STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sante MC Op Co LLC
The Ridge an Encore Community
1501 NW Tower View Cir
Silverdale, WA 98383

RE: The Ridge an Encore Community License # 2231

Dear Administrator:

This letter addresses Compliance Determination(s) 79487 (Completion Date 06/24/2026) and 76467 (Completion Date 05/06/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2026 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-2305, WAC 388-78A-2305-1, WAC 388-78A-2474, WAC 388-78A-2474-2, WAC 388-78A-2474-2-c, WAC 388-78A-2474-3, WAC 388-78A-2474-6, WAC 388-78A-2665, WAC 388-78A-2665-6, WAC 388-78A-3040, WAC 388-78A-3040-1, WAC 388-78A-3040-2, WAC 388-78A-3040-2-a, WAC 388-78A-2150, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2231	Compliance Determination # 76467
Plan of Correction	The Ridge an Encore Community	Completion Date
Page 1 of 8	Licensee: Sante MC Op Co LLC	05/06/2026

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 04/27/2026 and 04/30/2026 of:
The Ridge an Encore Community
1501 NW Tower View Cir
Silverdale, WA 98383

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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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.

Laurie Anderson
Residential Care Services

05/07/2026
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)

5/18/26
Date

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:

Based on observation and interview, the Assisted Living Facility (ALF) failed to serve food and beverages at the required hot holding temperatures in 1 of 1 kitchen (main kitchen). This failure placed all 48 residents at risk of contracting food-borne illnesses.

Findings included...

Note: Per WAC 246-215-03525, Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16): (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (a) At 135° Fahrenheit (F) (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or (b) At 41°F (5°C) or less.

Review of an undated facility policy titled "Sante' Policy Section: AL-Food Service, Policy ID Number: C-310, Policy Name: Food Safety" showed that temperatures of food were to be monitored during preparation, serving, and holding.

Review of a facility document titled "Food Code Temperatures," dated 2018, showed holding temperatures for hot foods ranged from 140 degrees F to 165 degrees F. Cold

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food temperatures ranged from or 41 degrees F or below.

Observation of the main kitchen on 04/30/2026 at 12:02 PM showed Staff I, Cook, obtained a thermometer to measure the temperature of the food served for lunch. Staff I took a temperature reading of chicken. The temperature on the thermometer showed a reading of 113.5 degrees F. Staff I measured the temperature of the Brussel sprouts which measured 100 degrees F. Staff I measured the temperature of the pasta which measured 127 degrees F.

In an interview on 04/30/2026, at 12:05 PM, Staff J, Dietary Manager, said that hot food was required to be served above 140 degrees. Staff J said that 113 degrees F for chicken, 100 degrees F for Brussel sprouts, and 94 degrees F for pasta was too low of a serving temperature.

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 Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 06/19/2026.

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

Administrator (or Representative) — Date: 05/18/26

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:

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

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

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

This requirement was not met as evidenced by:

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Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff (Staff C) met all the training requirements for long-term care workers. This failure placed all 48 residents at risk of receiving care from untrained staff.

Findings included...

SPECIALTY TRAINING
Review of Staff C's undated personnel file showed the facility hired Staff C on 03/03/2025. There was no documentation that showed Staff C completed the required Mental Health specialty training within 120 days of their date of hire.

During an interview on 05/04/2026 at 9:33 AM, Staff A, Executive Director, stated that Staff C completed the training on 05/04/2026, 307 days after their date of hire.

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 Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 05/04/2026.

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

Administrator (or Representative) — Date: 05/18/2026

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 7 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) received and signed the facility's policy on accepting Medicaid as a payment source. This failure placed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7 at risk for being discharged and unable to reside in the facility on state Medicaid assistance.

Findings included...

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Review of Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7's facility records showed no documentation of a signed Medicaid policy.

During an interview on 04/30/2025 at 11:00 AM, Staff J, Residential Care Coordinator, acknowledged that they did not have the Medicaid policy signed for those seven residents.

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 Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 05/20/26.

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

Administrator (or Representative) — Date: 05/18/26

WAC 388-78A-3040 Laundry.

(1) The assisted living facility must provide laundry and linen services on the premises, or by commercial laundry.

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

(a) Provide separate areas for handling clean laundry and soiled laundry;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that the facility's soiled laundry and linens in 1 of 2 clean and soiled laundry rooms were stored according to acceptable methods of infection control. This failure placed all 48 residents at risk of potential cross contamination of infectious laundry and linens.

Findings included...

Observation of the gym on 04/28/2026 at 11:00 AM found 10-15 bags of dirty laundry sealed and stored on the floor.

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Observation of the common shower and bathroom across from rooms A-1 and A-2 on 04/30/2026 at 10:27 AM found eight bags of dirty laundry sealed and stored in the common bathroom. The bags sat in front of the toilet and sink. The laundry room door was ajar with an open laundry basket that contained a dry bloodied soiled linen in it. Observation showed a soiled wet washcloth with brown fecal matter sat on a shower chair in the communal shower.

During an interview on 04/30/2026 at 11:33 AM, Staff G, Medication Technician stated that it was not normal protocol to store soiled laundry in the common bathroom. Staff G stated that it was not facility protocol to leave bloodied soiled linen in the laundry room. Staff G stated that it was not facility protocol to leave soiled fecal matter washcloths on a shower chair in the common bathroom.

During an interview on 04/30/2026 at 11:53 AM, Staff H, Maintenance Director stated that staff were not instructed to store dirty soiled laundry, sealed in bags, in the gym. Staff H stated that it was not the facility's normal protocol.

