



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

01/05/2026

SH1 Olympics West LLC
Olympics West Senior Living
929 Trosper Rd SW
Tumwater, WA 98512

RE: Olympics West Senior Living # 2494

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70936 (Completion Date 01/05/2026) and 68356 (Completion Date 11/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/05/2026 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:
 - (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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

- (1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after

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

admission;

- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

The Department staff who did the Off Site verification:

Anissa Bearden, Licensors

If you have any questions, please contact me at (360)450-1218.

Sincerely,

A handwritten signature in cursive script that reads "Clinton Fridley RN".

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services



STATE OF WASHINGTON
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AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2494	Compliance Determination #68356
Plan of Correction	Olympics West Senior Living	Completion Date
Page 1 of 5	Licensee: SH1 Olympics West LLC	11/07/2025

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 follow-up on 11/06/2025 of:

Olympics West Senior Living
929 Trosper Rd SW
Tumwater, WA 98512

This document references the following SOD dated: 11/07/2025

The following sample was selected for review during the unannounced on-site visit: 5 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensors
Celeste Vashey, ALF LTC Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

Statement of Deficiencies

License #: 2494

Compliance Determination # 68356

Plan of Correction

Olympics West Senior Living

Completion Date

Page 2 of 5

Licensee: SH1 Olympics West LLC

11/07/2025

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.



Rebecca Kane, Regional Administrator,
for Clinton Fridley, Field Manager

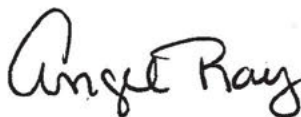
11/19/2025

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 11/20/2025

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 facility failed to ensure a safe medication service was implemented for 3 of 3 residents (Resident 1, 2, and 3) when residents did not have clear and specific medication orders. This failure placed residents at risk of harm from adverse reactions due to unclear dosing parameters.

Findings included...

Record review of the Washington State Department of Social and Health Services document, Fundamentals of Caregiving third edition, dated "2011", document for medication assistance showed that if professional judgment was required to decide if the resident's medication was needed, or when the resident was not able to determine what was needed, medication assistance was not possible.

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Resident 1 (R1)

Record review of R1's Medication Administration Record (MAR), dated 10/25/2025 through 10/31/2025, documented that a medication order for ondansetron (prescribed medication to help treat nausea and vomiting), one to two tablets, three times daily as needed.

Record review of R1's MAR, dated 11/01/2025 through 11/06/2025, documented a medication order for ondansetron, one to two tablets, three times daily as needed.

Resident 2 (R2)

Record review of R2's MAR, dated 10/25/2025 through 10/31/2025, showed a medication order for calcium antacid (medication that helps neutralize stomach acid), 500 mg (milligram) chew, with instructions for one to two (500-100mg) tablets by mouth, three times a day as needed.

Record review of R2's MAR, dated 11/01/2025 through 11/06/2025, showed a medication order for calcium antacid, 500 mg chew, with instructions one to two (500-100mg) tablets by mouth, three times a day as needed.

Resident 3 (R3)

Record review of R3's MAR, dated 10/25/2025 through 10/31/2025, documented a medication order for refresh tears eye drops (medication to help treat eye pain and eye dryness), instill one to two drops in affected eyes, three times daily.

Record review of R3's MAR, dated 11/01/2025 through 11/06/2025, documented a medication order for refresh tears eye drops, instill one to two drops in affected eyes, three times daily.

On 11/07/2025 at 9:45 AM, Staff B, Medication Assistant, stated that all resident medication orders should not have ranges in dosages or amounts of tablets to be administered. Staff B stated that if there was a medication order to give one or two tablets, the facility nurses needed to obtain clarified orders from the residents' physician. Staff B stated that the medication assistant were unable to determine or make that judgement whether to give one or two tablets of the medication to the resident.

This is an uncorrected deficiency previously cited on 09/10/2025 for subsection (1)(b).

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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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 12-21-2025

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

Angel Ray
Administrator (or Representative)

11-20-2025
Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

- (1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was signed, as required, for 3 of 5 sampled residents (Resident 1 [R1], Resident 4 [R4], and Resident 5 [R5]). This failure placed these residents and/or their representative at risk of making uninformed decisions about placement with consideration of potential changes in their financial circumstances.

Findings included...

Record review of the facility's undated document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", showed R1 moved into the facility on [REDACTED]/2022, R4 moved into the facility on [REDACTED]/2014, and R5 moved into the facility on [REDACTED]/2025.

On 11/06/2025 at 1:34 PM, the Department requested to review R1, R4, and R5's signed

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Medicaid acknowledgments.

Record review of an email from Staff A, Executive Director, to the Department on 11/06/2025 at 2:30 PM, stated that the facility was unable to provide proof of R1, R4, or R5's signed Medicaid payment policy.

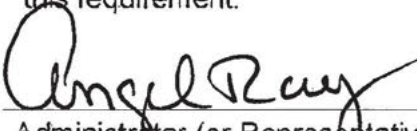
During an interview on 11/06/2025 at 3:26 PM, Staff A, Executive Director, stated that the facility did not have a signed Medicaid payment policy on its own separate document for R1, R4, and R5.

This is an uncorrected deficiency previously cited on 09/10/2025.

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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 12-21-2025

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



Administrator (or Representative)

11-20-2025

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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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 and complaint investigation on 08/11/2025 and 08/13/2025 of:

Olympics West Senior Living
929 Trosper Rd SW
Tumwater, WA 98512

This document references the following complaint numbers: 187970.

The following sample was selected for review during the unannounced on-site visit: 9 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licenser
Kyle Gehlen, ALF Licenser - LTC
Jennifer Siharath, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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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.

Clinton Fridley
Residential Care Services

09/15/2025
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.

Angel Ray
Administrator (or Representative)

9/19/25
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 observation, interview and record review, the facility failed to ensure medications were not expired or a system to identify when opened medications became expired for 1 of 2 medication carts and failed to have clear and specific medication orders for 3 of 9 residents (Resident 1, 7 and 9). These failures placed residents at risk of harm from adverse reactions due to expired medications and inconsistent and/or improper medication management.

Findings Included...

Expired medications

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On 08/13/2025 at 11:50 AM, during an audit of a medication cart on the first floor, found all inhalers, creams, insulin and eyedrops without a way of identifying how long they had been opened, many loose unidentified pills in the back right corner of the drawer, and had the following expired medications (loose or in medication cards) found in the cart:

- Fluticasone (medication used to reduce airway swelling and irritation) inhaler with an expiration date of March 2023,
- Meclizine (medication that prevents and treats nausea, vomiting, and dizziness caused by motion sickness or inner ear problems) with an expiration date of 08/01/2025,
- two medications cards of acetaminophen (over the counter medication used to treat pain and reduce fever) with an expiration date of 07/31/2025 and 02/2025,
- loperamide (over the counter medication used to treat diarrhea) with an expiration date of 05/31/2025,
- ondansetron (medication used to treat nausea) with an expiration date of 07/31/2025,

On 08/13/2025 at 11:50 AM, unidentified agency medication technician, who was assigned to the first-floor medication cart, confirmed the carts findings and stated that they were charting everything because they don't want to get blamed for any prior errors or findings and that the state the medication cart was in was "just waiting for a medication error."

Medication Orders

Resident 1 (R1)

Record review of R1's untitled document, dated 08/11/2025, showed R1 moved into the facility on [REDACTED] /2023 with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R1's evaluation and NSA, dated 07/22/2025, showed R1 had severe cognitive impairment, required staff assistance with medications to include storing, reminders, preparing medications and bring the medication's to the resident.

Record review of R1's MAR, dated 08/01/2025 through 08/11/2025, showed the following orders:

- Lidocaine jelly (medicated gel that helps numb the skin to help with pain) apply one to two grams (g) every three hours around the periurethral area (the skin around

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the opening to the bladder) hours as needed for pain. There was no documentation to show when to give one gram or two grams.

