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

03/10/2026

CRP/CSH Mountlake LLC
Mountlake Terrace Plaza
23303 58th Ave W
Mountlake Terrace, WA 98043

RE: Mountlake Terrace Plaza # 2373

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 73994 (Completion Date 03/10/2026) and 70678 (Completion Date 01/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/10/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

**WAC 388-78A-2210 Medication services.**

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

**WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and**

**timely manner.**

**WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:**

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such

as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

**WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

**WAC 388-78A-2371 Investigations. The assisted living facility must:**

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

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

(1) The assisted living facility must:

(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

**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;

**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;

**WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.**

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

The Department staff who did the On Site verification:

Faith Le, NCI
Erin Steinbrenner, 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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 01/05/2026 and 01/07/2026 of:

Mountlake Terrace Plaza
23303 58th Ave W
Mountlake Terrace, WA 98043

The following sample was selected for review during the unannounced on-site visit: 10 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 Siegen
Residential Care Services

1/16/2026
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.

Nikki Bakken
Administrator (or Representative)

1/22/2026
Date

**WAC 388-78A-2210 Medication services.**

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(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

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

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure safe medication systems were implemented when 1 of 1 resident (Resident 5) did not get their medications as prescribed and 2 of 2 residents (Residents 2 and 9) who could not safely self-administer medication had unsecured medications in their rooms. These failures resulted in Resident 5 not receiving their medications as prescribed and placed Residents 2, 5 and 9 at risk of medication errors and deteriorated health condition.

Findings included...

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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Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure safe medication systems were implemented when 1 of 1 resident (Resident 5) did not get their medications as prescribed and 2 of 2 residents (Residents 2 and 9) who could not safely self-administer medication had unsecured medications in their rooms. These failures resulted in Resident 5 not receiving their medications as prescribed and placed Residents 2, 5 and 9 at risk of medication errors and deteriorated health condition.

Findings included…

Resident 5

Review of a Facesheet showed the ALF admitted Resident 5 on [redacted]/2021 with multiple diagnoses to include multiple medical diagnoses.

Review of a Needs and Services Plan (NSP – equivalent to a Negotiated Service Agreement), updated on 09/25/2025, showed Resident 5 required facility assistance and support with medication management services. Review of the NSP instructed staff to document and notify the Licensed Nurse and Physician of any missed or refused medication.

Record review of an October Electronic Medication Administration Record (eMAR) for Resident 5 showed a Physician's Order, initiated on 10/02/2025, for Ciprofloxacin (an antibiotic) 250 milligrams take one tablet by mouth once daily for five days for urinary tract infection. The order was entered to start on 10/03/2025 and end on 10/08/2025 for a total of five doses.

In interview and observation, on 01/06/2026 at 11:58 AM, Staff I (Medication Technician) administered medication and entered their initials on the eMAR to indicate the resident took the medication. Staff I stated if a resident refused or didn't receive the medication, the initials would have a circle around them and there would be a note as to why the medication was not given.

Review of the signature boxes in the eMAR for Resident 5's Ciprofloxacin order showed staff initials for 10/03/2025, 10/04/2025, 10/05/2025 and 10/06/2025. Further review showed staff initials with a circle to indicate the medication was not given on 10/07/2025. The eMAR showed a note to indicate the medication was not available and staff had requested refill of the medication.

Review of Resident 5's October nursing notes showed no information regarding the final dose of the antibiotic or communication with the resident's physician regarding a missed dose.

In an interview, on 01/06/2026 at 12:51 PM, Staff G (Interim Director of Health Services) confirmed the eMAR indicated Resident 5 had received four doses of Cipro and the order was for five doses. Staff G confirmed this to be a medication error and stated she was not sure what happened.

Resident 2

Record review of a Facesheet showed the ALF admitted Resident 2 on [redacted]/2023 with

multiple diagnoses.

Review of a Service Plan (SP), dated 12/17/2025, showed Resident 2 required maximum assistance with medication management, “including storing and receiving medications in a safe and timely manner.”

