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

PSL Associates, LLC
The Gardens at Marysville, Independent Living & Assisted Liv
9802 48th Dr NE
Marysville, WA 98270

RE: The Gardens at Marysville, Independent Living & Assisted Liv License # 2476

Dear Administrator:

This letter addresses Compliance Determination(s) 78713 (Completion Date 06/09/2026) and 75175 (Completion Date 04/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2026 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-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2480, WAC 388-78A-2474-1, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-iii, WAC 388-78A-2090-6-e, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2100-2-b-i

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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

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

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 04/06/2026, 04/07/2026, 04/08/2026, 04/09/2026 and 04/10/2026 of:
The Gardens at Marysville, Independent Living & Assisted Liv
9802 48th Dr NE
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 9 of 80 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional
James Sherman, Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit Z
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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

Anthony Devito
Residential Care Services

04-29-2026
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.

John Messina
Administrator (or Representative)

05/07/2026
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff D) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff D, Caregiver, was hired on 05/13/2025. There was no documentation in Staff D's file that they had TB testing within three days of hire.

In an interview on 04/06/2026 at 3:28 PM, Staff K, Business Office Director, stated that this staff was a rehire that previously worked at the ALF, and they didn't do additional TB testing when they were rehired.

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

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

Residential Care Services _____ Date _____

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Administrator (or Representative) _____ Date _____

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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 Gardens at Marysville, Independent Living & Assisted Liv is or will be in compliance with this law and / or regulation on (Date) 05/30/2026

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

Administrator (or Representative) — Date: 05/07/2026

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff F) completed the training requirements within the required timeframes. This failure resulted in Staff F not completing at least 12 hours of continuing education by their birthday each year. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included...

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Plan/Attestation Statement

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Administrator (or Representative) Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff F) completed the training requirements within the required timeframes. This failure resulted in Staff F not completing at least 12 hours of continuing education by their birthday each year. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

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

Review of the ALF's employee files showed the following:

Staff F, Medication Technician, was hired on 04/28/2023. Staff F's file showed 6.0 hours of approved education completed for the timeframe of their birthday each year from 07/30/2024 – 07/30/2025.

In an interview on 04/07/2026 at 11:25 AM, Staff K, Business Office Director, stated that Staff F had completed continuing educations but was outside of the specific timeframe reviewed.

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: 05/07/2026

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:

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

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a Smoking Risk Assessment for 1 of 1 resident (Resident 3) within 14 days of admission. This failure resulted in Resident 3 not having an assessment to evaluate their capabilities for unsupervised safe smoking.

Findings included...

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

Review of the ALF's employee files showed the following:

Staff F, Medication Technician, was hired on 04/28/2023. Staff F's file showed 6.0 hours of approved education completed for the timeframe of their birthday each year from 07/30/2024 – 07/30/2025.

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Administrator (or Representative) Date

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(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a Smoking Risk Assessment for 1 of 1 resident (Resident 3) within 14 days of admission. This failure resulted in Resident 3 not having an assessment to evaluate their capabilities for unsupervised safe smoking.

Findings included…

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

Review of the ALF's Characteristics Roster dated 04/07/2026, showed Resident 3 had been identified as a smoker.

Review of a Resident Face Sheet undated showed Resident 3 admitted to the ALF on [redacted]2025 with multiple diagnoses including [redacted]

Review of Resident 3's Functional Assessment dated 02/26/2025 and 05/16/2025, showed Resident 3 smoked a half a pack of cigarettes a day. The assessment showed that if a resident actively smoked, the sub-section smoking risk assessment must be completed. The subsection had not been completed.

In an interview on 04/09/2026 at 1:05 PM, Staff A, Executive Director, stated that Resident 3 did not actively smoke cigarettes at the time of admission but had started smoking again prior to a hospitalization in May 2025.

In an interview on 04/10/2026 at 1:55 PM, Resident 3 stated that they had continuously smoked cigarettes since admission to the facility in February 2025 and had never been asked to complete a smoking risk assessment.

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 Gardens at Marysville, Independent Living & Assisted Liv is or will be in compliance with this law and / or regulation on (Date) 05/30/2026

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

Administrator (or Representative) — Date: 05/07/2026

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

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

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

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

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

Review of the ALF's Characteristics Roster dated 04/07/2026, showed Resident 3 had been identified as a smoker.

Review of a Resident Face Sheet undated showed Resident 3 admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted]

Review of Resident 3's Functional Assessment dated 02/26/2025 and 05/16/2025, showed Resident 3 smoked a half a pack of cigarettes a day. The assessment showed that if a resident actively smoked, the sub-section smoking risk assessment must be completed. The subsection had not been completed.

In an interview on 04/09/2026 at 1:05 PM, Staff A, Executive Director, stated that Resident 3 did not actively smoke cigarettes at the time of admission but had started smoking again prior to a hospitalization in May 2025.

In an interview on 04/10/2026 at 1:55 PM, Resident 3 stated that they had continuously smoked cigarettes since admission to the facility in February 2025 and had never been asked to complete a smoking risk assessment.

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Administrator (or Representative) Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to establish, implement, and maintain a safe intermittent nursing service system related to nurse delegation for 2 of 9 residents (Resident 1 and Resident 2). This failure placed residents at risk of receiving inaccurate medications from facility staff that had not received nurse delegation training.

Findings included…

Review of Washington Administrative Code (WAC) 246-840-930 The Nurse Delegation Program, under Washington State law, allows nursing assistants working in certain settings to perform certain tasks - such as administration of prescription medications including insulin injections - normally performed only by licensed nurses.If the registered nurse delegator determines delegation is appropriate, the nurse discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care, obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW.

