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

Soundview Rehabilitation and Health Care Inc
Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

RE: Rosario Assisted Living License # 2528

Dear Administrator:

This letter addresses Compliance Determination(s) 72952 (Completion Date 02/13/2026) and 68762 (Completion Date 12/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/13/2026 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-2305-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2150-2, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 11/14/2025 of:
Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

This document references the following SOD dated: 12/16/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2528	Compliance Determination #68762
Plan of Correction	Rosario Assisted Living	Completion Date
Page 2 of 9	Licensee: Soundview Rehabilitation and Health Care Inc	12/16/2025

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.

Jamie Singer
Residential Care Services

12/30/2025
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.

Administrator (or Representative)

1/9/2026
Date

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 observation and interview, the Assisted Living Facility (ALF) failed to ensure food served to residents was maintained at a safe temperature. This failure placed all residents at risk of a food borne illness.

Findings included...

Note: Washington Administrative Code (WAC) 246-215-03525, Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time was 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: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or

The ALF consisted of five resident cottages: Rainier, Erie, Denali, Adams, and Baker. The food for the residents who lived in the cottages was cooked in a separate building, put into thermal carts, and delivered to a Bistro serving area in the cottages where staff would dish up the food and serve it to the residents.

Review of the weekly menu, dated 11/14/2025, showed the lunch entrée was sour cream crusted fish, lemon chive rice, and sauteed spinach.

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

12/30/2025
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.

Administrator (or Representative)

Date

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(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 observation and interview, the Assisted Living Facility (ALF) failed to ensure food served to residents was maintained at a safe temperature. This failure placed all residents at risk of a food borne illness.

Findings included...

Note: Washington Administrative Code (WAC) 246-215-03525. Temperature and time control—Time/temperature control for safety food, hot and cold holding (Food and Drug Administration Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time was 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: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or

The ALF consisted of five resident cottages: Rainier, Erie, Denali, Adams, and Baker. The food for the residents who lived in the cottages was cooked in a separate building, put into thermal carts, and delivered to a Bistro serving area in the cottages where staff would dish up the food and serve it to the residents.

Review of the weekly menu, dated 11/14/2025, showed the lunch entrée was sour cream crusted fish, lemon chive rice, and sauteed spinach.

On 11/14/2025 at 12:32 PM, in the Baker cottage, the sour cream crusted fish had a temperature of 134.0 degrees F.

In an interview, on 11/14/2025 at 12:28 PM, Staff B (Caregiver) stated that the food is brought to the cottage in a thermal box and the box does not plug in to keep the food warm.

At 12:43 PM, in the Adams cottage, Staff C (Caregiver) was observed heating three plates of food in the microwave. Staff C did not take the temperature of the food prior to serving it to the residents.

At 12:46 PM, in the Adams cottage, prior to Staff C heating up the food in the microwave, the sour cream crusted fish had a temperature of 120.0 degrees F and the sauteed spinach had a temperature of 80.0 degrees F.

In an interview, on 11/14/2025 at 12:51 PM, Staff C stated that they took the temperature of the sauteed spinach before they heated the food in the microwave and it did not meet the required temperature. Staff C stated that they don't have a plug-in cart to keep the food warm and that is why they microwave the food before serving it to the residents.

In an interview, on 11/14/2025 1:42 PM, Staff A (Executive Director) confirmed the temperature of the food was too cold. Staff A stated that the ALF did get a warming cart, and it was supposed to be used in the Adams and Baker cottages because those cottages don't have a steam table to keep the food warm.

This is an uncorrected deficiency previously cited on 09/25/2025.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) ~~2/7/2026~~ 1/30/2026

SB confirmed amended POC date with Provider on 1/12/2026.

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

Administrator (or Representative) — Date: 1/8/26

On 11/14/2025 at 12:32 PM, in the Baker cottage, the sour cream crusted fish had a temperature of 134.0 degrees F.

In an interview, on 11/14/2025 at 12:28 PM, Staff B (Caregiver) stated that the food is brought to the cottage in a thermal box and the box does not plug in to keep the food warm.