Observation and interview, on 01/07/2026 at 11:26 AM, showed a tube of Voltaren joint pain cream, a tube of arthritis cream, and a bottle of eye drops on Resident 2’s dining room’s coffee table. Further observation showed a bottle of polyethene glycol powder (used to treat constipation), a bottle of Tylenol (used to treat pain), and a bottle anti-diarrheal medication on top of Resident 2’s kitchen counter. Resident 2 stated all the medications were taken as needed and could not recall when she last took any of the medications.

In interview, on 01/07/2026 at 1:13PM, Staff A (Administrator) confirmed Resident 2’s medications should not be in their room if the facility provides medication assistance.

Resident 9

Record review of a Facesheet showed the ALF admitted Resident 9 on [redacted]/2025 with multiple diagnoses.

Review of a SP dated 10/31/2025, showed Resident 9 required staff assistance with medication services and assisted by “storing and receiving [Resident 9’s] medications in a safe and timely manner.”

Observation and interview, on 01/07/2026 at 11:20 AM, showed a bottle of Tylenol 650 milligrams (mg), a bottle of melatonin (hormone supplement that helps regulate sleep) 3 mg and a box of Gas-X (anti-gas agent used to relieve stomach bloating) on Resident 9’s bedside table. In interview, Resident 9 stated she had taken two Tylenol right after she fell the previous night and thought she took another two that morning but wasn’t sure. Resident 9 also stated she gives herself Melatonin every night to help her sleep.

In a joint interview, on 01/07/2026 at 11:45 AM Staff A and Staff G confirmed Resident 9 is on medication services and agreed they should not have medications in their room. Staff A stated they would check on Resident 9 and remove the medications right away.

This deficiency was previously cited on 07/29/2024.

| Statement of Deficiencies | License #: 2373 | Compliance Determination #:70576 |
|---|---|---|
| Plan of Correction | Mountlake Terrace Plaza | Completion Date |
| Page 6 of 20 | Licensee: CRP/CSH Mountlake LLC | 01/12/2026 |

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) 3/11/2026 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Baldeen
Administrator (or Representative)

1/22/2026
Date

**WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.**

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

Based on interview, observation and record review, the Assisted Living Facility (ALF) failed to ensure a medication for 1 of 1 resident (Resident 6) was obtained in a timely manner. This failure resulted in Resident 6 not receiving their medications as prescribed and placed them at risk of related health complications.

Findings included...

In interview and observation, on 01/06/2026 at 11:58 AM, Staff I (Medication Technician) administered medication and entered their initials on the eMAR to indicate the resident took the medication. Staff I stated if a resident refused or didn't receive the medication, the initials would have a circle around them and there would be a note as to why the medication was not given.

Review of a Facesheet showed the ALF admitted Resident 6 on [redacted]/2024 with a primary diagnosis of [redacted]. Review of a Needs and Services Plan (NSP -- equivalent to a Negotiated Service Agreement), dated 08/22/2024, showed Resident 6 required total assistance with medication administration.

Review of a Physician Order, dated 10/24/2024, showed an order for Aspercreme Patch Lidocaine 4% with instructions to apply one patch topically to back (on for 12 hours and off for 12 hours) for pain.

Record review of a November 2025 electronic Medication Administration Record (eMAR)

**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

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Review of a Physician Order, dated 10/24/2024, showed an order for Aspercreme Patch Lidocaine 4% with instructions to apply one patch topically to back (on for 12 hours and off for 12 hours) for pain.

Record review of a November 2025 electronic Medication Administration Record (eMAR)

showed 25 out of 27 available days with circled staff initials and documentation that medication was not administered.

Record review of a December 2025 eMAR showed 29 out of 31 available days with circled staff initials and documentation that medication was not administered.

Record review of a January 2026 eMAR showed six out of six available days with circled staff initials and documentation that medication was not administered.

