STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

05/07/2025

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

RE: Rosario Assisted Living # 2528

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59228 (Completion Date 05/07/2025) and 56104 (Completion Date 04/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/07/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2180 Activities. The assisted living facility must:**

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

The Department staff who did the On Site verification:
Syng To, ALF Complaint Investigator

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Rosario Assisted Living

**Provider Type:** Assisted Living Facility

**License/Cert.#:** 2528

**Intake ID:** 169365

**Compliance Determination #:** 56104

**Region/Unit #:** RCS Region 2 / Unit A

**Investigator:** Helen Fisher

**Investigation Date(s):** 03/12/2025 through 04/16/2025

**Complainant Contact Date(s):**

**Allegation(s):**

The Assisted Living Facility (ALF) had not had activities in over 6 months.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 66<br>Resident sample size: 5<br>Closed records sample size: |
| **Observations:** | Residents, Staff, Residents' Social Interactions. |
| **Interviews:** | Staff, Residents, Collateral contacts. |
| **Record Reviews:** | Residents' care plan |

**Investigation Summary:**

There was no activity or social interaction was observed during an unannounced onsite visit at the ALF. Management interview showed that there was no activity staff for 2 months and staff were expected to do activities. Staff interviews showed that activities were not getting done for at least 2 months. Failed practice was identified. A citation was written for noncompliance with WAC 388-78A-2180 Activities.

**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 03/12/2025 of:

Rosario Assisted Living
1105 27th St
Anacortes, WA 98221

This document references the following complaint number(s): 169128, 169365, 169374

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 investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit Z
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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-2180 Activities. The assisted living facility must:**

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

**This requirement was not met as evidenced by:**

Based on observation, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure activities were provided for 2 of 2 memory care cottages (Adam and Baker) when there were no activities provided for two months. This failure resulted in a diminished quality of life for all memory care residents.

Findings included…

Review of the ALF's record title "resident characteristic roster" showed the ALF had 4 cottages. Two of the cottages were assisted living and two were memory care cottages named Adam and Baker.

On 03/12/2025 at 11:10 AM, several residents were observed in Adam's cottage common dining room. The residents were sitting in wheelchairs and/or dining room table chairs. The residents were observed staring around the room. No activities were occurring and no activity items were visible in the room.

On 03/12/2025 at 11:15 AM, a resident was observed in Baker's cottage watching television, in the dark television room and several residents were sitting in wheelchairs at the dining room napping. Two residents were observed pacing around the dining room. No activities were occurring and no activity items were observed in the room.

Review of the activity schedule dated March 12, 2025, showed "gardening lovers' group".

In an interview, on 03/12/2025 at 11:20 AM, Staff A, Memory Care Director, stated that the AFL had not had an activity director since 02/10/2025. Staff A stated that the caregivers were asked to do individual activities during the day. Staff A stated the ALF was looking for an activity person.

In an interview on 03/12/2025 at 11:42 AM, Staff B, Caregiver, stated that there was no activity going on. Staff B stated that families were not happy because there had been no group activities for 2 months.

An undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple diagnosis including [redacted].

In an interview on 03/12/2025 at 11:56 AM, Resident 1 stated that they watched television and took naps since they moved in 8 days ago. Resident 1 stated that they did not know if there was an activity going.

In an interview on 03/15/2025 at 1:53 PM, Collateral contact 1(CC1) stated that Resident 1 was alert, oriented to self, and able to carry a conversation with mild cognitive impairment.

An undated face sheet showed Resident 2 was admitted to the ALF on [redacted]/2025 with multiple diagnosis including [redacted].

In an interview on 03/12/2025 at 12:09 PM, Resident 2 stated that there was nothing going aside from "watching television and that's about it." Resident 2 stated that they liked music.

In an interview on 04/17/2025 at 4:13 PM, Collateral contact 2 (CC) stated that Resident 2 was alert, oriented to self and had no [redacted] diagnosis.

In an interview on 03/12/2025 at 12:17 PM, Staff C, Caregiver, stated that they tried to do individual activities with residents when they had the time. Staff C stated that resident care was their priority.

In an interview on 03/12/2025 at 12:40 PM, Staff D, Executive Director, stated, “we no longer have an Activity Director, we need to hire someone.”

**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