At 12:43 PM, in the Adams cottage, Staff C (Caregiver) was observed heating three plates of food in the microwave. Staff C did not take the temperature of the food prior to serving it to the residents.

At 12:46 PM, in the Adams cottage, prior to Staff C heating up the food in the microwave, the sour cream crusted fish had a temperature of 120.0 degrees F and the sauteed spinach had a temperature of 80.0 degrees F.

In an interview, on 11/14/2025 at 12:51 PM, Staff C stated that they took the temperature of the sauteed spinach before they heated the food in the microwave and it did not meet the required temperature. Staff C stated that they don't have a plug-in cart to keep the food warm and that is why they microwave the food before serving it to the residents.

In an interview, on 11/14/2025 1:42 PM, Staff A (Executive Director) confirmed the temperature of the food was too cold. Staff A stated that the ALF did get a warming cart, and it was supposed to be used in the Adams and Baker cottages because those cottages don't have a steam table to keep the food warm.

This is an uncorrected deficiency previously cited on 09/25/2025.

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, Rosario Assisted 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

WAC 388-78A-2474 Training and home care aide certification requirements.

(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:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 staff members (Staff B, D, E, F and G) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed all residents in the ALF at risk of not receiving proper care and services from staff members.

Findings included... .

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed the ALF hired Staff D (Caregiver) on 04/22/2025. Staff D had no record of basic training as of 231 days after their date of hire.

In an interview, on 11/14/2025 at 1:51 PM, Staff A (Executive Director) confirmed that Staff D did not complete their basic training because they thought Staff D had one year

to complete the course.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Record review of staff records showed the ALF hired Staff B (Caregiver) on 03/11/2025. Staff B's file had no documentation of CPR and first aid hands-on skills training.

Record review of staff records showed the ALF hired Staff D (Caregiver) on 04/22/2025. Staff D's file had no documentation of CPR and first aid hands-on skills training.

Record review of staff records showed that the ALF hired Staff E (Caregiver) on 07/01/2025. Staff E's file had no documentation of CPR and first aid hands-on skills training.

Record review of staff records showed the ALF hired Staff F (Medication Technician) on 05/17/2023. Staff F's file had no documentation of CPR and first aid hands-on skills training.

Record review of staff records showed the ALF hired Staff G (Caregiver) on 09/06/2022. Staff G's file had no documentation of CPR and first aid hands-on skills training.

In an interview, on 11/14/2025 at 1:52 PM, Staff A stated that the ALF offered the same CPR and first aid training. Staff A stated that they did not know why the CPR and first aid certification cards did not show hands-on skills training was completed. Staff A stated that an in-person CPR and first aid class was scheduled at the ALF in December.

This is an uncorrected deficiency for subsections (b) and (d) previously cited on 09/25/2025.

Plan/Attestation Statement

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SB confirmed amended POC date with Provider on 1/12/2026.

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

Administrator (or Representative) — Date: 1/8/26

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 2 of 2 sampled residents (Resident 1 and 2) received family assistance with medications. This failure placed Resident 1 and 2 at risk for compromised health conditions if their family member was unavailable to assist.

Findings included...

Record review of the ALF's policy titled, "Medication Management", dated 10/19/2024, showed family assistance with medication was allowed if the provisions in Washington

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

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(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 2 of 2 sampled residents (Resident 1 and 2) received family assistance with medications. This failure placed Resident 1 and 2 at risk for compromised health conditions if their family member was unavailable to assist.

Findings included...

Record review of the ALF's policy titled, "Medication Management", dated 10/18/2024, showed family assistance with medication was allowed if the provisions in Washington

Administrative Code 388-78A-2290 were followed and a written back up plan was in the resident record.

Resident 1

Record review of an undated face sheet showed the ALF admitted Resident 1 on [redacted]/2023 with multiple medical diagnoses.

Record review of an Assessment and Service Plan, dated 05/19/2025, showed Resident 1 would have over the counter medication provided by family, with a back-up plan of the ALF's community pharmacy.