- Morphine sulfate solution (prescribed medication to help with pain), give five to 20 milligrams (mg) every one hour as needed for pain. There was no documentation to show when to give either five, ten, 15, or 20 mgs to R1 for their pain.
- Regenecare external care (medicated cream to help with pain and discomfort), to apply one to two grams around the periurethral area every three hours as needed for pain. There were no directions on when to apply one gram versus two grams.
- Hydrocodone acetaminophen (prescribed medication to help treat pain), take one tablet three times daily with max of acetaminophen of three to four grams daily. There was no specific directions or indication that R5 acetaminophen could be up to three grams or up to four grams.

Resident 7 (R7)

On 08/12/2024 at 2:20 PM, R7's records showed that R7 was admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED] and [REDACTED].

Record review of R7's NSA, dated 02/13/2025, showed that staff will assist resident with medication administration.

Record review of R7's MARs, dated 06/01/2025 through 08/11/2025, showed the following orders:

- Ondansetron (prescribed medication to treat nausea), give one to two tablets (four to eight mg) by mouth three times daily as needed for nausea/vomiting. There were no directions on when to give four mgs versus eight mgs.

Resident 9 (R9)

Record review of R9's untitled document, dated 08/12/2025, showed R9 moved into the facility on [REDACTED]/2014.

Record review of R9's change of condition evaluation and NSA, dated 03/12/2025, showed an order for the facility to assist with medications.

Record review of R9's MAR, dated 08/01/2025 through 08/12/2025, documented the following order:

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• acetaminophen take one to two tablets every four hours as needed for pain or elevated temperature. The order did not indicate when to give one tablet versus two tablets.

In an interview on 08/15/2025 at 3:45 PM, Staff B, Charge Nurse, stated that resident's medications orders should be clear and specific and that any orders that say one to two tablets should be two different orders with a pain range when to give what order. Staff B stated all residents' orders were to be specific as the medication technicians are not licensed nurses.

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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 10/25/2025.

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

Angel Ray
Administrator (or Representative)

9/19/2025
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;
- (2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
 - (a) Departure from the resident's customary range of functioning; or
 - (b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
- (3) Evaluate, in order to determine if there is a need for further action:
 - (a) The changes identified in the resident per subsection (2) of this section; and
 - (b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.
- (4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to monitor a change in resident condition that required intervention for 7 of 9 residents (Resident 1, 3, 4, 5, 6, 7 and 9). This failure placed these residents at risk of their care needs not being met and potential negative outcomes.

Findings included...

Resident 1 (R1)

Record review of R1's untitled document, dated 08/11/2025, showed R1 moved into the facility on [REDACTED] /2023 with multiple medical diagnoses that included [REDACTED]

Record review of R1's evaluation and negotiated service agreement (NSA), dated 07/22/2025, showed R1 had severe cognitive impairment and that staff would assist R1 with their medication storing, reminders, prepare medications per physician orders and bring the medication's to R1. Staff were to report concerns to the licensed nurse of refusals. R1 was to have monthly weight and or vital signs.

Record review of R1's Medication Administration Record (MAR), dated 06/01/2025 through 07/31/2025, showed R1's vital signs were to be checked the 15th of each month in the morning. There were no vital signs recorded for the months of June and July of 2025 and in the administration box there was a dash, which according to the key meant not recorded.

Resident 2 (R2)

On 08/12/2025 at 9:00 AM, R2's records showed that they admitted to the facility on [REDACTED] /2023 with various diagnoses including [REDACTED]

and [REDACTED]

Record review of R2's physician's order report, showed that R2 was to have monthly vital signs obtained on the eighth of each month, with a start date of 10/29/2024, for monitoring.

Record review of R2's assessment, dated 10/17/2024, showed under "special treatments/preventative health needs" that the box for monthly weights and/or vital signs was checked. Under "medications, treatments, and nursing needs," the box for yes is checked for oxygen therapy.

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Record review of R2's NSA, dated 03/25/2025, showed under "special treatments/preventative health needs" that "staff will check and record vitals for resident monthly to track overall health." Under "medications, treatments, and nursing needs," it's documented that "staff to monitor resident and remind resident to wear oxygen as needed."

Record review of R2's MARs, dated 06/01/2025 through 08/11/2025, showed that R2's vital signs were to be checked on the eighth of each month in the morning. There were no vital signs recorded for the months of July and August of 2025 and in the administration box there was a dash, which according to the key meant not recorded.

Record review of R2's vital sign summary report, dated 06/01/2025 through 08/14/2025, showed documentation of a weight, pulse, capillary blood glucose (CBG's), and blood pressure. No documentation was found to show that R4's blood oxygen saturation level (SpO2) was ever monitored and/or recorded.

Resident 3 (R3)

On 08/12/2025 at 12:55 PM, R3's records showed that R3 was admitted to the facility on [REDACTED]/2025 with various diagnoses including [REDACTED].

Record review of R3's physician order report, dated 06/01/2025 through 08/11/2025, showed an order to obtain monthly vital signs for monitoring on the 23rd of each month starting 01/16/2025.

Review of R3's MARs, dated 06/01/2025 through 08/11/2025, showed documentation that monthly vital signs were not recorded for July of 2025.

Resident 4 (R4)

On 08/12/2024 at 1:00 PM, R4's records showed that R4 was admitted to the facility on [REDACTED]/2024 with various diagnoses including [REDACTED] and [REDACTED].

Record review of R4's progress notes, dated 06/01/2025 through 08/11/2025, showed documentation on 07/27/2025 at 5:41 AM, that R4 had some redness in their groin area and that staff cleaned area. No follow up progress notes were found to show the status of the redness. Progress note on 08/05/2025 at 9:54 PM, stated "resident's right toe is very swollen and was also complaining of pain. PRN (as needed) was given to assist with pain." No follow up progress notes were found to show the status of the right toe swelling and/or the pain.

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Record review of R4's MARs, dated 06/01/2025 through 08/11/2025, showed no documentation that any PRN medications were given for pain in August of 2025.

Record review of R4's physician order report, dated 06/01/2025 through 08/11/2025, showed an order to obtain monthly vital signs for monitoring on the eighth of each month starting 10/29/2024.

Record review of R4's assessment, dated 03/19/2025, showed under "special treatments/preventative health needs" that the box for monthly weights and/or vital signs was checked with a note that stated weekly weights, monthly VS (vital signs).

Record review of R4's NSA, dated 03/19/2025, showed under "special treatments/preventative health needs" that "staff will check and record vitals for resident monthly to track overall health."

Record review of R4's MARs, dated 06/01/2025 through 08/11/2025, showed that R4's vital signs were to be checked on the eighth of each month in the morning. There were no vital signs recorded for the months of July and August of 2025 and in the administration box there was a dash, which according to the key meant not recorded.

Record review of R4's vital sign summary report, dated 06/01/2025 through 08/14/2025, showed documentation of a weight obtained for June and July of 2025. No other vital signs were documented.

Resident 5 (R5)

Record review of R5's untitled document, dated 08/11/2025, showed R5 moved into the facility on [REDACTED]/2024, with multiple medical diagnoses that included [REDACTED] and history of urinary tract infections (bacterial growth in the blood that causes infection and illness).

Record review of R5's progress note, dated 06/04/2025 showed R5 was experiencing diarrhea that evening and will continue to monitor. The next note was on 06/26/2025 that was from Staff B, Charge Nurse, about R5's weakness and increase in fluid retention.

Resident 6 (R6)

On 08/12/2025 at 10:45 AM, R6's records showed that R6 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

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Record review of R6's physician order report, dated 06/01/2025 through 08/11/2025, showed an order to obtain monthly vital signs for monitoring on the 1st of each month starting 10/29/2024.