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 Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 04/30/2026

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

Administrator (or Representative) — Date: 05/18/26

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 7 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) Negotiated Service Agreements (NSA) were agreed to and signed by the resident or their representative and the facility representative. This failure placed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7 at risk of unmet care needs and being uninformed about the care and services to be provided.

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Findings Included...

Review of Resident 1's undated Negotiated Service Agreement (NSA) showed the facility admitted Resident 1 on [redacted]/2025. There was no documentation that showed Resident 1, their representative, and a facility representative signed the document.

Review of Resident 2's undated NSA showed the facility admitted Resident 2 on [redacted]/2026. There was no documentation that showed Resident 2, or their representative, and a facility representative signed the document.

Review of Resident 3's undated NSA showed the facility admitted Resident 3 on [redacted]/2020. There was no documentation that showed Resident 3, or their representative, and a facility representative signed the document.

Review of Resident 4's undated NSA showed the facility admitted Resident 4 on [redacted]/2024. There was no documentation that showed Resident 4, or their representative, and a facility representative signed the document.

Review of Resident 5's undated NSA showed the facility admitted Resident 5 on [redacted]/2025. There was no documentation that showed Resident 5, or their representative, and a facility representative signed the document.

Review of Resident 6's undated NSA showed the facility admitted Resident 6 on [redacted]/2023. There was no documentation that showed Resident 6, or their representative, and a facility representative signed the document.

Review of Resident 7's undated NSA showed the facility admitted Resident 7 on [redacted]/2020. There was no documentation that showed Resident 7, or their representative, and a facility representative signed the document.

In an interview on 04/28/2026 at 1:30 PM, Staff A, Executive Director (ED), said that there were no Negotiated Service Agreements (NSAs) signed by residents or representatives in the facility.

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Statement of Deficiencies	License #: 2231	Compliance Determination # 76467
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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 Ridge an Encore Community is or will be in compliance with this law and / or regulation on (Date) 06/20/2026.

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

Administrator (or Representative) — Date: 05/19/26

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Plan of Action

In Response to Full Inspection of The Ridge

Completed: May 6, 2026

This Plan of Action addresses all findings from the comprehensive inspection conducted on May 6, 2026. The following corrective actions have been implemented to ensure full compliance with all applicable regulations.

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1. WAC 388-78A-2305: Food Sanitation

Corrective Actions Implemented:

- The Culinary Director implemented frequent temperature checks during meal service to confirm foods remained within safe temperature ranges.
- In-service training was completed with all kitchen staff regarding food sanitation and temperature monitoring expectations.
- Kitchen staff were instructed to check and document water temperatures in food holding centers between meals to ensure appropriate holding conditions.
- Current food temperature guidelines were posted in visible locations and made readily accessible to all kitchen staff.

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2. WAC 388-78A-2474: Training and Home Care Aide Certification Requirements

Corrective Actions Implemented:

- The employee obtained the required certification on May 4, 2026.
- Front-end process changes were implemented to prevent scheduling and assignment of staff who do not meet certification requirements.
- Routine staff file audits were scheduled to begin June 1, 2026, to verify ongoing compliance with training and certification requirements.
- All staff files will be relocated and maintained exclusively by office staff to ensure consistent oversight and document control.

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3. WAC 388-78A-2665: Resident Rights Notice Policy on Accepting Medicaid as Payment Source

Corrective Actions Implemented:

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- The Medicaid payment policy was added to the new admission packet to ensure consistent disclosure at the time of admission.
- Scheduled to be sent out on 05/20/2026.
- Distribution was coordinated to occur with the monthly billing statement and facility newsletter to support timely delivery and visibility.
- The mailing included a written explanation of the policy and a request for signature and return to document receipt and acknowledgment.

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4. WAC 388-78A-3040: Laundry

Corrective Actions Implemented:

- In-service education was provided to care staff and housekeeping staff regarding infection control expectations related to laundry handling.
- Staff were trained on facility policies and procedures for the safe handling, transport, and processing of soiled linens.
- Staff were instructed on required practices to prevent cross-contamination, including maintaining separation of clean and soiled items at all times.

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5. WAC 388-78A-2150: Signing Negotiated Service Agreements

Corrective Actions Implemented:

- The filing process was revised so that all original, signed negotiated service agreements are to be filed and secured in the administrator's office.
- Copies of signed agreements will be filed in resident hard charts to ensure staff had access for reference as needed.
- All seven selected residents' powers of attorney or guardians were contacted to confirm the negotiated service plans were reviewed, discussed, and signed.
- The clinical team initiated a comprehensive review of all current resident negotiated service agreements to confirm completeness and required signatures.
- Care conferences to be scheduled with all current residents to review services, confirm understanding, and obtain any outstanding signatures.
- The estimated completion date for the full review and conference process was set for July 18, 2026, or sooner.

Summary of Corrective Actions and Ongoing Compliance

Immediate corrective actions have been implemented across all cited areas identified during the May 6, 2026 full inspection of The Ridge. Actions taken reflect consistent themes of strengthened staff training and education, updated policies and resident communications, improved front-end processes, and enhanced documentation controls to support sustained compliance. Forward-looking measures

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include routine staff file audits beginning June 1, 2026, distribution of the Medicaid payment policy on May 20, 2026, and a comprehensive review of all negotiated service agreements with care conferences scheduled for completion by July 18, 2026, or sooner. The Ridge remains fully committed to maintaining regulatory compliance through ongoing monitoring and continuous improvement, while prioritizing resident safety, rights, and quality of care.

Taylor Burns
Executive Director

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