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

PSL Associates, LLC
Cordata Court, Assisted Living & Memory Care
4415 Columbine Dr
Bellingham, WA 98226

RE: Cordata Court, Assisted Living & Memory Care License # 2481

Dear Administrator:

This letter addresses Compliance Determination(s) 82607 (Completion Date 08/27/2026) and 79529 (Completion Date 07/22/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/27/2026 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-2160

The Department staff who did the on-site verification:
Helen Fisher, Complaint Investigator

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: Cordata Court, Assisted Living & Memory Care
License/Cert.#: 2481
Compliance Determination #: 79529
Investigator: Helen Fisher
Investigation Date(s): 06/29/2026 through 07/22/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 229206
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1) The Named Resident (NR) was not receiving showers and briefs changes as agreed.
2) The NR calls for assistance were not answered promptly.
3) The NR wound care were not administered.

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Environment
Interviews:	Residents NR's Representative Management Staff Care Staff (CS) Nursing Staff Nursing Staff Care Staff
Record Reviews:	Residents' Records Investigation

Investigation Summary:

1) Observations showed five sampled residents including the NR was clean and dry during unannounced onsite visit. The NR stated that they were receiving showers once a week and bed bath every morning. The Facility staff stated that they added the bed bath as an extra services because the NR incontinence. Review of the shower log showed the NR received showers as scheduled. No failed practice was identified.
2) Interviews indicated that the NR and one of the sample residents had to wait for a long time for care assistance. Review of the Emergency call response report showed that two sampled residents to include the NR had a wait for up to 48 minutes for assistance. Failed practice was identified. A citation was written for non-

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compliance with Washington Administrative Code 388-78A-2160 Implementation of negotiated service agreement.
3) Review of the NR's treatment sheet showed the wound care was provided by the nurses as scheduled. NS stated that the NR's skin tear wounds on legs and right elbow were in various stages of healing. Wounds were being monitored by staff. No failed practice was identified.

Conclusion / Action:

- [x] 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 #: 2481	Compliance Determination # 79529
Plan of Correction	Cordata Court, Assisted Living & Memory Care	Completion Date
Page 1 of 4	Licensee: PSL Associates, LLC	07/22/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 06/29/2026 of:

Cordata Court, Assisted Living & Memory Care
4415 Columbine Dr
Bellingham, WA 98226

This document references the following complaint number(s): 227522, 229206, 229582, 230006, 230013

The following sample was selected for review during the unannounced on-site visit: 5 of 71 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Page 2 of 4	Licensee: PSL Associates, LLC	07/22/2026

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.

Janice Seigen
Residential Care Services

7/23/2026
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.

Kris Mason ED
Administrator (or Representative)

7/23/2026
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure care and services agreed upon in the Negotiated Service Agreement was implemented to 2 of 3 residents (Residents 1 and Resident 2) when calls for assistance were not answered in a timely manner. These failures resulted in Resident 1 and 2 experiencing excessive wait time before receiving care and placed them at risk for harm.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2660 Resident rights. The assisted living facility must: (1) Comply with chapter 70.129 RCW, Long-term care resident rights; (2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW

Observation, on 06/29/2026 at 3:20 PM, showed the facility had emergency pull cords installed on resident apartment walls as well as pendants worn around by residents to

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call for assistance when needed. Resident 1's pendant and emergency pull cord in the bathroom were observed to be functional.

Review of undated Face Sheet showed the ALF admitted Resident 1 on [redacted]/2023 with multiple disabling diagnoses. Review of the NSA, dated 02/27/2026, showed Resident 1 required assistance with bathroom needs and dressing.

Review of the Emergency Call Response Report (ECRR – tracking of residents' emergency pull cords and pendants), dated 06/2026, showed Resident 1's calls for assistance had wait times of 19 minutes to 48 minutes on 11 occasions after their pendant was activated.

In an interview, on 06/29/2026 at 3:00 PM, Resident 1 stated that the wait for assistance from care staff had been, "difficult" for her and happened frequently. Resident 1 stated they waited for almost an hour for assistance to change their soiled brief. Resident 1 stated waiting so long to have her soiled brief changed caused her, "discomfort on her bottom."

Review of undated Face Sheet showed the ALF admitted Resident 2 on [redacted]/2022 with multiple disabling diagnoses. Review of the Temporary NSA dated 06/26/2026 and created following a fall with injury, showed that Resident 2 required assistance with dressing.

Review of the ECRR, dated 06/2026, showed that on 06/27/2026 at 6:26 PM, Resident 2 called for assistance and had a wait time of 44 minutes later after their pendant was activated.

In an interview, on 07/15/2025 at 3:05 PM, Resident 2 stated that they called for assistance to undressed for bed and he, "waited for a long time" for assistance.

In an interview, on 06/29/2026 at 2:20 PM, Staff A (Executive Director) stated that she was unaware that facility staff were not responding to calls for assistance in a timely manner. Staff A stated all emergency pull cords and pendants should be responded to within seven minutes.

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Page 4 of 4	Licensee: PSL Associates, LLC	07/22/2026

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, Cordata Court, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/2/2026

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

Administrator (or Representative) Date

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