



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 License # 2373

Dear Administrator:

This letter addresses Compliance Determination(s) 69006 (Completion Date 12/09/2025) and 66869 (Completion Date 10/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/09/2025 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-2040-2

The Department staff who did the off-site verification:
Hayley Pinkham, ALF Licenser

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

Sincerely,

Jamie Singer

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: Mountlake Terrace Plaza **Provider Type:** Assisted Living Facility

License/Cert. #: 2373

Intake ID: 196669

Compliance Determination #: 66869

Region/Unit #: RCS Region 2 / Unit J

Investigator: Hayley Pinkham

Investigation Date(s): 10/07/2025 through 10/07/2025

Complainant Contact Date(s):

Allegation(s):

1) The Assisted Living Facility (ALF) failed their second fire and life safety inspection and have been issued a State Fire Marshal's Office Letter of Noncompliance.

Investigation Methods:

Sample:	Total residents: 83 Resident sample size: 83 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff
Record Reviews:	Fire Marshal Report Facility Records Characteristic Roster

Investigation Summary:

1) Interview and record review showed documented violations identified in report were not corrected. The facility failed to pass the required Fire Marshal safety inspection. See Statement of Deficiencies dated 10/07/2024.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2373	Compliance Determination # 66869
Plan of Correction	Mountlake Terrace Plaza	Completion Date
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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 10/07/2025 of:

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

This document references the following complaint number(s): 196669

The following sample was selected for review during the unannounced on-site visit: 83 of 83 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF Licenser

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

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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.


Residential Care Services

10/8/2025
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)

10/17/2025
Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Marshal Office (OSFM) when the ALF failed their second follow-up Fire and Life Safety Inspection (LSI). This placed 83 assisted living residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 10/07/2025, showed the ALF was licensed for 90 beds. Review of a Resident Characteristic Roster showed the ALF was providing care and services for 83 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 04/21/2025 and their first follow-up visit on 07/10/2025. The second follow-up visit on 09/25/2025 showed the ALF failed to comply with following International Fire Codes (IFC):

IFC 706.1 2018- Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with National Fire Protection Association (NFPA) 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced. (IFC 706.1 2018): Facility is unable to

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provide documentation for the 4-year fire and smoke damper inspection. Update: Inspection was completed in July, parts were ordered and received, vendor could not repair all dampers upon return. Vendor is creating another quote for the 12 dampers that could not be repaired.

In an interview, on 10/07/2025 at 2:48 PM, Staff A (Executive Director) stated that she was aware of the violations, and she was waiting for the vendor to create a quote for the damper repairs.

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) 11/21/2025

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

Nikki Bakken
Administrator (or Representative)

10/17/2025
Date