STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

02/12/2026

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) 72850 (Completion Date 02/12/2026) and 69488 (Completion Date 12/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/12/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

The Department staff who did the On Site verification:
Pamela Horlick, NCI RN Complaint Investigator

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E

Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Olympics West Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2494
Intake ID: 200983
Compliance Determination #: 69488
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 12/02/2025 through 12/22/2025
Complainant Contact Date(s):

Allegation(s):
Misappropriation of Property: Report of a resident missing money.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 7 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Maintenance staff Executive Director Resident Care Coordinator
Record Reviews:	State reporting log Incident investigation Facility policies Progress Notes Care Plan Maintenance Work order Rental Agreement Staff List

Investigation Summary:
Misappropriation of Property: Facility failed to have a locked compartment available in all resident rooms for them to utilize and store their belongings. Failed practice Identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

Statement of Deficiencies	License #: 2494	Compliance Determination # 69488
Plan of Correction	Olympics West Senior Living	Completion Date
Page 1 of 4	Licensee: SH1 Olympics West LLC	12/22/2025

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 complaint investigation on 12/02/2025 of:

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

This document references the following complaint number(s): 200983

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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

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 RN
Residential Care Services

12/26/2025
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.

Angie Ray
Administrator (or Representative)

12/30/25
Date

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to provide residents with a lockable drawer, cupboard or other secure space as required by regulation for 3 of 6 residents (Resident 1, 2, & 3). This failure resulted in residents being unable to lock up valuables, Resident 1 losing a large sum of cash and placed all residents at risk for theft and a decreased quality of life.

Findings included...

Resident 1 (R1)

Record review of facility records showed that R1 was admitted to the facility on [redacted]/2025.

Record review of R1's facility titled document, "Assisted Living Resident Rental Agreement," dated [redacted]/2025 showed each resident and resident representative has a right to request a lockable container or storage space for small items of personal property if room is not lockable with a key issued to the resident.

In an interview on 12/02/2025 at 3:10 PM, R1 stated they withdrew money on 10/30/2025. R1 stated there were two envelopes of money. They stated they had a safe in their room but no key to the safe. R1 stated they had requested a key from maintenance staff. R1 stated they stored the money in an unlocked nightstand while waiting for a key from staff for the safe. R1 stated they had nowhere else to lock up the money while waiting to get the key for the safe. R1 stated when they got the key for the safe, they went to grab the money from the unlocked nightstand and one of the envelopes, containing $4,000, was missing. R1 stated they reported it to the caregivers and that a caregiver must have reported it to management because management came up to talk to them. R1 stated it bothers them that it took 10 days to get a key. R1 stated they asked Staff C for a key two to three times. R1 stated they feel empty and sick and shame for being stupid and not locking it up right away.

Record review of facility work order, created by Staff D, Environmental Service Coordinator, on 10/30/2025 at 4:56 PM, documented R1 requested a key for the lock box. The work order showed "completed" by Staff C, Environmental Service Coordinator, on 11/04/2025 at 11:01 AM.

In an interview on 12/03/2025 at 8:54 AM, Staff D stated they opened the work order for a key for R1 after R1 had stopped them in the hall and told them they needed a key for the lockbox. Staff D stated they told R1 they would get them a key. Staff D stated they made a work order on 10/30/2025, the same day R1 requested the key. Staff D was asked how long it typically takes to get a key after one is requested, they stated not that long but sometimes there is an influx of work orders and they do the best they can to fulfill the work orders.

In an interview on 12/02/2025 at 4:13 PM, Staff C stated that when residents move in, they typically do not have a safe in their room to lock up their valuables. Staff C stated residents must request one and then they will install it. Staff C stated R1 may have already had a safe installed in their room and they may have just taken them the key. Staff C stated they couldn't remember. Staff C was asked if residents know they can request a safe, they stated that it is a good question. Staff C stated we don't have a safe for every single room in the building and that's why it is on request. Staff C stated not every resident has a locked compartment in their room. There is no locked drawer. Staff C stated the only lock is on the resident's door unless they request a lockbox.

In an interview on 12/04/2025 at 10:16AM, Staff C stated they don't have a list of resident rooms with safes. Staff C was asked how they track residents who have safes in their rooms, they stated that it is a good question and that they don't have a method to track that. Staff C was asked if the residents have any other way to lock up their belongings besides requesting a safe, they stated their front doors are lockable. Staff C stated there is nothing else that is lockable in the room.

Resident 2 (R2)

Record review of facility records showed that R2 was admitted to the facility on [redacted]/2022.

In an interview and observation on 12/04/2025 at 10:40 AM, R2 stated they don't have a safe in their room. R2 stated they do not have anywhere else to lock up their valuables. R2 stated if they had a safe, they would probably use it. In an observation of closet in living area and in the bedroom, there was no safe observed.

Resident 3 (R3)

Record review of facility records showed that R3 was admitted to the facility on [redacted]/2025.

In an interview and observation on 12/04/2025 at 10:25 AM, R3 stated they do not have a place to lock up their valuables. No safe observed to be in the closet.

In an interview on 12/02/2025 at 4:28 PM, Staff A, Executive Director, stated there are 62 assisted living residents in the facility and not all of them have a means of locking up their valuables. Staff A stated residents need to request one and they will then be provided with a safe with a key.

In an interview on 12/04/2025 at 10:47 AM, Staff B, Resident Care Coordinator, stated there are no other means for residents to lock their valuables up besides the resident locking their door and requesting a safe. Staff B stated not all the rooms in the facility have safes and that the residents need to request them. Staff B stated once they are requested from maintenance the safe should typically be provided same day.

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) 2/2/2026 .

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

Angel Ray — Administrator (or Representative)

12/30/25 — Date