Review of R6's MARs, dated 06/01/2025 through 08/11/2025, showed documentation that monthly vital signs were not recorded for June of 2025.

Resident 7 (R7)

On 08/12/2024 at 2:20 PM, R7's records showed that R7 was admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED] and [REDACTED].

Record review of R7's progress notes, dated 06/01/2025 through 08/11/2025, showed documentation of R7 not feeling well. On 06/03/2025 at 11:43 AM, the progress note stated "RN (registered nurse) assessed resident breathing, and it was reported [R7] has a cough, [R7] is afebrile, has a productive cough, has no audible wheezing and denies feeling short of breath. Med tech was asked to administer Albuterol (a medication to help with breathing)." At 8:36 PM, the progress note stated, "resident had a breathing episode this morning and this evening [R7] states that [R7] is doing better. Will continue to monitor." No follow up progress notes were found until five days later on 06/08/2025 at 8:20 PM, which stated "resident stated to care staff that [R7] was not feeling well. [R7] has a cough and stated that it's hard to breathe. Will continue to monitor." Again, no follow up progress notes were found until five days later, on 06/13/2025 at 9:13 PM. The progress note stated, "resident expressed to med tech that [R7] still isn't feeling well and wanted to know how long it will last. Resident has symptoms of chest congestion and slight cough. Med tech suggested to keep drinking fluids and hopefully resident will feel better soon. Will continue to monitor." No other progress notes were found.

Record review of R7's MARs, dated 06/01/2025 through 08/11/2025, showed documentation that Albuterol was administered on 06/03/2025 at 11:39 AM for difficulty breathing. No documentation was found to show that R7 was administered Albuterol at any other time.

Record review of R7's physician order report, dated 06/01/2025 through 08/11/2025, showed an order to obtain monthly vital signs for monitoring on the 23rd of each month starting 10/29/2024.

Review of R7's MARs, dated 06/01/2025 through 08/11/2025, showed documentation that monthly vital signs were not recorded for June or July of 2025.

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Record review of R7's assessment, dated 02/13/2025, showed under "special treatments/preventative health needs" that the box for monthly weights and/or vital signs was checked with a note that stated monthly VS to EMAR (electronic medication administration record).

Record review of R7's NSA, dated 02/13/2025, showed under "special treatments/preventative health needs" that "staff will check and record vitals for resident monthly to track overall health."

Record review of R7's MARs, dated 06/01/2025 through 08/11/2025, showed that R4's vital signs were to be checked on the 23rd of each month in the morning. There were no vital signs recorded for the months of June and July of 2025 and in the administration box there was a dash, which according to the key meant not recorded.

Record review of R7's vital sign summary report, dated 06/01/2025 through 08/14/2025, showed documentation of a weight obtained for June and July of 2025. No other vital signs were documented.

Resident 9 (R9)

Record review of R9's untitled document, dated 08/12/2025, showed R9 moved into the facility on /2014 with multiple medical diagnoses that included

and

Record review of R9's change of condition evaluation and NSA, dated 03/12/2025, showed R9 was to have monthly weight and or vital signs recorded. R9 was at risk for skin issues and needed monitoring assistance without any current skin issues. Staff were to notify the HSD of any new skin issues.

Record review of R9's MARs, dated 06/01/2025 through 07/31/2025, showed R9's vital signs were to be checked on 23rd in the morning. There were no vital signs recorded for the months of June and July of 2025 and in the administration box there was a dash.

Record review of R9's progress note, dated 08/04/2025 at 9:20 PM, showed R9 had a shower by care staff and informed the lead medication technician that R9 has a really bad yeast infection (a skin fungal infection that causes odor, redness, itching, bleeding, and pain) on their lower belly and vaginal area. R9's primary care physician was faxed. There were no other progress notes documented of the actions taken for the skin infection.

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Review of R9's MARs, dated 08/01/2025 through 08/12/2025, showed there was no documentation that R9's yeast rash was being treated or monitored.

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

Administrator (or Representative)

Angel Ray

Date 9/19/2025

WAC 388-78A-2610 Infection control.

- (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.
- (2) The assisted living facility must:
 - (a) Develop and implement a system to identify and manage infections;
 - (c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;
 - (d) Provide all resident care and services according to current acceptable standards for infection control;
 - (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the facility failed to implement infection control practices by staff not properly wearing N95 respirators for 4 of 4 staff (Staff J, H, I, and K) observed. The facility failed to ensure that staff had the appropriate hand washing supplies in 3 of 3 sink areas (Assisted living residential laundry room, assisted living staff laundry room, and independent residential laundry room). The facility failed to follow and implement isolation precautions for 2 of 2 residents (Resident 8 and 10) that had tested positive for COVID-19 [Corona Virus Disease 2019-a respiratory illness]. These failures placed all residents at risk for cross contamination and spread of infection when care and services were provided.

Findings included...

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

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Handwashing Supplies

Record review of the facility policy, "Laundering of Clothing and Linens", dated 06/16/2022, showed all staff that assisted with laundry were required to follow the laundry procedures for all types of laundry, except for soiled linens... Staff were to wash their hands before transferring the laundry from the washer to the dryer and wash their hands prior to removing laundry from the dryer.

Record review of the facility policy, "handling soiled linen", dated 06/16/2022, showed all staff that assisted with laundry were required to follow the laundry procedures for all soiled linen or clothing... After the employee removed their gown and gloves and discard in the trash, staff were to wash their hands.

Record review of the facility policy titled, "cleaning, disinfecting, and sterilization methods for equipment", dated 11/11/2024, under section "hand hygiene", showed hands should be washed with soap and water for at least twenty seconds before and after the cleaning process, immediately after glove removal, and following any direct contact with residents. Employees were always to wash their hands with soap and water if their hands were visibly dirty. Staff were to wash their hands before and after handling resident equipment and recommended following accidental contact with resident fluids or contaminated surfaces.

On 08/11/2025 at 10:19 AM, the only sink in the assisted living residential laundry room, located on the first floor, had no running water when the left and right knobs were turned. Staff M, Environmental Service Coordinator, stated they were unsure why the water was not turning on. Staff M turned both the left and right knobs without any running water. Staff M looked under the sink and stated that the water had been shut off. Staff M stated that residents and staff used the laundry room. The soap dispenser that was mounted on the wall, when it was pressed no soap was dispensed.

At 10:27 AM, inside the facility's main laundry room, the only sink had no faucet knobs to turn the water on and off. The paper towel dispenser that was see-through, did not have any paper towels inside and only an empty brown roll. Staff L, Housekeeper, stated the sink in the facility laundry room was not working and they would use the independent living residential laundry room located next door. At 10:29 AM, inside the independent living residential laundry room there was one sink. At the sink it was observed to have small round silver balls on the right and left side of the faucet. When the round balls were turned, no water ran. There was no signage posted that showed how to turn on the water. The paper towel dispenser that hung up on the wall was see-through and was observed to have an empty brown roll without any paper towels available for use.

On 08/13/2025 at 11:21 AM, on the first floor in the assisted living residential laundry room, the left and right knobs of the faucet were turned, no water ran. The soap dispenser was pushed without any soap dispensed. There were no signs posted on how to use the sink for running water.

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At 11:48 AM, inside the independent living residential laundry room, the paper towel dispenser mounted on the wall that was see-through, did not have any paper towels. When the paper towel dispenser was activated no paper towels were dispensed. The sink faucet had small silver balls and when they were turned, there was no running water. There were still no signs posted that stated how to turn the water on. At 11:49 AM, inside the facility laundry room, the only sink still did not have any faucet knobs to turn the water on. The paper towel dispenser that was mounted on the wall continued to be empty with no paper towels available for use.

