12/2021. Staff F's employee file had no record of dementia specialty training, 1704 days after their date of hire.

Cardiopulmonary Resuscitation (CPR) and First Aid Training

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

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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.

Record review showed the ALF hired Staff B (CG) on 04/22/2026. Staff B's employee file showed no CPR and first aid card available for review.

Record review showed the ALF hired Staff C (CG) on 12/12/2024. Staff C's employee file showed no CPR and first aid card available for review.

In an interview, on 06/10/2026 at 11:50 AM, Staff A confirmed that Staff B and C did not have a current CPR/First aid card.

Continuing Education (CE)

Record review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education (CE) by their birthday each year.

Record review showed the ALF hired Staff A (Facility Manager) on 04/03/2018. Staff A's employee file showed no documentation that they had completed any approved CE's in the time between their birthday in 2024 and their birthday in 2025.

In an interview, on 06/09/2026 at 3:07 PM, Staff A confirmed they did not complete their CE's.

Home Care Aide (HCA) Certification

NOTE: WAC 388-112A-0105 Who is required to obtain HCA certification and by when? (1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC. (2) The following individuals must obtain home care aide certification as follows: (c) Assisted living facility administrators or their designees, within 200 calendar days of the date of hire;

NOTE: WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of their date of hire.

Record review showed the ALF hired Staff C (CG) on 12/12/2024. Staff C's employee file had no documentation that they had obtained their HCA certification, 545 days after their date of hire.

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

Record review showed the ALF hired Staff E (CG) on 05/08/2021. Staff E's employee file had no documentation that they had obtained their HCA certification, 1859 days after their date of hire.

In an interview, on 06/10/2026 at 11:48 AM, Staff A confirmed that Staff C and E did not have an HCA certification.

This is a repeated deficiency previously cited on 05/23/2025.

**Plan/Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, OVENELL HOME ALF INC is or will be in compliance with this law and / or regulation on (Date) 7/25/26.

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

Administrator (or Representative) — Date 6/25/26

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

Record review showed the ALF hired Staff E (CG) on 05/08/2021. Staff E's employee file had no documentation that they had obtained their HCA certification, 1859 days after their date of hire.

In an interview, on 06/10/2026 at 11:48 AM, Staff A confirmed that Staff C and E did not have an HCA certification.

This is a repeated deficiency previously cited on 05/23/2025.

**Plan/Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, OVENELL HOME ALF INC 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***

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OVENELL HOME ALF INC
OVENELL HOME ALF INC
625 E Washington Ave
Burlington, WA 98233

RE: OVENELL HOME ALF INC # 2172

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/10/2026 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:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/10/2026), no later than 07/25/2026 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-2630 Reporting abuse and neglect.**

(2) The assisted living facility must prominently post so it is readily visible to staff, residents and visitors, the department's toll-free telephone number for reporting resident abuse and neglect.

The Assisted Living Facility (ALF) failed to post the department’s phone number for reporting resident abuse and neglect. This placed the residents at risk of not being able to call the department to report a concern. This failure was resolved prior to the end of the full inspection.

**You Are Not:**

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

• Contact me for clarification of the deficiency or deficiencies found.

**In Addition, You May:**

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

**If You Have Any Questions:**

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

• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

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

• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

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