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

Edgewood Special Care Community LLC
The Cottages at Edgewood
2510 Meridian Ave E
Edgewood, WA 98371

RE: The Cottages at Edgewood License # 2360

Dear Administrator:

This letter addresses Compliance Determination(s) 82594 (Completion Date 09/15/2026) and 77665 (Completion Date 06/24/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/15/2026 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-2350-1

The Department staff who did the on-site verification:
Nareet Bajwa, NCI-ALF Complaint Investigator

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages at Edgewood **Provider Type:** Assisted Living Facility

License/Cert.#: 2360
Intake ID: 223312
Compliance Determination #: 77665
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 05/19/2026 through 06/24/2026
Complainant Contact Date(s):

Allegation(s):

Neglect: treatment and medication not provided as ordered which resulted in AV's hospitalization.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 1 Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment Medication services
Interviews:	Staff Collateral contacts Resident Representative
Record Reviews:	Resident Characteristic Roster Medication administration records (MARs) Doctor's note and order Staff records Staff progress notes Discharge/admission orders Incident log / reports, Facility P & P care plan Pharmacy record

Investigation Summary:

Per record review, interviews with resident's representative, collateral contact and staff, facility failed to ensure that resident's needs were met as ordered. Failed facility practice identified. Citation issued. See Statement of Deficiency dated

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

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages at Edgewood **Provider Type:** Assisted Living Facility

License/Cert.#: 2360
Intake ID: 223601
Compliance Determination #: 77665
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 05/19/2026 through 06/24/2026
Complainant Contact Date(s):

Allegation(s):

Neglect: treatment and medication not provided as ordered which resulted in AV's hospitalization.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 1 Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment Medication services
Interviews:	Staff Collateral contacts Resident Representative
Record Reviews:	Resident Characteristic Roster Medication administration records (MARs) Doctor's note and order Staff records Staff progress notes Discharge/admission orders Incident log / reports, Facility P & P care plan Pharmacy record

Investigation Summary:

Per record review, interviews with resident's representative, collateral contact and staff, facility failed to ensure that resident's needs were met as ordered. Failed facility practice identified. Citation issued. See Statement of Deficiency dated

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Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages at Edgewood **Provider Type:** Assisted Living Facility

License/Cert.#: 2360
Intake ID: 223352
Compliance Determination #: 77665
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 05/19/2026 through 06/24/2026
Complainant Contact Date(s):

Allegation(s):

Neglect: treatment and medication not provided as ordered which resulted in AV's hospitalization.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 1 Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment Medication services
Interviews:	Staff Collateral contacts Resident Representative
Record Reviews:	Resident Characteristic Roster Medication administration records (MARs) Doctor's note and order Staff records Staff progress notes Discharge/admission orders Incident log / reports, Facility P & P care plan Pharmacy record

Investigation Summary:

Per record review, interviews with resident's representative, collateral contact and staff, facility failed to ensure that resident's needs were met as ordered. Failed facility practice identified. Citation issued. See Statement of Deficiency dated

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

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

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 an unannounced on-site complaint investigation on 05/19/2026 of:

The Cottages at Edgewood
2510 Meridian Ave E
Edgewood, WA 98371

This document references the following complaint number(s): 223312, 223352, 223601, 224298

The following sample was selected for review during the unannounced on-site visit: 1 of 57 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Nareet Bajwa, NCI-ALF Complaint Investigator

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

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Statement of Deficiencies	License # 2350	Compliance Determination #77525
Plan of Correction	The Cottages at Edgewood	Completion Date
Page 2 of 4	Licensee: Edgewood Special Care Community LLC	06/24/2026

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

Laurie Anderson
Residential Care Services

06/24/2026
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.

Jane Doe
Administrator (or Representative)

7/3/26
Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 resident (Resident 1, R1) needs were met as ordered. This failure placed R1 at risk for a decline in their health and a decreased quality of life.

Findings included:

Record review of the facility records showed the facility admitted R1 on [redacted]2026. Review of R1's records showed a treatment order for the right heel, apply betadine to affected areas and leave open to air. The records showed an order for both great toes, paint with betadine and leave open to air for wound treatment. There was no documentation in the records that showed the treatment orders were followed.

Review of R1's doctor's note, dated 04/30/2026, showed an order of Doxycycline (antibiotic used to treat infections), 100 milligrams (mg), by mouth two times a day for wound.

Review of R1's May 2026 Medication Administration Record (MARs) showed R1 received the first dose on 05/05/2026, five days after the medication was ordered.