Personal Protective Equipment (PPE) Use

Record review of the Washington State Department of Health website article titled, "about COVID-19", dated 06/13/2024, showed COVID-19 caused respiratory symptoms. Covid-19 spreads when an infected person breathes out droplets and very small particles that contain the virus.

Record review of the facility policy, "Transmission Based Precautions", dated 03/10/2023, under "airborne precautions", showed it was used for residents known or suspected to be infected with pathogens transmitted by the airborne route. Staff were to use PPE appropriately that included fit-tested NIOSH- approved N95 or higher-level respirator for healthcare personnel.

Record review of the facility's policy, "Applying and removing N95 mask guidelines", dated 03/29/2022, under the section "applying the N95", showed... staff were to put the N95 respirator over the mouth and nose with the straps hanging freely before the hand. The top of the N95 should rest against the bridge of the nose and the bottom should rest against the chin. While the employee held the mask in place, the staff member was to pull the upper strap over the back of the head, so it rests high on the back of the head. The bottom strap was to be pulled back over the back of the head and rest if around the back of the head and back of the ears. The straps were not to be twisted. The nosepiece around the nose was to be molded to ensure a proper seal.

On 08/13/2025 at 11:27 AM, Staff K, Care Staff, wore an N95 respirator. The top and bottom straps of Staff K's N95 respirator were twisted together and worn on the top back of their head.

At 11:35 AM, on the first floor by the soiled utility room door, Staff H, Laundry Aide, wore an N95 respirator. Staff H's N95 respirator's straps were twisted together with both of them lying on the back of Staff H's neck. The respirator was still folded on the top and bottom as they were stored in the package and there was a gap between Staff H's nose and the respirator.

At 11:50 AM, upon entering kitchen one, Staff J, Cook, was observed to have their mask

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down under their chin with their nose and mouth open to air. Staff J put their mask back over their mouth and nose after they observed the Department enter the kitchen.

At 12:19 PM, Staff I, Care Staff, was observed in the assisted living dining room, sitting in a chair up against the window near the door into kitchen two. Staff I had their N95 respirator down under their chin with their nose and mouth open to air and was sitting near multiple residents who were eating.

Record review of the facility COVID-19 line list of staff and residents that was sent on 08/18/2025 at 10:53 AM, showed Staff H tested positive for COVID-19 on 08/17/2025.

Isolation Procedure

Record review of the facility policy, "Contact and Isolation Precautions for Residents with Infectious Pathogens", dated 11/11/2024, showed the facility would follow procedures for implementing contact and isolation precautions for residents with suspected or actual infectious pathogens in the community to minimize the risk of infection transmission. The facility's definition of "isolation precautions", included a protocol that involves the separation of residents with communicable diseases to prevent cross-contamination and the spread of infections within the community...if any resident was suspected or confirmed to have infectious pathogen, they would be evaluated for isolation determination. Based on the infection that included respiratory infections would determine the type of isolation. Residents that required isolation would be confined to a private room. There would be appropriate signage indicating the type of isolation precautions, placed at the entry of the residents room to notify staff, visitors, and other residents. Staff were required before entering an isolation room must wear gloves, gowns, masks, face shields, eye protection. Staff must put the PPE on before entering the room, remove PPE before exiting the residents room. The facility follows the Centers for Disease Control and Prevention guidelines to avoid contamination. The facility staff must perform hand hygiene before putting on PPE, after removal of PPE, and anytime they came in contact with potentially contaminated surfaces or objects.

Record review of an email sent to the Department on 08/13/2025 at 8:05 AM, showed R8 and R10 had tested positive for COVID-19 infectious pathogen.

At 11:21 AM, R10's room was propped open with a shoe. There was no signage on the door or near the entry way of R10's room that indicated that R10 was on isolation precautions. There was no PPE supplies at the entry way of R10's room for staff to use before entering.

At 11:45 AM, the department was knocking on R8's door when an unidentified caregiver informed the department that R8 was COVID-19 positive. There was no signage on the door or near the entry way of R8's room that indicated that R8 was on isolation precautions. There were no PPE supplies at the entry way of R8's room for staff to use before entering.

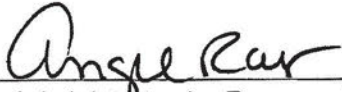
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On 08/15/2025 at 3:45 PM, Staff B, Charge Nurse, stated staff were to wear their N95's respirators as they were made to be worn and trained. Staff B stated the straps of the N95 respirators were not to be twisted. The top strap was to be on the top of the back of the head and the bottom strap on the back of the employee's neck. Staff B stated that improper placement of the straps and being twisted, the N95 respirator not being expanded fully and not being snug to the bridge of the nose, would not have a secure seal on the employee's face. Staff B stated employees were not to remove their N95 respirators when they were in the assisted living dining room during dining room services. Staff B stated a resident that was placed on isolation would have signage on their door. Staff B stated residents that tested positive with COVID-19 would have a respiratory isolation signage, with a PPE supply cart, and trash can, that would be outside of the resident's door or entry way into their room. Staff B stated all employees of the facility were reviewed and educated about infection control practices at all staff meetings that included hand washing and use of PPE. At 4:26 PM, Staff B stated the facility had pre-made PPE carts available for staff to grab and place outside of the resident's room door. Inside of the PPE carts were signage that staff were to post on or near the resident's room door that would indicate what isolation precautions the resident was placed on.

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Administrator (or Representative)

9/19/2025

Date

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:

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Based on interview and record review, the facility failed to ensure there was documentation to show that staff had their continuing education per regulation for 1 of 2 staff (Staff F). This failure placed all residents at risk of being improperly cared for by untrained staff.

Findings included...

Record review of an email sent to the Department on 08/15/2025 at 10:39 AM, showed the facility did not have a policy and followed the WAC for the continuing education units for employees.

Record review of the facility's untitled document, dated 08/11/2025, was a list of the facility's employees. Staff F, Medication Assistant, was hired at the facility on 08/05/2011 and date of birth was November seventh.

On 08/11/2025 at 11:30 AM, Staff F's continuing education units were requested for dates 11/07/2023 through 11/07/2024, for review.

At 12:15 PM, review of Staff F's employee file showed Staff F's Relias Transcript, dated 08/11/2025, had no education classes that were completed prior to 11/07/2024.

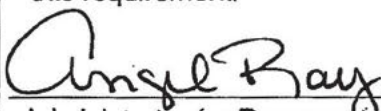
At 1:24 PM, Staff F's continuing education credit units for 11/07/2023 through 11/07/2024 were requested for review.

At 3:20 PM, Staff A, Executive Director, stated the Relias transcript were the only continuing education units the facility had for Staff F.

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9/19/2025

Date

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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 facility failed to obtain prescribed medications in a correct and timely manner for 3 of 9 sampled residents (Resident 1, 5, and 7). This failure placed these residents at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included.:

Record review of the facility's policy Medication, non-availability of, dated "11/2017", showed the facility would make every reasonable effort to ensure that medication were available as prescribed, for each resident. A system would be in place to facility timely refills for residents whose medications were purchased from the facility's preferred pharmacy provider. The staff member providing medication assistance and or administration would be responsible for requesting the refill, or communicating the refill was needed to the appropriate staff member when the medication supply was at the seven day level. If the residents responsibly party purchases medications for the resident, they would be notified when the supply of medication was at the seven day level. If the refill had not been provided when the medication supply reached the three day level, a second notification would be given to the responsible party. The notifications would be documented in the residents health record.

Resident 1 (R1)

Record review of R1's untitled document, dated 08/11/2025, showed R1 moved into the facility on [REDACTED] /2023 with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R1's evaluation and negotiated service agreement (NSA), dated 07/22/2025, showed that R1 had severe cognitive impairment and that staff are to assist R1 with their medication storing, reminders, preparing medications per physician orders and bringing the medication's to R1. Staff were to report concerns to the licensed nurse.