In an interview, on 01/07/2026 at 9:22 AM, Staff G (Interim Health Services Director) reviewed Resident 6's eMAR and confirmed the documentation showed the patches had not been available. Staff G stated the patches were provided by family and she had confirmed with the family they would bring more patches that day.

In a follow up interview on 01/07/0226 at 4:34 PM, Staff G stated she had located five patches in Resident 6's room. Staff G discovered that Resident 5 had initially been assessed to self-administer the patches but based on a new assessment that staff would apply the patch according to orders. Staff G agreed the medication technicians had not followed up in a timely manner with the family, pharmacy or nurse for over two months after documenting the patch was not available and not given.

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nicki Baldeen — Administrator (or Representative)

1/22/2026 — Date

**WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:**

(1) Individual's recent medical history, including, but not limited to:

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(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

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(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

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(5) Individual's communication abilities, including:

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(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

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(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

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(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

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

Based on interview, observation and record review, the Assisted Living Facility (ALF) failed to ensure a Full Assessment was completed within 14 days of moving into the ALF for 4 of 4 sampled residents (Residents 3, 4, 8 and 9) and a Full Assessment included information for use of a side rail for 1 of 1 resident (Resident 2). This failure placed Residents 3, 4, 8 and 9 at risk for unmet needs and Resident 2 at risk for injury for use of an unassessed medical device.

Findings included…

14-day Assessment

Resident 3

Review of a Resident Characteristic Roster (RCR) showed the ALF admitted Resident 3 on [redacted]/2025 and provided services to include Activities of Daily Living (ADLs-a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) and medication management. Record review showed a pre-admission Assessment was completed on 09/05/2025. Record review showed a 14-day Assessment was completed on 10/22/2025, forty days after date of move-in.

Resident 4

Record review of medical records showed the ALF admitted Resident 4 on [redacted]/2025 and provided services to include ADLs and medication management. Record review showed a pre-admission Assessment was completed on 12/02/2025. Record review showed no 14-day Assessment had been completed after date of move-in.

Resident 8

Review of a RCR showed the ALF admitted Resident 8 on [redacted]/2025 and provided services to include ADLs and medication management. Record review showed a pre-admission Assessment was completed on 07/29/2025. Record review showed no 14-day Assessment had been completed after date of move-in.

Resident 9

Review of the RCR showed the ALF admitted Resident 9 on [redacted]/2025 and provided services to include ADLs and medication management. Record review showed a pre-admission Assessment was completed on 10/16/2025. Record review showed no 14-day Assessment had been completed after date of move-in.

In interview, on 01/06/2026 at 12:52 PM, Staff G (Interim Health Services Director) confirmed there were no 14-Day Assessments completed for Residents 4, 8 and 9 and agreed Resident 3's assessment had been completed late.

Medical Device Assessment

Resident 2

Record review of a Facesheet showed the ALF admitted Resident 2 on [redacted]/2023 with multiple diagnosis to include [redacted]

[redacted] and [redacted]

Observation and interview on 01/07/2026 at 1:54 PM, showed a steel half bed rail secured to the left side of Resident 2's bed, and a bed cane on the floor against her bedroom wall. Resident 2 stated her family purchased both devices when she admitted into the ALF. Resident 2 reported she prefers to use the bed rail over the bed cane.

Review of an Assessment, dated 10/02/2022, showed Resident 2 had not been assessed for her ability to safely use side rails or bed canes. There was no documentation to show Resident 2 was aware of the risks and benefits of side rail use or bed cane.

In interview, on 01/07/2026 at 2:48 PM with Staff A (Executive Director) confirmed there was no side rail safety assessment and the risks and benefits documentation for Resident 2.

This deficiency was previously cited on 07/29/2024.

**Plan/Attestation Statement**

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SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Bakken
Administrator (or Representative)

1/22/2026
Date

**WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2080 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues.

(c) Consistent with the resident's change of condition as specified in WAC 388-78A-2120.

[redacted]', and [redacted]'.

