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

International Community Health Services
Legacy House
803 South Lane Street
SEATTLE, WA 98104

RE: Legacy House License # 2493

Dear Administrator:

This letter addresses Compliance Determination(s) 80414 (Completion Date 07/14/2026) and 78673 (Completion Date 06/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/14/2026 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-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2240

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

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.

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HOME AND COMMUNITY LIVING ADMINISTRATION
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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 the unannounced on-site full inspection on 06/08/2026 and 06/11/2026 of:
Legacy House
803 South Lane Street
SEATTLE, WA 98104

The following sample was selected for review during the unannounced on-site visit: 10 of 72 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

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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Statement of Deficiencies	License #: 2493	Compliance Determination # 78673
Plan of Correction	Legacy House	Completion Date
Page 2 of 5	Licensee: International Community Health Services	06/16/2026

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.

Jahnie Siegen
Residential Care Services

6/17/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

6/17/2026
Date

WAC 388-78A-2210 Medication services.

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

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement systems that support and promote safe medication service for 1 of 5 sampled residents (Resident 4) who required staff assistance with medications. This failure resulted in Resident 4 not receiving their medications as prescribed potentially causing health complications.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2350 Coordination of health care services.
(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's

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Residential Care Services | Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement systems that support and promote safe medication service for 1 of 5 sampled residents (Resident 4) who required staff assistance with medications. This failure resulted in Resident 4 not receiving their medications as prescribed potentially causing health complications.

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negotiated service agreement.

Review of the ALF's Policy and Procedure on Assisted Living Program Medication Assistance Process, updated 09/12/2025, showed the nurse will oversee coordinating new medication orders, updates in orders as received from the resident's PCP and Pharmacy. Review of the Disclosure of services, showed that the ALF provided intermittent nursing services through nurse delegation of nursing assistants to include administration of oral, topical, eye, and ear medications.

Records review showed that the ALF admitted Resident 4 on [redacted]/2025 with multiple disabling diagnoses including [redacted] and [redacted]. Review of Resident 4's Assessment and Service Agreement Results (ASAR, equivalent to a Full Assessment and a Negotiated Service Agreement), dated 05/21/2026, showed that Resident 4 required staff assistance with medication services and Licensed Nurses (LNs) to administer eye medication.

Review of the March 2026 electronic Medication Administration Records (eMAR), showed Resident 4 was prescribed Meibo Ophthalmic Solution (a prescription eye drop used to treat the signs and symptoms of dry eye disease preventing excessive tear evaporation) one drop two times every day at 8:15 AM and 4:00 PM.

Review of Resident 4's March 2026 eMAR, showed staff documented "OTH" (self-administered/without charting OTH – Other) on 03/21/2026, 03/22/2026, 03/28/2026, and 03/29/2026 at 4:00 PM.

Review of Resident 4's April 2026 eMAR, showed staff documented "OTH" on 04/05/2026, 04/06/2026, 04/11/2026, 04/12/2026, 04/18/2026, 04/25/2026, and "DNG" (Drug Not Given) on 04/26/2026 at 4:00 PM.

Review of Resident 4's May 2026 eMAR, showed staff documented "OTH" on 05/02/2026, 05/03/2026, 05/09/2026, 05/10/2026, 05/16/2026, 05/17/2026, 05/23/2026, 05/24/2026, 05/30/2026, and 05/31/2026 at 4:00 PM.

Review of Resident 4's June 2026 eMAR, showed "OTH" documented on 06/06/2026, and DNG on 06/07/2026.

Review of Resident 4's eMARs, showed that Staff I and Staff J (Registered Nurses) documented "OTH" for the prescribed eye medication and noted "No Nursing coverage on Saturday and Sunday after 12:00 PM." As a result, Resident 4 did not receive the prescribed eye medication at 4:00 PM as ordered.

During an interview, on 06/11/2026 at 9:30 AM, Staff H (Registered Nurse) acknowledged the medication error and confirmed that Resident 4's prescribed eye

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Statement of Deficiencies	License #: 2493	Compliance Determination # 78673
Plan of Correction	Legacy House	Completion Date
Page 4 of 5	Licensee: International Community Health Services	06/16/2026

medication was not administered as ordered.

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, Legacy House is or will be in compliance with this law and / or regulation on (Date) 06/11/2026 .

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

Administrator (or Representative) — Date: 06/17/2026

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 and record review, the Assisted Living Facility (ALF) failed to obtain physician's prescribed medications in a timely manner for 1 of 5 sampled residents (Resident 8) who required staff assistance with medications. This resulted in Resident 8 not receiving their cough medication as prescribed and placed them at risk for compromised health condition.

Findings included...

Review of the ALF's Policy and Procedure on Missing Medication Procedure, updated 09/24/2025, showed that nurses ensure all routine, PRN (as needed), and New Prescription orders are filled and delivered timely. It is the responsibility of Assisted Living to ensure safe medication management and process, procedures and practices are followed in compliance with all applicable state and federal statutes and regulations for medication management.

Records review showed that the ALF admitted Resident 8 on [redacted]/2025 with multiple disabling diagnoses. Review of Resident 8's Assessment and Service Agreement Results (ASAR, equivalent to a Full Assessment and a Negotiated Service Agreement), dated 07/14/2026, showed that Resident 8 required staff assistance with medication services.

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Review of a Progress Note (PN), dated 05/07/2026, showed Resident 8 has had a cough and sore throat for two weeks and subsequent isolation precaution. Review of the electronic Medication Records (eMAR), dated 05/07/2026, showed Resident 8 was prescribed Dextromethorphan-Guaifenesin Oral Liquid (used to relieve coughs and help loosen mucus in the airways) 10-100 milligram/5 milliliter three times daily for two weeks.

Review of the May 2026 eMAR, showed that resident assistants (RAs - caregivers who assisted residents with medications) assisted Resident 8 with Dextromethorphan-Guaifenesin cough medicine at 8:00 AM, 2:00 PM, and 8:00 PM.

Review of the May eMAR showed that Resident 8's cough medication was documented as "DNA" (Drug Not available) on 05/19/2026 at 8:00 PM and on 05/20/2026 at 8:00 AM, 2:00 PM, and 8:00 PM, resulting in Resident 8 missing four prescribed doses of the medication.

In an interview, on 06/10/2026 at 9:50 AM, Staff H (Registered Nurse) acknowledged that Resident 8 did not receive the cough medication as prescribed. Staff H stated that upon their investigation, staff failed to reorder the cough medication in a timely manner.

This deficiency was previously cited on 12/10/2024.

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Administrator (or Representative) — Date 6/17/2026

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