Record review showed there was no written plan that detailed which of Resident 1's family members were responsible for obtaining the medications, which medications would be provided by the family member, an alternate plan if the family member was unable to fulfill their duties, and an emergency contact person with a telephone number if the ALF observed any changes in the resident that may relate to the medication plan, and no signed documents that indicated the family or the ALF was in agreement with this plan.

Resident 2

Record review of an undated face sheet showed Resident 2 was admitted to the ALF on [redacted]2024 with multiple medical diagnoses.

Record review of Electronic Medication Administration Record (EMAR) Progress Notes, dated 09/01/2025 to 09/19/2025, showed staff did not administer Resident 2's d-mannose (a medication used to prevent urinary tract infections) due to "pending delivery from son" on 09/13/2025, 09/14/2025, 09/16/2025, 09/17/2025, 09/18/2025 and 09/19/2025.

Record review showed there was no written plan that detailed which of Resident 2's family members were responsible for obtaining the medications, which medications would be provided by the family member, an alternate plan if the family member was unable to fulfill their duties, and an emergency contact person with a telephone number if the ALF observed any changes in the resident that may relate to the medication plan, and no signed documents that indicated the family or the ALF was in agreement with this plan.

In an interview, on 11/14/2025 at 1:56 PM, Staff A (Executive Director) confirmed Residents 1 and 2 did not have a written plan for family members assisting them with their medications.

Statement of Deficiencies	License # 2528	Compliance Determination # 63762
Plan of Correction	Rosario Assisted Living	Completion Date
Page 8 of 9	Licensee: Soundview Rehabilitation and Health Care Inc	12/16/2025

This is an uncorrected deficiency previously cited on 09/25/2025.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) 1/30/2026

SB confirmed amended POC date with Provider on 1/12/2026.

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

Administrator (or Representative) 1/8/26 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSA's) were signed by the resident or their representative and an authorized facility representative for 3 of 4 residents (Residents 3, 4, and 5). This failure placed Residents 3, 4, and 5 at risk of receiving care that was not agreed to and did not support their needs and preferences.

Findings included...

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Service Plan (equivalent to NSA), dated 05/13/2025, showed no signature for Resident 3 or their representative or an authorized facility representative.

This is an uncorrected deficiency previously cited on 09/25/2025.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSA's) were signed by the resident or their representative and an authorized facility representative for 3 of 4 residents (Residents 3, 4, and 5). This failure placed Residents 3, 4, and 5 at risk of receiving care that was not agreed to and did not support their needs and preferences.

Findings included...

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Service Plan (equivalent to NSA) , dated 05/13/2025, showed no signature for Resident 3 or their representative or an authorized facility representative.

Statement of Deficiencies	License # 2528	Compliance Determination # 68762
Plan of Correction	Rosario Assisted Living	Completion Date
Page 9 of 9	Licensee: Soundview Rehabilitation and Health Care Inc	12/16/2025

Resident 4

Record review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]2024 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/19/2025, showed no signature for Resident 4 or their representative or an authorized facility representative.

Resident 5

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]2023 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/19/2025, showed no signature for Resident 5 or their representative or an authorized facility representative.

In an interview, on 11/14/2025 at 1:18 PM, Staff H (Wellness Director) confirmed the Service Plans for Residents 3, 4, and 5 were not signed by the residents, their representative or an authorized facility representative.

This is an uncorrected deficiency previously cited on 09/25/2025.

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, Rosario Assisted Living is or will be in compliance with this law and / or regulation on (Date) ~~2/1/26~~ 1/30/2026

SB confirmed amended POC date with Provider on 1/12/2026.

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

Administrator (or Representative) — Date: 1/8/26

Resident 4

Record review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/19/2025, showed no signature for Resident 4 or their representative or an authorized facility representative.

Resident 5

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/19/2025, showed no signature for Resident 5 or their representative or an authorized facility representative.