Observation and interview, on 01/07/2026 at 1:54 PM, showed a steel half bed rail secured to the left side of Resident 2's bed, and a bed cane on the floor against her bedroom wall. Resident 2 stated her family purchased both devices when she admitted into the ALF. Resident 2 reported she prefers to use the bed rail over the bed cane.

Review of an Assessment, dated 10/02/2022, showed Resident 2 had not been assessed for her ability to safely use side rails or bed canes. There was no documentation to show Resident 2 was aware of the risks and benefits of side rail use or bed cane.

In interview, on 01/07/2026 at 2:48 PM with Staff A (Executive Director) confirmed there was no side rail safety assessment and the risks and benefits documentation for Resident 2.

This deficiency was previously cited on 07/29/2024.

**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, Mountlake Terrace Plaza 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

**WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

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

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to complete an ongoing focused assessment for self-medication administration for 3 of 3 sampled residents (Residents 1, 3, and 7) and an annual full assessment for Resident 6. This placed Residents 1, 3 and 7 at risk for medication administration errors and related health issues and Resident 6 at risk for injury and unmet health needs.

Findings included…

Self-Medication Assessments

Resident 1

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2024 with multiple diagnoses to include [redacted] and [redacted].

Review of a Needs and Service Plan (NSP – equivalent to a Negotiated Service Agreement), dated 03/07/2025, showed Resident 1 to be independent with managing her blood glucose monitoring and administering her type 2 diabetes medication. Record review showed no self-administration assessment completed for Resident 1.

In observation and interview, on 01/06/2026 at 11:40 AM, showed an Ozempic pen (a prescription injectable medication used for managing type 2 diabetes) in Resident 1's refrigerator. Resident 1 could not clearly report who assisted with her Ozempic medication and stated it could be her family or an ALF staff. Further observation showed a blood glucose (BG) meter and test strips on Resident 1's side table. Resident 1 could not locate the lancet (a small, sharp, single-use needle or blade used to prick the skin, most commonly on a fingertip, to obtain a tiny drop of blood for BG testing). Resident stated she had not checked her BG in over a month.

Resident 3

Review of a Face Sheet showed the ALF admitted Resident 3 on [redacted]/2025 with multiple medical diagnoses.

Review of an NSP, dated 09/09/2025, showed Resident 3 to be independent with medication administration. Record review showed no self-administration assessment completed for Resident 3.

Resident 7

Review of a Facesheet showed the ALF admitted Resident 7 on [redacted]/2022 with multiple diagnoses to include [redacted] and [redacted].

Review of an NSP, dated 08/08/2024, showed Resident 7 to be independent with medication administration. Record review showed a Medication Self-Administration Assessment for Resident 7 dated 08/11/2023. Record review showed no self-administration assessment completed for Resident 7 within the last two years, and the most recent full assessment was completed on 08/14/2024.

In observation and interview, on 01/07/2026 at 10:20 AM, Resident 7 stated she was legally blind and had developed a system for her medication administration by using the shape and color of the pills or capsules to identify each medication. In interview, Resident 7 stated she had difficulty identifying tablets especially when they look similar and feel alike. Resident 7 admitted she recently had an error when she was half asleep and picked up the wrong pill, took three of them and then had to call 911 and Poison Control. When asked what medications she took, she stated she took a pill for nerve pain but was unable to name the drug. Observation of Resident 7's pill storage system showed multiple boxes and containers full of pill bottles lined up on one side of her bed, with a single letter written on top of each lid.

In a joint interview, on 01/07/2026 at 11:45 AM, Staff A (Administrator) and Staff G (Interim Health Services Director) both agreed Resident 9 required a new medication self-administration assessment and would follow up.

Annual Assessment

Review of a Facesheet showed the ALF admitted Resident 6 on [redacted]/2024 with a primary diagnosis of [redacted]. Record review on 01/06/2026 showed an annual assessment dated 08/16/2024. Record review showed no annual assessment for Resident 6 completed in the last year.

In an interview, on 01/06/2026 at 12:52 PM, Staff G stated she was unable to locate an annual assessment for Resident 6 completed in the last year and would follow up.

