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

CVC RETIREMENT LLC
CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY
4450 Davis Ave S
Renton, WA 98055

RE: CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY License # 2230

Dear Administrator:

This letter addresses Compliance Determination(s) 78771 (Completion Date 06/10/2026) and 75369 (Completion Date 04/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/10/2026 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-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2700-1-a, WAC 388-78A-2700-1-g-v

The Department staff who did the on-site verification:
Jane Hermano, NCI

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

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

Statement of Deficiencies	License #: 2230	Compliance Determination # 75369
Plan of Correction	CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY	Completion Date
Page 1 of 6	Licensee: CVC RETIREMENT LLC	04/16/2026

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 on 04/07/2026 and 04/09/2026 of:
CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY
4450 Davis Ave S
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 9 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Jane Hermano, NCI
Michelle Yip, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit Z
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.

Anthony Devito
Residential Care Services

04-20-2026
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.

Nicole Besaw RN
Administrator (or Representative)

4/28/26
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 residents (Resident 4, Resident 10, and Resident 11) consented to receive nurse delegation services. This failure left Resident 4, Resident 10, and Resident 11 and their family representatives uninformed of the facility's nursing services and placed the residents at risk for compromised health status.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility allowed nursing assistants to provide authorized nursing services under the delegation of a Registered Nurse. The disclosure showed that nurse delegation was limited to administration of oral medications and solutions for ears and nose, application of topical cream and ointment, and blood sugar checks.

Note: WAC 246-840-930 Criteria for delegation. (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (b) Obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW.

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Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

Review of the facility's Resident Characteristic Roster showed that Resident 4 was admitted on [redacted] 2024, Resident 10 was admitted on [redacted]/2021, and Resident 11 was admitted on [redacted]/2019 to the facility. The roster showed Resident 4, Resident 10, and Resident 11 received nurse delegation services.

RESIDENT 4

Observation on 04/09/2026 at 8:06 AM showed the facility's Medication Technician (unlicensed staff who dispensed and administered medications) prompted Resident 4 about their morning medications. Observation showed that the Medication Technician administered Resident 4's crushed medications. Observation showed Resident 4 was unable to self-direct the administration of their oral medications.

Review of Resident 4's Registered Nurse Delegation documentation showed several of the facility's nursing delegation visits. Review showed Resident 4 first received nurse delegation services for medication administration and topical treatment on 06/08/2025. The records showed no documentation that the facility obtained Resident 4 or their family representative's consent for nurse delegation services. The facility obtained consent for the delegation process on 04/08/2026 during the licensing visit.

During an interview on 04/09/2026 at 1:15 PM, Staff A, Executive Director, stated that the facility's Health Services Director was responsible for the nurse delegation services. Staff A stated that the Health Services Director was on vacation. Staff A stated that they were aware consent was required prior to any nurse delegation services.

RESIDENT 1O

Review of Resident 10's Registered Nurse Delegation documentation showed several of the facility's nursing delegation visits. The records showed documentation that the facility obtained Resident 10's family representative verbal consent for nurse delegation services on 10/06/2021. Resident 10 first received nurse delegation services on 10/06/2021. The records showed no documentation of written consent following verbal consent within 30 days.

During an interview on 04/13/2026 at 2:27 PM, Staff B, Health Services Director, stated that they were aware that if verbal consent was obtained, written consent was required within 30 days of verbal consent. Staff B stated they were unable to obtain written consent from Resident 10's family representative for delegation services.

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RESIDENT 11

Review of Resident 11's Registered Nurse Delegation documentation showed several of the facility's nursing delegation visits. Review showed Resident 11 first received nurse delegation services for medication administration and topical treatment on 03/21/2025. The records showed no documentation that the facility obtained Resident 11 or their family representative's consent for nurse delegation services. The facility obtained consent for the delegation process on 04/08/2026 during the licensing visit.

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, CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 4/14/2026 .

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

Administrator (or Representative) Nicole Bessanson Date 4/28/26

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation, interviews, and record review the facility failed to ensure 4 of 5 stairwells (Stairwell A, Stairwell B, Stairwell C, and Stairwell D) egress and emergency communication call units were unencumbered and accessible to residents for emergency communication and evacuation purposes. The facility failed to provide instructions and the necessary equipment required to access emergency water for 3 of 3 hot water tanks (Hot Water Tank 1, Hot Water Tank 2, and Hot Water Tank 3). These failure placed 61 residents at risk of being unable to evacuate the facility building during an emergency and have access to emergency water.