In an interview, on 11/14/2025 at 1:18 PM, Staff H (Wellness Director) confirmed the Service Plans for Residents 3, 4, and 5 were not signed by the residents, their representative or an authorized facility representative.

This is an uncorrected deficiency previously cited on 09/25/2025.

Plan/Attestation Statement

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Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2528	Compliance Determination # 65831
Plan of Correction	Rosario Assisted Living	Completion Date
Page 1 of 16	Licensee: Soundview Rehabilitation and Health Care Inc	09/25/2025

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 the unannounced on-site full inspection on 09/18/2025, 09/19/2025 and 09/22/2025 of:
Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

The following sample was selected for review during the unannounced on-site visit: 9 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
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Statement of Deficiencies	License #: 2528	Compliance Determination # 65831
Plan of Correction	Rosario Assisted Living	Completion Date
Page 2 of 16	Licensee: Soundview Rehabilitation and Health Care Inc	09/25/2025

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.

Jamie Singer
Residential Care Services

9/30/2025
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.

Administrator (or Representative)

10/9/25
Date

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 observation and interview, the Assisted Living Facility (ALF) failed to ensure food served to residents was maintained at a safe temperature. This failure placed 63 residents at risk of a food borne illness.

Findings included...

Note: Washington Administrative Code (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 was 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: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or

The ALF consisted of five resident cottages: Rainier, Erie, Denali, Adams, and Baker. The food for the residents who lived in the cottages was cooked in a separate building, put into thermal carts, and delivered to a Bistro serving area in the cottages where staff would dish up the food and serve it to the residents.

Review of the weekly menu, dated 09/22/2025, showed the lunch entrée was roasted lemon chicken, rice pilaf, and chef's steamed vegetables which consisted of green

beans, carrots, and corn. The ALF had alternate menu options for residents who did not want to eat the entrée.

On 09/22/2025 at 12:03 PM, in the Bistro, the steamed vegetables had a temperature of 128.8 degrees Fahrenheit (F).

On 09/22/2025 at 12:16 PM, in the Adams Cottage, the lemon chicken had a temperature of 112 degrees F, the steamed vegetables had a temperature of 110.4 F, and the rice pilaf had a temperature of 111.4 F.

In an interview, on 09/22/2025 at 12:14 PM, Staff H, Medication Technician, stated that they do not take the temperature of the food when it comes to the cottage. Staff H stated that the main kitchen took the temperature of the food before it was brought to the cottage.

On 09/22/2025 at 12:20 PM, Resident 9 stated that they often received their meals after 12:30 PM and when the food arrived to their room, it was cold. Resident 9 stated the cold food made the food unappetizing.

On 09/22/2025 at 12:46 PM, Resident 9 received their alternate lunch meal, a hamburger with cheese, in their room located in Rainier Cottage. The temperature of the inside of the hamburger was 101 F.

In an interview, on 09/22/2025 at 5:29 PM, Staff A, Executive Director, confirmed the temperature of the food was too cold. Staff A stated that a warming cart that plugs into the wall had been ordered and would be at the ALF the next day.

Plan/Attestation Statement

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Administrator (or Representative) 10/9/25 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(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:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 staff members (Staff B, C, D, E and F) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed all 63 residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed the ALF hired Staff D, Caregiver, on 04/22/2025. Staff D had no record of basic training as of 150 days after their date of hire.

In an interview, on 09/19/2025 at 10:05 AM, Staff A, Executive Director, stated that Staff D had not finished their basic training yet.

In an interview, on 09/22/2025 at 2:00 PM, Staff D stated that they had not completed

their basic training yet due to extenuating circumstances.

SPECIALTY TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of the ALF's Resident Characteristic Roster, dated 09/05/2025, showed 41 residents living in the ALF had a [redacted] diagnosis and five residents living in the ALF had a [redacted] diagnosis.

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Review of staff records showed the ALF hired Staff D, Caregiver, on 04/22/2025. Staff D had no record of dementia or mental health training as of 150 days after their date of hire.