Record review of R1's MAR, dated 07/01/2025 through 07/31/2025, showed R1 had an order for hydrocodone acetaminophen given three times daily for chronic back pain and catheter pain. R1's hydrocodone acetaminophen was not available for administration for five doses on 07/28/2025 and 07/29/2025. R1 had an order for lidocaine jelly to apply around the periurethral area three times a day for catheter discomfort. Review of the

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administrations showed R1's lidocaine jelly was not available for 11 doses on 07/01/2025 through 07/06/2025 and 11 doses on 07/12/2025 through 07/17/2025. R1 had an order for phenazopyridine to be given three times a day for catheter discomfort. On 07/01/2025 R1 did not receive their phenazopyridine two of three doses. On 07/01/2025 at 8:32 PM, the MAR showed the medication phenazopyridine was ordered.

Resident 5 (R5)

Record review of R5's untitled document, dated 08/11/2025, showed R5 moved into the facility on [REDACTED]/2024, with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R5's six-month resident evaluation and NSA, dated 02/11/2025, showed R5 had an order for the facility to assist with medication. R5 required registered nurse delegation services for their insulin injections. R5 used an outside pharmacy. R5 required nursing needs for their diabetic status and registered nurse delegation services.

Record review of R5's MARs, dated 06/01/2025 through 7/31/2025, showed R5's atorvastatin (prescribed medication to help high cholesterol or fat) was not administered on 06/28/2025 related to it not being available for administration. On 06/11/2025 R5's furosemide (prescribed medication to help reduce the amount of fluid the body is retaining) was not available for administration. On 06/07/2025 through 06/10/2025, R5's insulin Glargine was not available for administration. On 06/12/2025 R5's losartan (prescribed medication to help lower high blood pressure) was not available for administration.

On 06/07/2025 R5's metoprolol succinate (prescribed medication to help lower high blood pressure) was not available for administration. On 07/08/2025 at 7:32 AM, R5's metoprolol succinate was not available for administration. The MAR showed the medication was ordered.

Resident 7 (R7)

On 08/12/2024 at 2:20 PM, R7's records showed that R7 was admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED] and [REDACTED].

Record review of R7's assessment, dated 02/13/2025, showed that R7 has an order for community to assist with medications and is able to self-administer with the assistance of a caregiver.

Record review of R7's NSA, dated 02/13/2025, showed that medication staff will assist

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R7 with medication administration per healthcare provider orders.

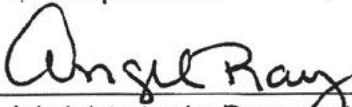
Record review of R7's MARs, dated 06/01/2025 through 08/11/2025, showed R7 had an order for sertraline given two times daily for allergy relief. R7's sertraline was not available for administration for seven doses on 07/18/2025 through 07/21/2025. On 07/18/2025, an exception note documented that pharmacy had been contacted and medications will be delivered in three days.

On 08/15/2025 at 3:50 PM, Staff B, Charge Nurse, stated the medication technicians were to refill the resident's medications when the medication supply got down to the last seven doses. Staff B stated if the resident received medications from an outside pharmacy again the medication aide would call the pharmacy when the resident was down to the last seven doses to get a refill and then call the responsible party to have them bring the medication in. Staff B stated that if the medication was out and not available for administration the medication technicians were to call the pharmacy and find out where the medication was. If there were any issues, they were to contact the resident's primary care physician and notify them that the resident did not get their medication as the medication was out and if there was anything to do until the medication came available. Staff B stated that typically the licensed nurses were the ones to call the resident's physician, and the medication technician mostly communicated with the physician by fax.

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Administrator (or Representative)

9/19/2025

Date

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 ;

(iii) When the resident has an injury requiring the intervention of a practitioner.

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This requirement was not met as evidenced by:

Based on interview, observation and record review, the facility failed to complete a focused assessment for 2 of 5 sampled residents (Residents 2 and 9). This failure placed these two residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)

During an unannounced licensing full inspection on 08/12/2025 at 9:00 AM, record review of R2's records showed that they admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED] and [REDACTED]

Record review of the facility's resident characteristic roster (RCR), showed documentation that R2 utilizes a medical device.

Record review of R2's assessments showed a six-month assessment, dated 03/25/2025, that documented under transfer device that R2 has a p-rail or halo. No focused medical device assessment was found or provided by the facility.

Review of R2's records, showed a negotiated service agreement (NSA), dated 03/25/2025, that documented under mobility – assistive devices – fall risk, that "resident will utilize p-rail or halo during transfers."

On 08/13/2025 at 11:15 AM, the department observed a bed cane/bed assist handle (a device designed to provide support and leverage for individuals needing assistance to get in and out of bed) attached to R2's bed.

Resident 9 (R9)

Record review of R9's untitled document, dated 08/12/2025, showed R9 moved into the facility on [REDACTED]/2014.

Record review of R9's change of condition evaluation and NSA, dated 03/12/2025, showed R9 used a "electric scooter and/or motorized cart (complete assistive motorized cart evaluation)." R9 used the wheelchair for long distances and was independent with the assistive device.

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On 08/13/2025 at 1:08 PM and 08/14/2025 at 2:20 PM the facility was requested to send R9's electric/motorized scooter assessment.

On 08/14/2025 at 4:13 PM, email communication showed that R9 had not been evaluated for their use of the electric/motorized scooter.

On 08/15/2025 at 3:45 PM, Staff B, Charge Nurse, stated R9 hadn't had an assessment for their electric scooter since they moved into the assisted living facility.

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Angel Ray
Administrator (or Representative)

9/19/2025
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:
 - (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

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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;

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(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 and record review, the facility failed to complete a full assessment within 14 days of the resident admission to the facility for 1 of 2 sampled residents (Residents 8). This failure placed this resident at risk of their care needs not being met.

Findings included...

Resident 8 (R8)

On 08/12/2025 at 9:10 AM, review of R8's records showed that they admitted to the facility on [REDACTED]/2025 with various diagnoses including [REDACTED].

Record review of R8's Assessments showed that a preadmission assessment was completed on 03/27/2025 and another assessment completed on [REDACTED]/2025, 18 days after admission to the facility. No documentation was found to show that a full assessment was completed within 14 days of admission to the facility for R8.

On 08/20/2025 at 3:30 PM, Staff A, Executive Director, acknowledged that there was no documentation to show that a full assessment was completed within 14 days of admission to the facility for R8.

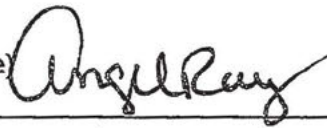
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Plan/Attestation Statement

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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 10/25/2025.

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

Administrator (or Representative)



Date 9/19/2025

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

- (1) To effectively provide the care and services agreed upon with the resident; and
- (2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 5 of 9 sampled residents (Residents 3, 4, 6, 7, and 8). This failure placed these residents at risk of care needs not being met.

Findings included...

Resident 3 (R3)

During an unannounced licensing full inspection on 08/12/2025 at 12:55 PM, R3's records showed that R3 was admitted to the facility on [REDACTED] /2025 with various diagnoses including [REDACTED]

Record review of the facility's resident characteristic roster (RCR), undated, showed documentation that R3 is a non-insulin dependent diabetic.

Record review of R3's medication administration record (MAR), dated 06/01/2025 through 08/11/2025, showed that R3 started taking insulin on 07/23/2025.

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Resident 4 (R4)

On 08/12/2024 at 1:00 PM, R4's records showed that R4 was admitted to the facility on [REDACTED]/2024 with various diagnoses including [REDACTED] and [REDACTED].

Record review of the facility's RCR showed documentation that R4 utilizes a medical device and receives assistance with medication management.