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) ~~3/11/2026~~ 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Bakken — Administrator (or Representative)

1/22/2026 — Date

**WAC 388-78A-2371 Investigations. The assisted living facility must:**

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

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

Based on interview and record review, the ALF failed to investigate and document actions and findings of unwitnessed falls for 3 of 3 residents (Resident 5, Resident 7 and Resident 9). This failure to determine the circumstances of the fall and document appropriate measures placed Residents 5, 7 and 9 at increased risk for repeated falls, injuries and deteriorating health conditions.

Findings included...

Record review of the ALF's policy titled, "Incident Reports," dated 08/01/2025, showed that the ALF requires staff to complete an incident report in the electronic health record to include a review of the factors leading up to the incident, nature of the incident and steps to prevent similar incidents from occurring in the future.

In an interview, on 01/07/2026 at 2:52 PM, Staff J (Medication Tech / Caregiver) stated when a resident falls, staff should complete an incident report in the electronic health record with details about the incident and include who was notified of the event. The report goes to their supervisor for review, the resident is placed on alert charting and may have changes to the service plan.

**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, Mountlake Terrace Plaza 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

**WAC 388-78A-2371 Investigations. The assisted living facility must:**

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

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

Based on interview and record review, the ALF failed to investigate and document actions and findings of unwitnessed falls for 3 of 3 residents (Resident 5, Resident 7 and Resident 9). This failure to determine the circumstances of the fall and document appropriate measures placed Residents 5, 7 and 9 at increased risk for repeated falls, injuries and deteriorating health conditions.

Findings included…

Record review of the ALF's policy titled, "Incident Reports," dated 06/01/2025, showed that the ALF requires staff to complete an incident report in the electronic health record to include a review of the factors leading up to the incident, nature of the incident and steps to prevent similar incidents from occurring in the future.

In an interview, on 01/07/2026 at 2:52 PM, Staff J (Medication Tech / Caregiver) stated when a resident falls, staff should complete an incident report in the electronic health record with details about the incident and include who was notified of the event. The report goes to their supervisor for review, the resident is placed on alert charting and may have changes to the service plan.

Resident 5

Review of a Facesheet showed the ALF admitted Resident 5 on [redacted]/2021 with multiple diagnoses. Review of the fall risk section of Resident 5's NSP updated on 05/19/2025, instructed staff to remind the resident to use their walker and report any changes to a licensed nurse and the resident's physician.

Review of Resident 5's Narrative Charting notes, dated 09/29/2025 at 6:58 PM, showed staff responded to a fall in the TV room where Resident 5 was found on her back on the floor. Review of Resident 5's records showed no follow up narrative charting, investigation notes or care plan changes to reflect a fall.

In interview, on 01/06/2026 at 1:49 PM, Staff A (Administrator) stated she did not see an incident report for Resident 5's fall on 09/29/2025.

Resident 7

Review of a Facesheet showed the ALF admitted Resident 7 on [redacted]/2022 with multiple diagnoses.

Review of an Assessment, dated 08/14/2024, showed Resident 7 to be a fall concern which required coordination of care. Record review of an NSP, dated 08/08/2024, showed a fall risk category to instruct staff to monitor Resident 7 for changes in gait or balance, as well as noncompliance with mechanical aids and to report any changes to their physician.

Review of charting notes, dated 11/07/2025 at 10:01 PM, showed Resident 7 had been found on the floor after the resident stated they tripped and fell in their room. A chart note indicated that Resident 7 had complained of back pain related to the fall.

Review of Resident 7's records showed no updated care plan to reflect fall risk, interventions or any investigation record.

Resident 9

Record review of a Facesheet showed the ALF admitted Resident 9 on [redacted]/2025 with multiple diagnoses.

Review of a pre-admission assessment dated 10/16/2025, in the special needs section

showed Resident 8 had a stated history of multiple falls which resulted in several concussions. Review of the Assessment showed no fall risk section or listed interventions. Review of a Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 10/31/2025, showed no mention of a history of falls, prior concussion or fall risk. Review of the Special Needs section of the SP made no mention of falls.