In an interview, on 09/19/2025 at 10:05 AM, Staff A stated that Staff D had not completed their dementia or mental health specialty training yet.

In an interview, on 09/22/2025 at 2:02 PM, Staff D stated that they had not had dementia or mental health training yet, but that they were now scheduled for these two classes later in the month.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health

Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 06/01/2025. Staff B had current CPR/first aid training by cprcare.com, a company that offers online CPR and first aid training and certification. Review of the company's website showed that if hands on training was provided through a blended program, the certification card would state "hands-on". Staff B's certification card did not have a "hands-on" statement.

Review of staff records showed the ALF hired Staff C, Caregiver, on 03/11/2025. Staff C had current CPR/first aid training by cprcare.com. Staff C's certification card did not have a "hands-on" statement.

Review of staff records showed the ALF hired Staff D, Caregiver, on 04/22/2025. Staff D's CPR/first aid certification of completion from the American Red Cross showed their training was completed online only.

Review of staff records showed the ALF hired Staff E, Medication Technician, on 05/17/2023. Staff E had current CPR/first aid training by cprcare.com. Staff E's certification card did not have a "hands-on" statement.

Review of staff records showed the ALF hired Staff F, Caregiver, on 09/06/2022. Staff F had current CPR/first aid training by cprcare.com. Staff F's certification card did not have a "hands-on" statement.

In an interview, on 09/19/2025 at 10:10 AM, Staff A stated that staff would complete CPR/first aid training online and then an instructor would come to the ALF to teach hands on skills, therefore all staff should have two CPR/first aid cards. Staff A stated they would look for Staff B, C, D, E, and F's second CPR card showing they received hands on skill training.

In an interview, on 09/22/2025 at 1:57 PM, Staff E stated that they renewed their CPR certification through an online only training class.

In an interview, on 09/22/2025 at 2:02 PM, Staff D stated that they recently took an online only CPR class. Staff D denied any hands-on skills training.

In an interview, on 09/22/2025 at 5:29 PM, Staff A confirmed they were unable to find documentation showing Staff B, C, D, E, and F had hands on CPR/first aid skill training.

12 HOURS CONTINUING EDUCATION (CE)

NOTE: WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education? (1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. The Department of Social and Health Services (DSHS) must approve continuing education curricula and instructors.

NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide (HCA); (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

Review of staff records showed that the ALF hired Staff E, Medication Technician, on 05/17/2023. Staff E had no record of any completed DSHS approved CE in the time period between their birthday in 2023 and their birthday in 2024.

Review of staff records showed that the ALF hired Staff F, Caregiver, on 09/06/2022. Staff F had no record of any completed DSHS approved CE in the time period between their birthday in 2023 and their birthday in 2024.

In an interview, on 09/22/2025 at 1:57 PM, Staff E stated that they had a login for the ALF's online CE program and they may have started a couple of CE courses, but that management would have an official record of all their CE certificates.

In an interview on 09/18/2025 at 3:07 PM, Staff A stated that they had recently changed the CE program they offer to their staff and had not realized the training provided by this program was not approved to be used as ALF CE by DSHS.

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Administrator (or Representative) Date 10/9/25

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 1 of 9 residents (Resident 9). This failure resulted in Resident 9 not receiving their medication as prescribed and placed them at risk of harm when they received medication out of parameters (instructions on when to give or hold a medication based on vital signs).

Findings included...

Review of the ALF's undated policy titled, "Medication Administration", showed medication administration would be provided to residents in a manner that was safe and by the route directed through the primary care provider's (PCP) orders. The policy showed that residents would be assisted with oral medication administration according to the PCP's instructions.

Review of an undated face sheet showed Resident 9 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted]

Review of an Assessment, dated 04/30/2025, showed Resident 9 required medication administration by ALF staff.

Review of the Electronic Medication Administration Record (EMAR), dated 08/19/2025 to 09/19/2025, showed Resident 9 was prescribed midodrine (a medication used to treat orthostatic hypotension by narrowing the blood vessels to help increase blood pressure) three times a day with instructions to hold for blood pressure over 110/60.