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

Findings included...

Review of the facility's Characteristics Roster showed 60 residents resided at the facility, 42 in the Assisted Living unsecured side and 19 Memory care residents in the secured memory care unit.

STAIRWELLS

Review of the facility's Emergency Evacuation and Disaster Plan dated January 2015 showed the building's physical structure consisted of four floors and a basement. Review of the Emergency Evacuation Plan showed "Evacuation Floor Plan diagrams" for each floor that showed five stairwells. Stairwell A, Stairwell B, and Stairwell C were located on the south end of the building and Stairwell D, and Stairwell E were located at the north end of the building. The emergency evacuation plan showed an emergency evacuation area on each floor of the stairwells. A sign was posted on each floor landing that showed it was an evacuation area equipped with a communication intercom except for the first-floor landing of Stairwell B and Stairwell C.

Observation during the environmental tour with Staff K, Maintenance Director, on 04/07/2026 at 11:39 AM, showed the second-floor landing evacuation egress and emergency communication intercom in Stairwell D was partially blocked by two stackable washer/dryer combo units. Observation at 1:23 PM, showed that the second-floor evacuation area and emergency communication unit located in Stairwell A was blocked by a wheelchair, an over the bed table, and several door Panels. Observation at 1:26 PM, showed the first-floor egress evacuation route between the secured memory care exit and an exterior exit door located in Stairwell C was blocked by a bed frame and mattress. Observation of first-floor landing in Stairwell B at 1:35 PM, showed the evacuation egress between the interior exit door of the secured memory care and exterior exit door was partially blocked by 23 boxes of incontinent supplies.

During an interview on 04/07/2026 at 11:39 AM, Staff K stated that that the two stackable washer/dryer combo units in Stairwell D second-floor landing were temporarily there while two apartment units on the second floor were remodeled. At 1:26 PM, Staff K stated that the bed and mattress stored in Stairwell C was placed there over the weekend by a family member and would be removed. Staff K stated that the boxes of incontinent supplies should not be stored in Stairwell A.

EMERGENCY WATER

Review of the facility Emergency Disaster Manual dated January 2015 showed that emergency water was located in the North Tower basement and the South Tower on the fourth floor. Review of the "Emergency Liquid Sources" document showed a 500-gallon water tank was located in the North Tower basement and two 200-gallon storage tanks were located in the South Tower on the fourth floor.

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Observation on 04/07/2026 at 12:10 PM showed two 200-gallon Hot Water Tanks (HWT) HWT 1, and HWT 2, in a room on the fourth floor. There were four signs posted in the room showed where a hose and bucket were located, where the emergency water supply was located, and a sign that showed where the hot water tank drain valve was located. Observation showed that the "hot water drain valve" was an uncapped copper overflow pipe without a valve that was connected to a pressure relief valve on the top of HWT 1. Observation showed Staff K searched for the valves on both the hot water tanks and was initially unable to locate them. Staff K eventually located the valves under pipes that protruded from the bottom of both tanks. There were no handles or tools to open the valves. There were no signs that showed where the hot water valves were located on the hot water tanks. There were no instructions that showed how to access the water in case of an emergency.

Observation on 04/07/2026 at 1:00 PM, showed a boiler room located in the basement of the North Tower. Observation showed a 500-gallon hot water tank, HWT 3, inside the boiler room. Observation showed no signage or equipment that showed that HWT 3 was to be used for emergency water and there were no instructions that showed how to access the water.

During an interview on 04/07/2026 at 12:20 PM, Staff K stated that the two hot water tanks located on the fourth floor in the South Tower were the facility's emergency water supply. Staff K did not identify the 500-gallon HWT 3 as part of the facility's emergency water supply. Staff K stated that they lived nearby and could respond quickly if there was an emergency.

During an interview on 04/09/2026 at 11:30 AM, Staff L, Culinary Services Director, stated that the kitchen did not provide emergency bottled water. Staff I stated that they did not know where the emergency water supply was located.

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, CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/28/2026.