Review of a chart note, dated 11/08/2025 at 2:25 PM, showed Resident 9 had been found on the floor after the resident stated they slid off their bed. Review of Resident 9's records showed no follow up notes, updated SP with interventions or any investigation record.

In an interview, on 01/07/2026 at 4:19 PM in the exit meeting, Staff A (Administrator) stated they would continue to search both the old and new electronic charting systems for any fall incident reports for Resident 7 and Resident 9 and send them to the Department. No incident reports for Resident 7 or Resident 9 were received by the Department.

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) [redacted]. 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Bakken — Administrator (or Representative)

1/22/2026 — Date

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

(1) The assisted living facility must:

(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, interview, and record review the Assisted Living Facility (ALF) failed to ensure they maintained sufficient emergency supply of water in preparedness for natural or man-made disasters. This failure placed 78 residents at risk of displacement and being without essential provisions in the event of emergency or disaster.

showed Resident 9 had a stated history of multiple falls which resulted in several concussions. Review of the Assessment showed no fall risk section or listed interventions. Review of a Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 10/31/2025, showed no mention of a history of falls, prior concussion or fall risk. Review of the Special Needs section of the SP made no mention of falls.

Review of a chart note, dated 11/08/2025 at 2:25 PM, showed Resident 9 had been found on the floor after the resident stated they slid off their bed. Review of Resident 9's records showed no follow up notes, updated SP with interventions or any investigation record.

In an interview, on 01/07/2026 at 4:19 PM in the exit meeting, Staff A (Administrator) stated they would continue to search both the old and new electronic charting systems for any fall incident reports for Resident 7 and Resident 9 and send them to the Department. No incident reports for Resident 7 or Resident 9 were received by the Department.

**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, Mountlake Terrace Plaza 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

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

(1) The assisted living facility must:

(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, interview, and record review the Assisted Living Facility (ALF) failed to ensure they maintained sufficient emergency supply of water in preparedness for natural or man-made disasters. This failure placed 79 residents at risk of displacement and being without essential provisions in the event of emergency or disaster.

Findings included...

Record review of a Resident Characteristic Roster showed the ALF provided care and services to 79 residents.

Record review of the ALF's Emergency/Disaster Plan, showed the facility maintained, "One gallon of water per day, per person, for at least 72 hours."

Observation and interview during an environmental tour with Staff A (Executive Director) on 01/05/2026 at 11:14 AM, showed a pantry closet located on the first floor. Inside the closet were one and half cases of bottles of water, totaling about 5 gallons of water. Staff A stated the bottles of water were the only emergency supply and acknowledged the one and half cases of water were not enough for the 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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) 3/11/2026. 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Bakken — Administrator (or Representative)

1/22/2026 — 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, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure cold food was stored at 41 degrees Fahrenheit (F) or below and opened ready-to-eat food was dated and safe for residents to consume. These failures placed 79 of 79 residents at risk of food borne illnesses.

Findings included...

Findings included…

Record review of a Resident Characteristic Roster showed the ALF provided care and services to 79 residents.

Record review of the ALF's Emergency/Disaster Plan, showed the facility maintained, "One gallon of water per day, per person, for at least 72 hours."

Observation and interview during an environmental tour with Staff A (Executive Director) on 01/05/2026 at 11:14 AM, showed a pantry closet located on the first floor. Inside the closet were one and half cases of bottles of water, totaling about 5 gallons of water. Staff A stated the bottles of water were the only emergency supply and acknowledged the one and half cases of water were not enough for the 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, Mountlake Terrace Plaza 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

**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, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure cold food was stored at 41 degrees Fahrenheit (F) or below and opened ready-to-eat food was dated and safe for residents to consume. These failures placed 79 of 79 residents at risk of food borne illnesses.