Review of an EMAR, dated 08/19/2025 to 09/19/2025, showed Resident 9 was given their dose of midodrine when their blood pressure was over 110/60, 34 times. The EMAR showed Resident 9 received their midodrine when their blood pressure was recorded at 116/67 on 08/20/2025 evening (PM); 114/68 on 08/22/2025 morning (AM); 122/68 on 08/22/2025 afternoon (noon); 122/68 on 08/22/2025 PM; 124/67 on 08/23/2025 AM; 118/72 on 08/23/2025 noon; 126/78 on 08/23/2025 PM; 120/60 on 08/25/2025 AM; 120/68 on 08/25/2025 PM; 122/47 on 08/27/2025 noon; 113/50 on 08/27/2025 PM; 120/50 on 08/29/2025 AM; 112/67 on 08/30/2025 AM; 118/72 on 08/30/2025 noon; 116/70 on 08/30/2025 PM; 116/70 on 08/31/2025 AM; 116/70 on 08/31/2025 PM; 120/50 on 09/03/2025 PM; 111/46 on 09/04/2025 PM; 118/69 on 09/05/2025 AM; 114/64 on 09/05/2025 noon; 112/68 on 09/05/2025 PM; 117/67 on 09/06/2025 AM; 126/70 on 09/06/2025 noon; 134/63 on 09/06/2025 PM; 134/78 on 09/07/2025 AM; 134/78 on 09/07/2025 noon; 112/58 on 09/09/2025 AM; 121/62 on 09/09/2025 noon; 143/65 on 09/12/2025 PM; 128/70 on 09/14/2025 noon; and 154/75 on 09/14/2025.

In an interview, on 09/22/2025 at 3:50 PM, Staff G, Wellness Director, stated that Resident 9's midodrine parameters were included in the order section of the EMAR. Staff G stated that their EMAR system would usually alert staff if parameters were out of bounds, but staff should still be reading the order, so they were not sure why Resident 9 had been receiving their midodrine when their blood pressure was already high.

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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 Assisted Living Facility (ALF) failed to obtain medications in a timely manner for 1 of 9 residents (Resident 9). This failure resulted in Resident 9 not receiving prescribed medications and placed them at risk of medical complications.

Findings included...

Review of the ALF's undated policy, titled "Medication Non-Availability", showed the ALF would make every reasonable effort to ensure that medications were available as prescribed.

Review of an undated face sheet showed Resident 9 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of an Assessment, dated 04/30/2025, showed Resident 9 required medication administration by ALF staff and these medications would be ordered through the ALF's contracted pharmacy.

Review of the Electronic Medication Administration Record (EMAR), dated 06/01/2025 to 09/19/2025, showed Resident 9 was prescribed amitriptyline (a medication used to treat depression) once a day; atorvastatin (a medication used to lower cholesterol in the blood reducing the risk of heart attacks and strokes) once a day; d-mannose (a medication used to prevent urinary tract infections) twice a day; Xarelto (a medication used to treat and prevent blood clots) once a day; and ziprasidone (a medication used to treat certain mental health disorders) once a day.

Review of the EMAR, dated 06/01/2025 through 09/05/2025, showed that Resident 9's amitriptyline was marked as not given due to medication unavailability for a total of 15 doses; atorvastatin was marked as not given due to medication unavailability for a total of 5 doses; d-mannose was marked as not given due to medication unavailability for a total of 17 doses; Xarelto was marked as not given due to medication unavailability for a total of 15 doses; and ziprasidone was marked as not given due to medication unavailability for a total of 10 doses.

In an interview, on 09/22/2025 at 3:47 PM, Staff G, Wellness Director, stated that they were aware that Resident 9 had some issues with medication availability because the resident was coming on and off of hospice, and there were issues with the family bringing medications.

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WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 2 of 2 sampled residents (Resident 6 and 9) received family assistance with medications. This failure placed Resident 6 and 9 at risk for compromised health conditions if their family member was unavailable to assist.

Findings included...