Review of the ALF's undated Disclosure of Services showed the facility provided intermittent nursing services. The ALF used nursing assistants under the delegation of a registered nurse to provide medications, including drops, oral, topicals, monitoring blood glucose and administration of routine insulin injections.

Review of the ALF's policy titled, "Nursing Delegation", dated 03/2024, showed the delegation process was to be done in compliance with State Regulations and according to State Regulatory Licensures and Certifications. The delegating nurse would identify the care associate by name, in writing, for each delegated task, as indicated by the signature on the task form prior to delegation.

Review of the ALF's Characteristics Roster dated 04/07/2026, showed thirty-four residents received nurse delegation services.

Review of Collateral Contact 1's (CC1), Registered Nurse (RN)/Nurse Delegator (ND), Nurse Delegator Client Roster on 02/24/2026 showed the ALF had seventeen residents receiving nurse delegation services.

Resident 1

Review of a Resident Face Sheet undated showed Resident 1 admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted]

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

Review of the ALF's Characteristics Roster dated 04/07/2026 showed Resident 1 received nurse delegation services.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 03/17/2026, showed Resident 1 required medication assistance for all medications.

Review of Resident 1's Electronic Medication Administration Record (EMAR) dated February 2026, and March 2026 showed Resident 1 was prescribed oral medications to be provided by a nurse delegated Certified Nursing Assistant (CNA). On 02/01/2026. 02/08/2026, 02/15/2026, and 02/22/2026, Staff I, CNA, Memory Care Director, provided the 4:30 PM and 8:30 PM medications including Omeprazole (decrease stomach acid), Donepezil (improves attention and memory), Calcium (increases bone density) and Atorvastatin (decreased cholesterol in the blood). On 03/01/2026, Staff I provided Resident 1's 8:00 PM medications including Risperidone (balance dopamine and serotonin), Melatonin (regulates sleep), and Atorvastatin.

Review of the Nurse Delegation Nursing Visit form dated 02/24/2026, showed Staff I had not received nurse delegation training to provide Resident 1's medications.

Resident 2

Review of a Resident Face Sheet undated showed Resident 2 admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted].

Review of the ALF's Characteristics Roster dated 04/07/2026 showed Resident 2 received nurse delegation services.

Review of Resident 2's NSA, dated 02/23/2026, showed Resident 2 required medication assistance for all medications.

Record review of Resident 2's EMAR dated February 2026, and March 2026 showed Resident 2 was prescribed oral medications to be provided by the nurse delegated CNA. On 02/01/2026. 02/08/2026, 02/15/2026, and 02/22/2026, Staff I, CNA, provided the 4:30 PM and 8:30 PM medications including Memantine (improves attention and memory), Donepezil (improves attention and memory), Docusate (stool softener), Quetiapine (balances dopamine and serotine to improved mood), Galantamine (improves attention and memory) Memantine (improves attention and memory), Divalproex (anticonvulsant) and Atorvastatin.

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

Review of the Nurse Delegation Nursing Visit form dated 02/24/2026, showed Staff I had not received nurse delegation training to provide Resident 2's medications.

In an interview on 04/09/2026 at 9:35 AM, Staff A, Executive Director, stated that after contacting CC1, it had determined that Staff I had not been nurse delegated for any tasks including medication assistance/administration.

In an email interview on 04/10/2026 at 3:59 PM, CC1 stated that Staff I had not been nurse delegated for any residents at the ALF.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 06/07/2026

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled resident's (Resident 3) Negotiated Service Agreements (NSA) and Functional Assessment had been updated to reflect a decrease in care needs. This failure placed Resident 3 at risk of receiving care not ordered by a physician.

Findings included...

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

Review of the Nurse Delegation Nursing Visit form dated 02/24/2026, showed Staff I had not received nurse delegation training to provide Resident 2's medications.

In an interview on 04/09/2026 at 9:35 AM, Staff A, Executive Director, stated that after contacting CC1, it had determined that Staff I had not been nurse delegated for any tasks including medication assistance/administration.

In an email interview on 04/10/2026 at 3:59 PM, CC1 stated that Staff I had not been nurse delegated for any residents at the ALF.

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Administrator (or Representative) Date

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Findings included…

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Review of a Resident Face Sheet undated showed Resident 3 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 3's NSA and Functional Assessment dated 12/13/2025, showed Resident 3 required assistance with diabetic management including blood sugar checks and/or insulin. The ALF's total assessed score for care included staff support for diabetic management.

Review of the Nurse Delegated Client Roster and Nurse Delegation Nursing Visit Document dated 12/17/2025 and 02/24/2026, showed Resident 3 had delegated tasks that included Insulin administration.

Review of Resident 3's EMAR (Electronic Medical Record) for January 2026, February 2026, March 2026, and April 2026, showed no documentation of routine blood sugar monitoring or insulin given.

On 04/10/2026 at 1:45 PM, Resident 3 stated that during a past medical appointment, their physician said they didn't need to continue to monitor daily blood sugars or take insulin. Resident 3 stated that they had not received any care for diabetes from the ALF staff since sometime in November of 2025.

On 04/10/2026 at 2:27 PM, Staff A, Executive Director, stated that the last NSA and Functional Assessment completed on 12/13/2025 had not been updated correctly to reflect the discontinuation of blood sugar monitoring and use of insulin. Staff A stated that Resident 3 had been billed incorrectly since November 2025.

On 04/15/2026 at 1:58 PM, Collateral Contact 2 (CC2), Director of Pharmacy, stated that Resident 3's Lantus Solostar U-100 Insulin Pen was discontinued by the physician on 10/08/2025.

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05/07/2026
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