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

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

RE: Olympics West Senior Living License # 2494

Dear Administrator:

This letter addresses Compliance Determination(s) 74625 (Completion Date 03/20/2026) and 70153 (Completion Date 01/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/20/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

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: 204094
Compliance Determination #: 70153
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 12/16/2025 through 01/23/2026
Complainant Contact Date(s):

Allegation(s):

1. Resident/Patient/client rights: Report of resident being denied medication services.
2. Quality of Care/Treatment: Report of resident being denied medication services.
3. Quality of Care/Treatment: Report of facility not administering medications to a resident.
4. Pharmaceutical Services: Report of facility not administering medications to a resident.

Investigation Methods:

Sample:	Total residents: 70 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Resident Care coordinator
Record Reviews:	State reporting log CarePlan Physician Orders Medication Administration Orders Self Administration of Medication Sheet

Investigation Summary:

1. Resident/Patient/client rights: While onsite for initial visit resident back on medication services with facility. Unable to substantiate failed practice.
2. Quality of Care/Treatment: While onsite for initial visit resident back on medication services with facility. Unable to substantiate failed practice.

3. Quality of Care/Treatment: Facility facility failed to administer ordered and prescribed medications to a resident. Failed practice identified.
4. Pharmaceutical Services: Facility facility failed to administer ordered and prescribed medications to a resident. 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

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 12/16/2025 and 01/16/2026 of:

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

This document references the following complaint number(s): 204094

The following sample was selected for review during the unannounced on-site visit: 3 of 70 current residents and 1 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

Statement of Deficiencies	License #: 2494	Compliance Determination # 70153
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Page 2 of 7	Licensee: SH1 Olympics West LLC	01/23/2026

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

Clinton Fridley RN
Residential Care Services

01/23/2026
Date

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

Angel Bay
Administrator (or Representative)

1/27/26
Date

WAC 388-78A-2210 Medication services.

(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 medicaton 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 residents received medications as prescribed for 1 of 3 sampled residents (Resident 3 [R3]). This failure resulted in R1 not receiving medications as prescribed and placed R1 at risk for increased anxiety, confusion, depression, and a decreased quality of life.

Findings included...

Record review of the facility policy titled, "Medication, non-availability of," dated 11/2017, showed the community will make every reasonable effort to ensure that medications are available as prescribed, for each resident.

Record Review of R1's face sheet, dated 12/17/2025, showed R1 admitted to the facility on [redacted]/2024 with the diagnosis of [redacted]

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

Residential Care Services _____ Date _____

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 _____

WAC 388-78A-2210 Medication services.

(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 residents received medications as prescribed for 1 of 3 sampled residents (Resident 3 [R3]). This failure resulted in R1 not receiving medications as prescribed and placed R1 at risk for increased anxiety, confusion, depression, and a decreased quality of life.

Findings included…

Record review of the facility policy titled, “Medication, non-availability of,” dated 11/2017, showed the community will make every reasonable effort to ensure that medications are available as prescribed, for each resident.

Record Review of R1’s face sheet, dated 12/17/2025, showed R1 admitted to the facility on [redacted]/2024 with the diagnosis of [redacted]

[redacted] to get the diagnosis

Record review of R1's Individual Service plan, facility's version of the Negotiated Service Agreement, dated 12/03/2025, showed R1 has an order for the community to administer medications and the resident uses the community's preferred pharmacy partner/preferred packaging.

Existing Order

In an interview on 12/16/2025 at 10:25 AM, R1 stated that they have not been getting their full dose of Ziprasadone (used to treat symptoms of mental disorders including schizophrenia, mania, or bipolar) and that their awareness has been off. R1 stated they can't remember things, was confused and their depression and anxiety has increased. R1 stated they are not sleeping well and are hearing increased voices. R1 stated that they have been getting their nightly dose of 100 milligrams (mg) but not their daytime dose of 40mg. R1 stated when they receive their full dose they sleep well.

In an interview with on 12/17/2025 at 3:19PM, Staff A, Resident Care Coordinator, stated that R1 previously had been self-administering their medications but on 11/26/2025 went back to having the facility administer their medications.

Record review of R1's Medication Administration Record (MAR), dated November 2025, showed an order for Ziprasidone 40mg one capsule by mouth daily. The medication was not given from 11/26/2025 through 11/30/2025.