Record review of the ALF's policy titled, "Medication Management", dated 10/18/2024,

showed family assistance with medication was allowed if the provisions in Washington Administrative Code 388-78A-2290 were followed and a written back up plan was in the resident record.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple medical diagnoses.

Record review of an Assessment and Service Plan, dated 05/19/2025, showed Resident 6 would have over the counter medication provided by family, with a back-up plan of the ALF's community pharmacy.

Record review showed there was no written plan that detailed which of Resident 6's family members was responsible for obtaining the medications, which medications would be provided, and no signed documents that indicated family or ALF agreement with the plan.

Resident 9

Record review of an undated face sheet showed Resident 9 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses.

Record review of Electronic Medication Administration Record (EMAR) Progress Notes, dated 09/01/2025 to 09/19/2025, showed staff did not administer Resident 9's d-mannose (a medication used to prevent urinary tract infections) due to "pending delivery from son" on 09/13/2025, 09/14/2025, 09/16/2025, 09/17/2025, 09/18/2025, and 09/19/2025.

Record review showed there was no written plan that detailed which of Resident 9's family members by name were responsible for obtaining the medications, which medications would be provided by the family member, an alternate plan if the family member was unable to fulfill their duties, and an emergency contact person with a telephone number if the ALF observed any changes in the resident that may relate to the medication plan, and no signed documents that indicated the family or the ALF was in agreement with this plan.

In an interview, on 09/22/2025 at 12:35 PM, Staff G, Wellness Director, stated that the ALF did not have documentation to outline the details of a family assistance medication plan.

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WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSAs) were signed by the resident or their representative and an authorized facility representative for 9 of 9 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8 and 9). This failure placed Residents 1, 2, 3, 4, 5, 6, 7, 8 and 9 at risk of receiving care that was not agreed to and did not support their needs and preferences.

Findings included...

Resident 1

Record review of an undated face sheet showed the ALF admitted Resident 1 on [redacted]/2025 with multiple medical diagnoses.

Record review of a Service Plan (equivalent to an NSA), dated 05/30/2025, showed no signature for Resident 1, their representative or an authorized facility representative.

Resident 2

Record review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/13/2025, showed no signature for Resident 2 or their representative or an authorized facility representative.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/19/2025, showed no signature for Resident 3 or their representative or an authorized facility representative.

Resident 4

Record review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2025 with multiple medical diagnoses.

Record review of a Service Plan, dated 07/17/2025, showed no signature for Resident 4 or their representative or an authorized facility representative.

Resident 5

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses.

Record review of a Service Plan, dated 02/24/2025, showed no signature of Resident 5 or their representative or an authorized facility representative.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple medical diagnoses.

Record review of a Service Plan, dated 05/19/2025, showed no signature for Resident 6 or their representative or an authorized facility representative.

Resident 7

Record review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2023 with multiple medical diagnoses.

Record review of a Service Plan, dated 04/11/2025, showed no signature of Resident 7 or their representative or an authorized facility representative.

Resident 8

Record review of an undated face sheet showed the ALF admitted Resident 8 on [redacted]/2022 with multiple medical diagnoses.

Record review of a Service Plan, dated 06/23/2025, showed no signature for Resident 8 or their representative or an authorized facility representative.

Resident 9

Record review of an undated face sheet showed the ALF admitted Resident 9 on [redacted]/2024 with multiple medical diagnoses.

Record review of a Service Plan, dated 04/30/2025, showed no signature for Resident 9 or their representative or an authorized facility representative.

In an interview, on 09/22/2025 at 9:27 AM, Staff A, Executive Director, confirmed the Service Plans for Residents 1, 2, 3, 4, 5, 6, 7, 8 and 9 were not signed by the residents, their representative or an authorized facility representative.

Statement of Deficiencies	License #: 2528	Compliance Determination # 65831
Plan of Correction	Rosario Assisted Living	Completion Date
Page 16 of 16	Licensee: Soundview Rehabilitation and Health Care Inc	09/25/2025

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