Record review of R4's current assessment and negotiated service agreement (NSA), both dated 03/19/2025, showed no documentation that R4 utilizes any medical device.

Record review of R4's Self-Administration of Medication Evaluation, dated 03/19/2025, showed documentation that R4 is capable of self-administering their current medication and treatments.

Review of R4's MARs, dated 06/01/2025 through 08/11/2025, showed documentation that resident self-administered their medications.

On 08/13/2025 at 11:25 AM, the department observed R4's room and found no medical devices. R4 also confirmed that they do not utilize any medical devices, and that they do manage their own medication.

Resident 6 (R6)

On 08/12/2025 at 10:45 AM, R6's records showed that R6 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of R6's progress notes, dated 06/01/2025 through 08/11/2025, showed documentation that R6 went to the hospital on [REDACTED]/2025.

Review of R6's MARs, dated 06/01/2025 through 08/11/2025, showed that R6 was out of the facility in the hospital from [REDACTED]/2025 through [REDACTED]/2025.

Record review of the facility's RCR showed no documentation that R6 had a recent hospitalization and that R6 requires nurse delegation.

On 08/13/2025 at 2:58 PM, Staff A, Executive Director, stated that R6 has no delegated medications and does not require nurse delegation.

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Resident 7 (R7)

On 08/12/2024 at 2:20 PM, R7's records showed that R7 was admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED] and [REDACTED].

Record review of the facility's RCR, showed documentation that R7 is a non-insulin dependent diabetic.

Review of R7's records showed no other documentation to confirm that R7 is diabetic.

On 08/13/2025 at 11:33 AM, R7 confirmed that they are not diabetic.

Resident 8 (R8)

On 08/12/2025 at 9:10 AM, R8's records showed that R8 admitted to the facility on [REDACTED]/2025 with various diagnoses including [REDACTED].

Review of the facility's RCR showed documentation that R8 is a diabetic.

Review of R8's NSA dated 07/16/2025 showed no documentation that R8 is a diabetic.

Review of R8's MARs, dated 06/01/2025 through 08/11/2025, showed no documentation that R8 is a diabetic.

On 08/20/2025 at 3:30 PM, Staff A acknowledged the department's findings.

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

Administrator (or Representative)

Angie Ray

Date 9/19/2025

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

(2) The assisted living facility must comply with subsection (1) of this section, unless the prescriber or primary care practitioner has provided the assisted living facility with:

(b) The assisted living facility documents such directions; and

(c) The assisted living facility is able to fully comply with such directions.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to notify the physician, evaluate and document the resident's condition after they refused their medications for 3 of 9 sampled residents (Resident 1, 5, and 9). This failure placed these residents at risk for medical complications due to the physician being unable to evaluate the significance of the residents not getting their medication and provide instructions.

Findings included...

Record review of the facility's policy, "medication refusal", dated "11/2018", showed if a

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resident continued to refuse their medication, the resident's choice would be respected. The refusal and the potential effects of not taking their medications would be evaluated and documented by a licensed nurse. The resident's physician and or responsible party would be notified of the refusal if the nurse determines that such notification was indicated and in accordance with prior documented physician instructions. Under the section "procedure", showed if the staff member of the resident was not a licensed nurse, the refusal would be reported to a licensed nurse at that time. The licensed nurse would evaluate the resident's condition in regard to the refused medication and determine the potential for any negative effects. The evaluation would be documented in the resident's health record. A community staff member would notify the resident's physician of the medication refusal in accordance per the physician's prior instructions. Physician's notification or the determination that notification was not indicated, must be documented in the resident's health record by the licensed nurse.

Resident 1 (R1)

Record review of R1's untitled document, dated 08/11/2025, showed R1 moved into the facility on [REDACTED] /2023 with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R1's evaluation and negotiated service agreement (NSA), dated 07/22/2025, showed R1 had severe cognitive impairment. Staff assisted R1 with their medication storing, reminders, prepare medications per physician orders and bring the medication's to R1. Staff were to report concerns to the licensed nurse of refusals.

Record review of R1's Medication Administration Record (MAR), dated 08/01/2025 through 08/11/2025, showed R1 refused their hydrocodone acetaminophen (a prescribed medication to help treat pain) on 08/03/2025 at 8:14 PM. There was no other documentation on the MAR to show that R1's physician was notified or that a licensed nurse evaluated the resident.

On 08/13/2025 at 1:08 PM and 08/14/2025 at 2:20 PM the facility was requested to send documentation to show R1's physician was notified that R1 refused their hydrocodone acetaminophen on 08/03/2025.

Record review of an email sent to the Department on 08/14/2025 at 4:13 PM, showed there was no documentation provided that showed R1's physician was notified when they refused their hydrocodone acetaminophen on 08/03/2025.

Record review of R1's observations, dated 05/16/2025 through 08/13/2025, showed there was no documentation of a licensed nurse evaluation or physician notification when R1 refused their hydrocodone acetaminophen medications.

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Resident 5 (R5)

Record review of R5's untitled document, dated 08/11/2025, showed R5 moved into the facility on [REDACTED] /2024, with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R5's six month resident evaluation and NSA, dated 02/11/2025, showed R5 had an order for the facility to assist with medication. R5 required registered nurse delegation for their insulin injections. R5 required nursing services at the facility for their blood sugar monitoring and nurse delegated needs for diabetic insulin injections.

Record review of R5's MAR, dated 07/01/2025 through 07/31/2025, showed R5 had orders for insulin lispro to inject eight units daily with lunch. Review of the administrations showed R5 refused to have their insulin lispro administered on 07/29/2025 at 11:07 AM. There was no other documentation to show, R5's physician was notified or a licensed nurse. R5 had an order for insulin lispro to inject 12 units daily before breakfast. Review of the administrations showed on 07/08/2025 R5 refused their insulin lispro. There was no documentation to show that R5's physician was notified or a licensed nurse.

Record review of R5's observations progress notes, dated 06/30/2025 through 08/08/2025, showed there was no documentation that R5's physician was notified or that a licensed nurse evaluated R5 after they refused their lispro insulins.

Resident 9 (R9)

Record review of R9's untitled document, dated 08/12/2025, showed R9 moved into the facility on [REDACTED] /2014 with multiple medical diagnoses that included [REDACTED] and [REDACTED].

Record review of R9's change of condition evaluation and NSA, dated 03/12/2025, showed R9 had an order for the facility to assist with medication.

Record review of R9's MAR, dated 07/01/2025 through 07/31/2025, showed R9 had an order for digoxin (prescribed medication to treat irregular heart rate and congestive heart failure) to give every day in the morning and to hold the medication if R9's heart rate was less than 60 beats per minute. Review of the administrations showed R9 refused to take their digoxin on 07/08/2025 at 8:26 AM. R9 was administered their medication on 07/29/2025 at 7:19 AM, but had refused to have their pulse checked. R9 had an order for furosemide (prescribed medication to help decrease amount of fluid the body is retaining) to be taken every morning and to take an additional dose for

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three days for a two the three pound weight gain. Review of administrations showed R9 was administered their furosemide on 07/11/2025, 07/28/2025 and 07/29/2025, but had refused to have their weight taken. R9 had an order for metoprolol succinate (prescribed medication to help lower high blood pressure and lowers heart rate) to be taken every 12 hours. Review of administrations showed R9 had administered their medication on 07/15/2025 at 7:36 PM, but refused to have their blood pressure and pulse taken. There was no other documentation to show that R9's physician was notified or licensed nurse evaluated R9 after they refused to have their weight, blood pressure, and heart rate checked per physician orders and their digoxin medication.

Record review of R9's MAR, dated 08/01/2025 through 08/12/2025, showed on 08/08/2025 R9 refused to take their furosemide. There was no other documentation to show that R9's physician was notified or licensed nurse evaluated R9 after they refused their furosemide.