Findings included…

Reference Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration (FDA) Food Code 3-501.17).
(1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41ºF (5ºC) or less for a maximum of seven days. The day of preparation must be counted as day one.
(2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Record review of an undated Resident Characteristic Roster, showed the ALF provided care and services for 79 residents.

Observation and interview during a kitchen tour with Staff H (Executive Chef), on 01/06/2026 at 9:05 AM, showed a walk-in refrigerator (WR) in the main kitchen. Observation of the contents of the WR, showed an opened tub of blue cheese dressing with no opened or use by date; an opened tub of tartar sauce with no opened or use by date; an opened tub ranch dressing with no opened or use by date; an opened mayonnaise with no opened or use by date; an opened bag of shredded white cheese with no opened or use by date; and an opened bag of shredded yellow cheese with no opened or use by date. Staff H stated they were unaware the ready-to-eat food items did not have an opened or use by date.

Observation, on 01/06/2026 at 12:35 PM, showed Staff H taking the temperature of various food items stored in the WR. The temperature of the sliced turkey was 42.2 degrees Fahrenheit (F), the temperature of the sliced yellow cheese was 42.4 degrees F, the temperature of the corn bean salad was 42 degrees F, and the temperature of the cooked shrimp was 43.3 degrees F.

Observation, on 01/06/2026 at 12:43 PM, showed Staff H taking temperature of the blue cheese dressing (BCD) and fruit salad (FS) stored in the refrigerated sandwich/salad prep table. The temperature of the BCD was 45 degrees F, the temperature of the FS was 43 degrees F.

In interview, on 01/06/2026 at 12:44 PM, Staff H stated cold food items should be stored at 41 degrees F or below.

| Statement of Deficiencies | License #: 2373 | Compliance Determination #:73578 |
|---|---|---|
| Plan of Correction | Mountlake Terrace Plaza | Completion Date |
| Page 18 of 20 | Licensee: CRP/CSH Mountlake LLC | 01/12/2026 |

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) ~~2/11/2026~~ 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Baldwin — Administrator (or Representative)

1/22/2026 — Date

**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 reviews, the Assisted Living Facility (ALF) failed to ensure the resident or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 3 of 10 sampled residents (Residents 1, 2, and 10). This placed Residents 1, 2, and 10 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2024. Review of Resident 1's Needs and Service Plan (NSP – equivalent to a Negotiated Service Agreement), dated 03/07/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 2 on 07/22/2023. Review of Resident 2's Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 12/17/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 10 on [redacted]/2024. Review of Resident 10's NSP, dated 05/05/2025, showed no signature from the resident or the resident representative.

In interview, on 01/07/2026 at 2:48 PM, Staff A (Executive Director) confirmed they

**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, Mountlake Terrace Plaza 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

**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 reviews, the Assisted Living Facility (ALF) failed to ensure the resident or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 3 of 10 sampled residents (Residents 1, 2, and 10). This placed Residents 1, 2, and 10 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included…

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2024. Review of Resident 1's Needs and Service Plan (NSP – equivalent to a Negotiated Service Agreement), dated 03/07/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 2 on 07/22/2023. Review of Resident 2's Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 12/17/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 10 on [redacted]/2024. Review of Resident 10's NSP, dated 05/05/2025, showed no signature from the resident or the resident representative.

In interview, on 01/07/2026 at 2:48 PM, Staff A (Executive Director) confirmed they

were not able to provide NSP signature page for Resident 1 and Resident 10, and SP signature page for Resident 2.

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Bakken — Administrator (or Representative)

1/22/2026 — Date

**WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.**

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(5) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(8) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

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

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to document the duration of electronic monitoring, or have a quarterly evaluation and signed consent for 1 of 1 resident (Resident 10) who had two video cameras in their apartment. This placed Resident 10 at risk of violation of privacy.

Findings included...

were not able to provide NSP signature page for Resident 1 and Resident 10, and SP signature page for Resident 2.