During an interview on 06/06/26 at 1:15 PM, Collateral Contact (Hospice Nurse, CC1)

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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

06/24/2026
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)

Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 resident (Resident 1, R1) needs were met as ordered. This failure placed R1 at risk for a decline in their health and a decreased quality of life.

Findings included...

Record review of the facility records showed the facility admitted R1 on [redacted]2026. Review of R1's records showed a treatment order for the right heel: apply betadine to affected areas and leave open to air. The records showed an order for both great toes: paint with betadine and leave open to air for wound treatment. There was no documentation in the records that showed the treatment orders were followed.

Review of R1's doctor's note, dated 04/30/2026, showed an order of Doxycycline (antibiotic used to treat infections), 100 milligrams (mg) by mouth two times a day for wound.

Review of R1's May 2026 Medication Administration Record (MARs) showed R1 received the first dose on 05/05/2026, five days after the medication was ordered.

During an interview on 05/06/2026 at 1:19 PM, Collateral Contact (Hospital Nurse, CC1)

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stated that R1 came to hospital with wound infested with maggots. CC1 stated that there was no indication that R1's wound care was done before coming to hospital.

During an interview on 05/19/2026 at 9:52 AM, Staff B, Resident Care Coordinator, stated that R1 moved in the facility on [redacted]/2026 with a wound on their foot. Staff B stated that Staff A, Resident Care Director, monitored and performed the wound care daily since R1 moved into the facility. Staff B stated that Staff A reached out to R1's doctor to obtain an order for antibiotics while they waited for home health to come and do wound care. Staff B stated that R1 first received Doxycycline on 05/05/2026. Staff B stated that on 05/06/2026, as staff put on R1's socks, staff observed maggots on R1's feet. Staff B stated R1 was sent out to hospital for the infected wound.

During an interview on 05/19/2026 at 12:07 PM, Collateral Contact (Pharmacy staff, CC2) stated that R1's doctor ordered Doxycycline 100 mg by mouth two times a day on 04/30/2026. CC2 stated that they received the prescription fax from the facility on 05/01/2026 and put the order into the system. CC2 stated that the Doxycycline was delivered to the facility in the morning on 05/02/2026.

During an interview on 06/04/2026 at 12:08 PM, Staff A stated that when R1 moved into the facility on [redacted]2026, a full body assessment was done. Staff A stated that the wound on R1's foot had an odor but no drainage. Staff A stated that they notified R1's doctor. Staff A stated that on 04/30/2026, the doctor came to the facility to check R1's wound and ordered the Doxycycline. Staff A stated that when R1 was discharged from a skilled nursing facility to the ALF, there was an order for wound care treatment: to clean the wound with normal saline, apply betadine to affected area and leave open to air. Staff A stated that they completed the treatment orders for both feet. Staff A stated that they did not document that they completed the treatments. Staff A stated that they called home health to follow up with wound care, and the home health agency said that they never received a referral from the skilled nursing facility. Staff A stated that they started working to set up the home health process. Staff A stated that they completed the wound care while they waited for the home health request to be processed. Staff A stated that on 05/05/2026, they completed the wound care and no maggots were seen. Staff A stated that the maggots were first noticed on 05/06/2026 in the morning. Staff A stated that R1 sat in courtyard most of the day on 05/05/2026 and Staff A assumed R1 got the maggots from there. Staff A stated that they were responsible for putting in the pharmacy orders. Staff A stated that they send summary reports to the pharmacy and the pharmacy puts the orders into the system. Staff A stated that they confirm those orders. Staff A stated that the treatment orders were not entered by the pharmacy and that was Staff A's fault. Staff A stated that R1's doctor prescribed the Doxycycline order on 04/30/2026. Staff A stated that the pharmacy only puts the order in when they get the prescription from a doctor. Staff A stated that they reached out to R1's doctor to complete the prescription and send the fax to pharmacy. Staff A stated that they were unable to recall when that happened. Staff A stated that per R1's May 2026 Medication Administration Record (MARs), the Doxycycline was started on 05/05/2026.

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Statement of Deficiencies	License # 2360	Complaint Determination #77665
Plan of Correction	The Cottages at Edgewood	Completion Date
Page 4 of 4	Licensee: Edgewood Special Care Community LLC	06/24/2026

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 Edgewood is or will be in compliance with this law and / or regulation on (Date) 7/24/26

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

Administrator (or Representative) — Date: 7/9/26

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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 Edgewood 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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