Record review of R9's observations, dated 06/13/2025 through 08/12/2025, showed there was no documentation to show that R9 was evaluated by a licensed nurse or that R9's physician was notified.

On 08/13/2025 at 1:08 PM and 08/14/2025 at 2:20 PM the facility was requested to send documentation to show R9's physician was notified that R9 refused their furosemide on 08/08/2025.

Record review of an email sent to the Department on 08/20/2025 at 11:54 AM, showed R9 only refused their weights for their furosemide administrations on 07/04/2025, 07/28/2025, and 07/29/2025.

Record review of an email sent to the Department on 08/20/2025 at 12:24 AM, showed R9's physician ordered the weights to be completed for the medication.

Record review of an email sent to the Department on 08/20/2025 at 2:28 PM, showed the facility did not have any documentation from R9's physician when they wanted to be notified with medication order refusals.

On 08/15/2025 at 3:45 PM, Staff B, Charge Nurse, stated the medication assistants were to approach the resident multiple times to get them to take their medications. Staff B stated if the resident continued to refuse, the medication assistant would send a fax notification to the resident's physician letting them know that they refused their medication. Staff B stated if the resident continuously refused then one of the licensed nurses would talk to the resident and then notify the residents physician and try to get the medications discontinued or changed.

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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)

Angel Ray

Date

9/19/2025

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(v) Provide a variety of foods; and

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

(f) Substitute foods of equal nutrient value, when changes in the current day's menu are necessary, and record changes on the original menu;

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 interview, observation and record review, the facility failed to ensure the facility kitchens were cleaned and maintained per regulation for 2 of 2 kitchens. The facility failed to ensure that a variety of foods were provided to 68 of 68 residents and not repeated for at least three weeks. The facility also failed to ensure that substitute foods were of equal nutrient value and recorded on the original menu when changes in the current day's menu were made. These failures placed all residents at risk for consumption of contaminated foods and/or receiving an unbalanced/nutritious diet.

Findings included...

Cleanliness and Equipment

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WAC 246-215-06505 "Methods—Cleaning, frequency and restrictions (FDA Food Code 6-501.12). (1) PHYSICAL FACILITIES must be cleaned as often as necessary to keep them clean. (2) Except for cleaning that is necessary due to a spill or other accident, cleaning must be done during periods when the least amount of FOOD is exposed such as after closing."

WAC 246-215-04500 "Equipment—Good repair and proper adjustment (FDA Food Code 4-501.11). (1) EQUIPMENT must be maintained in a state of repair and condition that meets the requirements specified under Part 4, Subpart A and Part 4, Subpart B of this chapter. (2) EQUIPMENT components such as doors, seals, hinges, fasteners, and kick plates must be kept intact, tight, and adjusted in accordance with the manufacturer's specifications."

WAC 246-215-04350 "Cleaning agents and sanitizers—Cleaning agents and sanitizers availability (FDA Food Code 4-303.11). (1) Cleaning agents that are used to clean EQUIPMENT and UTENSILS as specified under Part 4, Subpart F of this chapter, must be provided and available for use during all hours of operation. (2) Except for those that are generated on-site at the time of use, chemical SANITIZERS that are used to sanitize EQUIPMENT and UTENSILS as specified under Part 4, Subpart G of this chapter, must be provided and available for use during all hours of FOOD preparation."

WAC 246-215-04515 "Equipment—Ware washing equipment, cleaning frequency (FDA Food Code 4-501.14). A WAREWASHING machine; the compartments of sinks, basins, or other receptacles used for washing and rinsing EQUIPMENT, UTENSILS, or raw FOODS, or laundering wiping cloths; and drainboards or other EQUIPMENT used to substitute for drainboards as specified under WAC 246-215-04310 must be cleaned: (1) Before use; (2) Throughout the day at a frequency necessary to prevent recontamination of EQUIPMENT and UTENSILS and to ensure that the EQUIPMENT performs its intended function; and (3) If used, at least every twenty-four hours."

WAC 246-215-06500 "Methods—Repairing (FDA Food Code 6-501.11). PHYSICAL FACILITIES must be maintained in good repair."

In an unannounced visit on 08/11/2025 at 10:40 AM, Staff M, Environmental Service Coordinator, stated all the assisted living resident's food was stored and prepared in kitchen one. Staff M stated once the assisted living resident's food was prepared, the food would be taken over to kitchen two and placed in the steam tables for serving at meal times. Staff M stated kitchen two was closed that day as the fire alarm system was being worked on.

In kitchen one on 08/12/2025 at 11:41 AM, inside the hand washing sink were two red bins. On the inside of the two red bins there was a thick white substance. Both red bins had white rags inside and the water was murky and unable to see through. When the hand washing sink was used to wash hands, the soap and water used was splashed into the red bins causing the water to ripple. At 11:43 AM, under the two sinks near the dish pit area was a black pipe that was attached to the drain of the sink. Under the black

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pipe was a rectangle gray plastic bin, three white large folded towels, and a blue string mop head. Inside of the gray rectangle plastic bin, it was a quarter full of dirty water. Staff N, Cook, stated the black pipe leaked and had to have the rectangle bin to catch the water. Staff N stated the black pipe had leaked a long time and was unable to give a timeframe. At 11:48 AM upon reaching for the walk-in freezer door handle, on the wall and the white outlet plate, had areas covered in a black substance. On the other side of the freezer were three smaller doors. All three doors had a black broom handle that went through the handles. The middle door of the three doors had condensation on the glass and areas covered in a black substance on the silver door handle. At 11:50 AM, Staff G, Culinary Services Director, observed the black substance by the freezer door and stated the black dots were caused by condensation and also the color of the wood. Staff G wiped the black substance on the wall and the white plastic outlet cover with a white rag. After Staff G wiped the black substance off, the white rag was black. Staff G stated the black substance was condensation from the door that had turned into mold. Staff G stated the walls and door handles were cleaned at least every Friday. Staff G stated the broom handle was through the freezer door handles, due to the seal being broken and the doors do not stay closed. Staff G was observed to pull on one of the freezer doors and the other two doors popped open a little and then closed. Staff G stated the freezer was old and that they did not make the seal anymore. Staff G stated there was no plan to get the freezer doors fixed at this time as the doors were needing to be replaced. Under the middle freezer door there was dripping water from the condensation on the door. There was an orange substance and coloration on the silver that had dripped down the white wall to the ground that left an orange streak on the wall. At 11:53 AM under the gas grill and throughout the kitchen the red flooring in some areas were black and unable to see the red flooring. There was various debris and substances throughout the red flooring. At 11:55 AM, Staff G stated they moped the kitchen floor nightly. Staff G stated every month maintenance would buff the kitchen floor with the machines. Staff G stated it had been over 30 days since the kitchen floors were cleaned with the machines. Under the counter near the juice machine were two large white barrels. When the white lid was picked up, there was a fuzzy light brown sticky substance that covered the lid. Inside the barrel closest to the freezer was a silver scoop that was covered with a large amount of brown substance. Inside of the other white barrel that had fuzzy brown stick substance on the lid, was a clear handled scoop with large amounts of white powdered substance. On the inside bottom of the barrel there was large amounts of white powdered substance. On the outside of the barrel was a spout on the bottom. There was thick fuzzy brown matter on the spout. Staff G stated when the bags of sugar inside that barrels were emptied they would wash the barrels and the scoops through the dishwasher.