**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, Mountlake Terrace Plaza 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

**WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.**

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

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

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to document the duration of electronic monitoring, or have a quarterly evaluation and signed consent for 1 of 1 resident (Resident 10) who had two video cameras in their apartment. This placed Resident 10 at risk of violation of privacy.

Findings included…

| Statement of Deficiencies | License # 2373 | Compliance Determination # 73575 |
|---|---|---|
| Plan of Correction | Mountlake Terrace Plaza | Completion Date |
| Page 20 of 20 | Licensee: CRP/CSH Mountlake LLC | 01/12/2026 |

Review of a Facesheet and Needs and Service Plan (NSP – equivalent to a Negotiated Service Agreement), dated 05/05/2025, showed the ALF admitted Resident 10 on [redacted]/2024 with multiple medical conditions. The NSP showed Resident 10 had a video camera in her apartment. The NSP had not been signed by the resident or their representative.

Observation and interview, on 01/07/2026 at 11:05 AM, showed an electronic video camera mounted to Resident 10's living windowsill, pointing towards the front door of her apartment. Further observation showed a second electronic video camera mounted to Resident 10's bedroom windowsill, pointing towards her bed. Resident 10 reported that her family installed the video cameras.

A review Resident 10's records did not include documentation that determined a specific timeframe of the electronic monitoring, show the ALF evaluated the need for the electronic monitoring quarterly, or consent of electronic monitoring as the NSP was not signed.

In interview, on 01/06/2026 at 2:18 PM, Staff A (Executive Director) reported Resident 10 had a video camera inside her apartment. An evaluation and signed consent for the use of electronic monitoring equipment for Resident 10 was requested.

Staff A stated in a follow up interview, on 01/06/2026 at 4:10 PM, the ALF had been unable to provide an evaluation and signed consent for electronic monitoring.

This deficiency was previously cited on 07/29/2024.

**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, Mountlake Terrace Plaza is or will be in compliance with this law and / or regulation on (Date) 3/11/2026 2/26/2026

SB confirmed amended POC date with Provider on 1/27/2026.

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

Nikki Bakken — Administrator (or Representative)

1/22/2026 — Date

Review of a Facesheet and Needs and Service Plan (NSP – equivalent to a Negotiated Service Agreement), dated 05/05/2025, showed the ALF admitted Resident 10 on [redacted]/2024 with multiple medical conditions. The NSP showed Resident 10 had a video camera in her apartment. The NSP had not been signed by the resident or their representative.

Observation and interview, on 01/07/2026 at 11:05 AM, showed an electronic video camera mounted to Resident 10's living windowsill, pointing towards the front door of her apartment. Further observation showed a second electronic video camera mounted to Resident 10's bedroom windowsill, pointing towards her bed. Resident 10 reported that her family installed the video cameras.

A review Resident 10's records did not include documentation that determined a specific timeframe of the electronic monitoring, show the ALF evaluated the need for the electronic monitoring quarterly, or consent of electronic monitoring as the NSP was not signed.

In interview, on 01/06/2026 at 2:18 PM, Staff A (Executive Director) reported Resident 10 had a video camera inside her apartment. An evaluation and signed consent for the use of electronic monitoring equipment for Resident 10 was requested.

Staff A stated in a follow up interview, on 01/06/2026 at 4:10 PM, the ALF had been unable to provide an evaluation and signed consent for electronic monitoring.

This deficiency was previously cited on 07/29/2024.

**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, Mountlake Terrace Plaza 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***



CRP/CSH Mountlake LLC
Mountlake Terrace Plaza
23303 58th Ave W
Mountlake Terrace, WA 98043

RE: Mountlake Terrace Plaza # 2373

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/12/2026 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 days, 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-3090 Maintenance and housekeeping.**

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

The Assisted Living Facility (ALF) failed to ensure a wet mop was stored in an acceptable manner to prevent bacterial growth. This placed residents at risk for disease and a decreased quality of life. The ALF fixed the deficiency by 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.
  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:**

- Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Enclosure

• Please contact me at (253)312-1446.

Sincerely,

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

Enclosure