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

SSL Bellingham Subtenant LLC
Silverado Bellingham
4400 Columbine Dr
Bellingham, WA 98226

RE: Silverado Bellingham License # 2517

Dear Administrator:

This letter addresses Compliance Determination(s) 82874 (Completion Date 08/26/2026) and 79431 (Completion Date 07/08/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/26/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2160

The Department staff who did the on-site verification:
Syng To, ALF Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Silverado Bellingham
Provider Type: Assisted Living Facility
License/Cert.#: 2517
Compliance Determination #: 79431
Intake ID: 229077
Investigator: Syng To
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 06/23/2026 through 07/08/2026
Complainant Contact Date(s): 06/23/2026, 06/24/2026

Allegation(s):

1) The Named Resident (NR) died from choking due to not receiving assistance during mealtime as agreed upon at the Assisted Living Facility (ALF).
2) NR received delayed assistance during choking episode.
3) The ALF did not order swallow test intervention for NR.
4) The ALF refused camera to be placed in NR's room.
5) The ALF delayed medical records release to NR's Representative.

Investigation Methods:

Sample:	Total residents: 83 Resident sample size: 5 Closed records sample size: 1
Observations:	Residents Facility
Interviews:	Resident Representatives Staff Administration
Record Reviews:	Facility Staff Residents

Investigation Summary:

1) Interviews and record reviews showed NR's negotiated service plan was not implemented during mealtime as agreed upon. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2160.
2) Interviews and record reviews showed the ALF staff provided immediate assistance, called 911 and followed policies and procedures. No failed practice was identified.
3) Interviews and record reviews showed NR did not indicate condition that require swallow test evaluation during their stay at the ALF. No failed practice was identified.
4) Interviews and record reviews showed the ALF followed policies and procedures. The camera was removed by NR's Representative. No failed practice was identified.
5) Interviews and record reviews showed the ALF provided NR's records and

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equivalence to NR’s Representative within required timeframes. No failed practice was identified.

Conclusion / Action:

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

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

The department completed data collection for an unannounced on-site complaint investigation on 06/23/2026 and 06/29/2026 of:

Silverado Bellingham
4400 Columbine Dr
Bellingham, WA 98226

This document references the following complaint number(s): 229077, 229351

The following sample was selected for review during the unannounced on-site visit: 5 of 83 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

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

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Statement of Deficiencies	License #: 2517	Compliance Determination # 79431
Plan of Correction	Silverado Bellingham	Completion Date
Page 2 of 3	Licensee: SSL Bellingham Subtenant LLC	07/08/2026

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.

Jamie Singer
Residential Care Services

07/16/2026
Date

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

Administrator (or Representative)

07/23/2026
Date

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

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement (NSA) for 1 of 3 residents (Resident 1). This failure resulted in Resident 1 not receiving needed interventions and may have contributed to a choking episode.

Findings included...

Record review of a Negotiated Service Plan (NSP- equivalent to a NSA), dated 06/02/2026, showed that Resident 1 was admitted to the ALF on [redacted]/2026. The NSA showed Resident 1 required reminding and cueing assistance to maintain adequate food intake during mealtime.

Record review of an Incident Report (IR), dated [redacted]/2026, showed Resident 1 was found choking with airway obstruction during dinner time and was later pronounced deceased during emergency response procedure at the ALF.

In an interview, on 06/23/2026 at 12:06 PM, Staff A (Director of Health Services) stated that Resident 1 did not receive any assistance during dinner on [redacted]/2026 and they did not require any.

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Plan of Correction	Silverado Bellingham	Completion Date
Page 3 of 3	Licensee: SSL Bellingham Subtenant LLC	07/08/2026

In an interview, on 6/23/2026 at 2:32 PM, Staff B (Registered Nurse) stated that no assistance was provided to Resident 1 during dinner on [redacted]/2026 because they did not require any.

In an interview, on 06/23/2026 at 2:46 PM, Staff C (Caregiver) stated that no reminding or cueing assistance was provided to Resident 1 during dinner on [redacted]/2026 because Resident 1 did not require any and was independent for eating.

In an interview, on 06/29/2026 1:09 PM, Staff A stated that the ALF did not have any documentation records to show that reminding and cueing assistance had been provided in adhering to the NSP dated 06/02/2026 because Resident 1 could eat by themselves and did not need cueing or reminding during dinner time at the ALF.

In an interview, on 06/29/2026 3:19 PM, Staff D (Caregiver) confirmed they were assigned as Resident 1's Caregiver for the evening on [redacted]/2026 and no assistance was provided to Resident 1 during dinner because Resident 1 was eating in the main dining room where residents did not require assistance during mealtime.

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, Silverado Bellingham is or will be in compliance with this law and / or regulation on (Date) 07/31/2026 .

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

Administrator (or Representative) 07/23/2026 Date

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