On 08/13/2025 at 11:50 AM, inside kitchen one, Staff J, Cook, was observed to wash their hands in the hand washing sink. Inside the hand washing sink was a red bin with rags inside. While Staff J was washing their hands, the running water and the soap from Staff J's hands were splashing into the water of the red bin causing water ripples. Staff J stated the red bin was the kitchen's bleach buckets to sanitize the counters and food prep surfaces. Staff J poured the red bin's water down the sink drain. On the inside of the red bin there was a thick white substance where the water was sitting. Staff J stated the white substance was a stain on the red bin and would not wipe off. Staff J was observed to wipe the white substance with their finger, when the white substance was removed the red color of the bin was exposed. Under the dish pit sinks, the gray rectangle plastic bin was still under the black pipe that was dripping water. There were three white soiled towels that were brown, black, and damp on the ground, and a blue

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string mop head. Staff G stated the towels and mop head were on the ground due to the dishwasher being broken and the black pipe under the sink leaks when in use. Staff G stated the black pipe had been leaking for two months. Staff G stated the dishwasher had been serviced but continued to leak water a few days after and has been an ongoing issue. At 11:57 AM by the freezer door, on the wall and the white plastic electrical outlet there remained small and large black mold. There were beads of water on the white plastic electrical outlet plate. The broom handle continued to be through the three smaller doors of the freezer. There was black mold on the middle door's silver handle.

At 12:07 PM, inside kitchen two, on top of the refrigerator was thick dark brown fuzzy matter. At 12:10 PM inside the ice machine on the white plate that hung over ice, had a pink and black substance in the corners and edges. At 12:15 PM, on the dish pit counter was a red bin with murky water with a black rag. Inside the red bin there was a thick white substance. There were no other red bleach buckets available for sanitization throughout the kitchen.

Refrigerator temperature

WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD must be maintained: (b) At 41°F (5°C) or less.

WAC 246-215-04248 Functionality—Temperature measuring devices (FDA Food Code 4-204.112). (1) In a mechanically refrigerated or hot FOOD storage unit, the sensor of a TEMPERATURE MEASURING DEVICE must be located to measure the air temperature or a simulated product temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot FOOD storage unit. (2) Except as specified in subsection (3) of this section, cold or hot holding EQUIPMENT used for TIME/TEMPERATURE CONTROL FOR SAFETY FOOD must be designed to include and must be equipped with at least one integral or permanently affixed TEMPERATURE MEASURING DEVICE that is located to allow easy viewing of the device's temperature display. (4) TEMPERATURE MEASURING DEVICES must be designed to be easily readable. (5) FOOD TEMPERATURE MEASURING DEVICES and water TEMPERATURE MEASURING DEVICES on WAREWASHING machines must have a numerical scale, printed record, or digital readout in increments no greater than 2 degrees F or 1 degree Celsius in the intended range of use."

On 08/13/2025 at 12:07 PM, inside kitchen two the refrigerator temperature on the outside showed it was 51 degrees Fahrenheit (F). Inside the refrigerator was warm to touch. The thermometer inside was an internal oven thermometer and did not register the temperature inside the refrigerator as the lowest temperature was 100 degrees F.

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At 3:38 PM, Staff G stated the facility did not document their cleaning. Staff G stated the kitchen staff know what to clean every day and night shift staff were to mop the floors and wipe the counters. Staff G stated once a week the kitchen was deep cleaned that was typically on Fridays. Staff G stated the refrigerator and freezer doors were cleaned two times a week and were cleaned as the kitchen staff worked. Staff G stated the red buckets in the hand washing sinks were the bleach buckets that they used to sanitize the counters and food prepping areas. Staff G stated they kept the bleach buckets in the hand washing sink to prevent splashing on the food or the counters when they were preparing food. Staff G acknowledged that the bleach bucket solution was contaminated every time an employee washed their hands. Staff G stated the bleach bucket were to be washed every night in the dishwasher and be ready for the next day. Staff G acknowledged that the bleach buckets were not clean.

Food and nutrition services

On 08/12/2025 at 10:00 AM, during the resident group meeting, residents reported that the facility doesn't always follow the posted menu.

At 11:58, Staff G stated that when there are substitutions on the menu, Staff G will tell the front desk and then they will tell the residents when they are in the dining room for that meal. Staff G stated that they do not post anywhere when there are changes.

Record review of the facility's menus, dated 06/29/2025 through 08/09/2025, showed that meatball sub sandwiches were served on a weekly basis and classic mashed potatoes were provided two to three times each week.

Record review of the facility's menu, dated 08/10/2025 through 08/16/2025, showed that on 08/11/2025 breakfast was changed from sausage country gravy and biscuits to muffins. There was no documentation that any protein was replaced or provided.

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)

Angie Ray

Date 9/19/25

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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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 2 of 3 sampled staff (Staff C and D). This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 08/11/2025 at 12:15 AM, the department received the requested staff documents.

Staff C

Record review for Staff C, Medication Assistant, showed that Staff C was hired on 03/04/2024. Review of Staff C's TB test records showed documentation that the first step of the TB test was initiated on 03/14/2024 and read on 03/16/2024 and the second step of the TB test was initiated on 04/04/2024 and read on 04/06/2024. No documentation was found to show that a TB test for Staff C was initiated within three days of employment as required per regulation.

Staff D

Record review for Staff D, Medication Assistant, showed that Staff D was hired on 01/07/2025. Review of Staff D's TB test records showed documentation that the first step of the TB test was initiated on 01/29/2025 and read on 01/31/2025 and the second step of the TB test was initiated on 02/12/2025 and read on 02/15/2025. No documentation was found to show that a TB test for Staff D was initiated within three days of employment as required per regulation.

On 08/15/2025 @ 3:45 PM, Staff B, Charge Nurse, stated that TB tests are given to staff upon hire and then the second step is completed two weeks later.

On 08/20/2025 at 3:30 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff C and D were initiated late.

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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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 10/25/2025.

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

Administrator (or Representative)

Angie Ray

Date: 9/19/2025

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

- (1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was completed and/or documented for 3 of 9 sampled residents (Resident 3, 7, and 9). This failure placed these residents and/or their representative at risk of making uninformed decisions about placement with consideration of potential changes in their financial circumstances.

Findings included...

Resident 3 (R3)

During an unannounced licensing full inspection on 08/12/2025 at

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

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12:55 PM, R3's records showed that R3 was admitted to the facility on [REDACTED] /2025 with various diagnoses including [REDACTED].

Record review of R3's Assisted Living Resident Rental Agreement, signed and not dated, documented on page 4 of 15 "Medicaid payment policy: the facility may accept Medicaid residents at its sole discretion (and assuming appropriate funding is readily available). See Medicaid Disclosure Form." No Medicaid disclosure form was found or provided by the facility for R3.

Resident 7 (R7)

On 08/12/2024 at 2:20 PM, R7's records showed that R7 was admitted to the facility on [REDACTED] /2022 with various diagnoses including [REDACTED]

and [REDACTED]

Record review of R7's Assisted Living Resident Rental Agreement, signed on 10/05/2023, documented on page 4 of 15 "Medicaid payment policy: the facility may accept Medicaid residents at its sole discretion (and assuming appropriate funding is readily available). See Medicaid Disclosure Form." No Medicaid disclosure form was found or provided by the facility for R7.

Resident 9 (R9)

Record review of R9's untitled document, dated 08/12/2025, showed R9 moved into the facility on [REDACTED] /2014.

Record review of R9's Resident Rental Agreement, dated 07/24/2025, showed the Medicaid payment policy was not on its own separate page. It was in between the information about liability for damage to the community, and termination of rental agreement.

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On 08/20/2025 at 3:30 PM, Staff A, Executive director, stated the facility typically does have the Medicaid policy document on its own separate document. The facility was requested to send any further documentation for the residents' Medicaid policy for review by 08/21/2025 at 4:00 PM. No further documentation or Medicaid policies were provided by the facility.

Statement of Deficiencies

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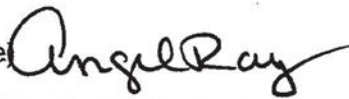
09/10/2025

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, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 10/25/2025.

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

Administrator (or Representative)



Date

9/19/2025