In an interview on 01/09/2026 at 3:48PM, Staff A stated they don't know why R1 didn't receive their 40mg dose of Ziprasidone from 11/26/25 through 11/30/2025. Staff A stated there was no order to discontinue the 40 mg dose of Ziprasidone and R1 should have been receiving it.

Record review of R1's MAR, dated December 2025, did not show an order for Ziprasidone 40mg.

In an interview on 12/17/2025 at 3:19PM, Staff A stated they didn't know what happened to the order of Ziprasidone 40 mg after November 2025 and will call the pharmacy to get more information.

Record review of an email from the pharmacy to Staff A, dated 12/19/2025 at 11:25AM, showed that the 40 mg capsule was replaced with an 80 mg version. A new order for the 80 mg capsule should have been created instead it replaced the existing order for the 40mg capsule.

In an interview on 01/09/2026 at 3:48PM, Staff A stated Staff B overwrote the order for Ziprasidone 40 mg with a new order of 80 mg. Staff A stated Staff B should not have done that and should have communicated with the Health Services Director (HSD) if there was confusion. Staff A stated there is a problem with the process. Staff A stated the HSD was responsible for ensuring the order was inputted correctly and should have reviewed the order. Staff B stated that, to their knowledge, the HSD had not been reviewing the orders.

New Order

In an interview on 01/08/2025 at 2:30PM, R1 stated that they saw their mental health provider in December and new orders were written with new dosages of the Ziprasidone. R1 stated that they still are not getting their newly prescribed dose of Ziprasidone. R1 stated that they were ordered to take 120 mg and work up to 140 mg. R1 stated they are only taking 100 mg. R1 stated the facility still doesn't have the correct order. R1 stated they are frustrated, more depressed and more anxious.

In an interview on 12/19/2025 at 10:23 AM, Collateral Contact 1 (CC1), Registered Nurse, stated R1 had come in yesterday [12/18/2025] to see the provider and the provider was re-titrating R1's Ziprasidone. CC1 stated a new order for Ziprasidone was written for R1 to take 120 mg for seven days then R1 would take 140 mg after that. CC1 stated they sent the new orders to the pharmacy that R1 uses.

Record review of R1's outside provider visit note, dated 12/18/2025, showed R1 was ordered to take two capsules of 20 mg Ziprasidone for seven days then three capsules for 90 days along with 80 mg Ziprasidone for a total of 120 mg for seven days and then the order would increase to 140 mg for 90 days.

Record review of R1's MAR, dated December 2025, did not show a new order for the Ziprasidone that was written on 12/18/2025.

In an interview on 01/08/2025 at 1:49 PM, Staff A stated they were unaware of new orders that were written for R1 on 12/18/2025.

In an interview on 01/09/2026 at 3:48 PM, Staff A stated there was an order placed into the system by R1's pharmacy on 12/17/2025. Staff A stated the pharmacy profiled the new order and it was dismissed from the system by a med tech who marked it as a duplicate order the same day. Staff A stated the med tech should not have dismissed the order by marking it as a duplicate because it was not a duplicate. Staff A stated the med tech should have contacted the HSD and should have immediately called the pharmacy and requested the order for review. Staff A stated there is no documentation that the med tech called the pharmacy to request a copy of the order. Staff A stated the process is when the med tech sees an order in the computer they are to call the pharmacy to get the order. Staff A stated by the med tech dismissing the order, R1 did not get the correct dosage that the doctor had intended. Staff A stated there is a major lapse in leadership in the department.

In an interview on 01/08/2026 at 3:45 PM, Staff A stated there is a breakdown somewhere. Staff A stated the HSD ultimately is responsible to ensure R1 had their prescribed medications. They were to supervise the department. They were responsible for overseeing the incoming orders, outgoing orders, the MAR's, conflicting medications, the med carts, the med techs, distribution of medications and medication errors. Staff A stated they were to oversee anything clinical and they dropped the ball.

In an interview on 01/16/2026 at 11:56 AM, Staff B, Assistant Health Services Director stated it is not acceptable for a resident to go without their medications.

Statement of Deficiencies	License #: 2494	Compliance Determination # 70153
Plan of Correction	Olympics West Senior Living	Completion Date
Page 7 of 7	Licensee: SH1 Olympics West LLC	01/23/2026

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Olympics West Senior Living is or will be in compliance with this law and / or regulation on (Date) 2/26/2026.

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

Angel Ray — Administrator (or Representative)

1/26/2026 — Date

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)_____ .

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

_____ _____

Administrator (or Representative) Date