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

Nicole Besanca, RN — Administrator (or Representative)

4/28/26 — Date

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CVC RETIREMENT LLC
CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY
4450 Davis Ave S
Renton, WA 98055

RE: CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY # 2230

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/16/2026 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:

Anthony Devito, Field Services Administrator
Residential Care Services
Region 2, Unit Z
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/16/2026), no later than 05/31/2026 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-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

Observation showed that the assisted living facility license that expired on June 30, 2026, was posted inside an office located behind the concierge desk on an inside wall that faced away from the public view. Staff J, Outgoing Administrator/Executive Director, stated that when the front entrance vestibule was redecorated all the facility licenses including the assisted living facility license were removed and relocated to the back office. The assisted living facility license was removed and relocated to the front lobby next to the concierge desk while the Department Representative was on site. 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.

- 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:

- Please contact me at (253)281-1245.

Sincerely,

Anthony Devito

Anthony DeVito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Enclosure

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

Plan of Correction

Agency Name	Citation Date
Chateau Valley Center	04/20/2026
Submitted by	**Date of POC Submission**
Nicole Bosancu, RN, BSN	04/28/2026
☐ **Complaint Citation** ☐ **Certification Citation**	

Citation: WAC 388-78A-2730 – Posting the License	
What *initial or immediate actions* were taken to address concerns affecting clients?	• On April 7th, 2026, the current and original Assisted Living License was mounted in the Main Lobby Entryway, which is a conspicuous place visible to all residents and visitors. • An inspection of the communities' common areas was conducted on April 7th, 2026 to ensure all other required postings (e.g., Long-Term Care Ombudsman contact info, Resident Rights, Survey results) were also visible and properly displayed.
How will you apply the correction to all clients you support?	• The Executive Director or designee will conduct a walk-through audit monthly, to ensure the license remains posted.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	• The Executive Director (or designee) will put eyes on required postings to verify that the license remains posted and unobstructed. All department head staff are to be educated on the requirements of WAC 388-78A-2730 by May 28th, 2026
Date by which lasting correction will be achieved	• May 28th, 2026
Additional Information	

Citation: WAC 388-78A-2320 – Consents for Nurse Delegation	
What *initial or immediate actions* were taken to address concerns affecting clients?	• On 04/14/2026, the Registered Nurse Delegator (RND) obtained written informed consent for nurse delegation for Resident(s) 4, 10, &11. These consents have been placed in the residents' permanent medical records.
How will you apply the correction to all clients you support?	• The RN Delegator has been reminded/retrained on the requirement that written consent must be obtained for all residents' receiving nurse delegation and within 30 days of a verbal to initiate delegated tasks.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	• The Health Services Director, Nicole Bosancu RN, BSN, will audit the files of any new resident requiring delegation within 72 hours of admission. Additionally, a quarterly audit of all delegated resident files will be conducted on going.

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

Citation: WAC 388-78A-2320 – Consents for Nurse Delegation	
Date by which lasting correction will be achieved	• A 100% audit of all residents currently receiving nurse-delegated tasks (e.g., insulin, eye drops, or topical creams) was completed on 04/14/2026 to ensure signed consents are present for every resident served.
Additional Information	

Citation: WAC 388-78A-2700 – Egress and Emergency Supplies	
What *initial or immediate actions* were taken to address concerns affecting clients?	• On 4/07/2026, the furniture and equipment blocking the noted stairwells were immediately removed and relocated to proper storage areas. • A full community walk-through was conducted on 04/27/2026 by the Maintenance Director to ensure all other exits, hallways, and stairwells are free of obstructions. o "Keep Clear" signs were hung in the stairwells to serve as a reminder to remain in compliance.
How will you apply the correction to all clients you support?	• All staff to be in-serviced within the next 30 days (by May 28th, 2026) on the importance of keeping exit paths clear at all times & trained on accessing emergency water (and location of water bottle storage). o On 04/10/2026, the emergency water supply was replenished and relocated to dry storage, ensuring it is easily accessible.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	• All staff will be in serviced within the next 30 days on how to use the boiler(s) for emergency water and will receive routine ongoing training for emergency/disaster management. Completed by May 28th 2026
Date by which lasting correction will be achieved	• May 28th, 2026
Additional Information	

Submit to RCS within 10 calendar days of receipt of letter to:

Anthony Devito, Field Services Administrator
Residential Care Services
20425 72nd Avenue S, Suite 400
Kent, WA 98032
Region 2, Unit Z
eFax: (360) 651-6511
rcsregion2email@dshs.wa.gov

Send copy to DDA Resource Manager or Residential Program Specialist for your region.

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