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

12/31/2025

Sapphire at Woodway, LLC
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

RE: Woodway Senior Living # 2563

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70582 (Completion Date 12/31/2025) and 67590 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/31/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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:

(a) Orientation and safety;

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(d) Cardiopulmonary resuscitation and first aid; and

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

The Department staff who did the On Site verification:

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, Field Manager
Region 2, Unit J
Residential Care Services

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

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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 the unannounced on-site full inspection on 10/22/2025, 10/23/2025 and 10/24/2025 of:
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

The following sample was selected for review during the unannounced on-site visit: 9 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

Statement of Deficiencies	License #: 2563	Compliance Determination #67590
Plan of Correction	Woodway Senior Living	Completion Date
Page 2 of 10	Licensee: Sapphire at Woodway, LLC	10/29/2025

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

11/3/2025
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.

James K Rae
Administrator (or Representative)

11-13-2025
Date

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 6 of 8 residents (Residents 2, 3, 4, 6, 7 and 8). This failure resulted in Resident 2, 3, 4, 6, 7 and 8 not receiving prescribed medications and placed them at risk of medical complications.

Findings included...

Resident 2

Review of an undated face sheet and an Assessment, dated 07/12/2025, showed Resident 2 was admitted to the ALF on [redacted] 2023 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 07/12/2025, showed Resident 2 required medication assistance by ALF staff and these medications would be ordered through the ALF's contracted pharmacy.

Review of the Electronic Medication Administration Record (EMAR), dated 09/01/2025 to

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

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-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 6 of 9 residents (Residents 2, 3, 4, 6, 7 and 8). This failure resulted in Resident 2, 3, 4, 6, 7 and 8 not receiving prescribed medications and placed them at risk of medical complications.

Findings included...

Resident 2

Review of an undated face sheet and an Assessment, dated 07/12/2025, showed Resident 2 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 07/12/2025, showed Resident 2 required medication assistance by ALF staff and these medications would be ordered through the ALF's contracted pharmacy.

Review of the Electronic Medication Administration Record (EMAR), dated 09/01/2025 to

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10/22/2025, showed Resident 2 was prescribed benztropine (a medication used to stabilize mood) once a day; hydroxychloroquine (a medication used to treat lupus) once a day; and levothyroxine (a medication used to treat hypothyroidism) once a day.

Review of the EMAR, dated 09/01/2025 to 10/22/2025, showed Resident 2's benztropine was marked as not given due to medication unavailability for a total of four doses; hydroxychloroquine was marked as not given due to medication unavailability for a total of three doses; and levothyroxine was marked as not given due to medication unavailability for a total of 11 doses.

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted] 2024 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 02/21/2025, showed Resident 3 required medication administration by ALF staff and these medications would be ordered through the ALF's contracted pharmacy.

Review of the EMAR, dated 09/01/2025 to 10/22/2025, showed Resident 3 was prescribed cetirizine (a medication used to treat allergy symptoms) once daily; duloxetine (a medication used to alleviate symptoms of depression and anxiety) once daily; metformin (a medication used to decrease the amount of sugar in the blood) twice daily; methimazole (a medication used to treat a condition where the body makes too much of a thyroid hormone) once daily; Myrbetriq (a medication used to treat an overactive bladder) once daily; Symbicort (a medication used to treat asthma) twice daily; vitamin D3 (a supplemental medication used to increase vitamin D levels) once daily; and zinc oxide (a medicated cream used to treat or prevent skin irritation) twice daily.

Review of the EMAR, dated 09/01/2025 through 10/22/2025, showed that Resident 3's cetirizine was marked as not given due to medication unavailability for a total of seven doses; duloxetine was marked as not given due to medication unavailability for a total of six doses; metformin was marked as not given due to medication unavailability for a total of two doses; methimazole was marked as not given due to medication unavailability for a total of two doses; Myrbetriq was marked as not given due to medication unavailability for a total of eight doses; Symbicort was marked as not given due to medication unavailability for a total of seven doses; vitamin D3 was marked as not given due to medication unavailability for a total of six doses; and zinc oxide was marked as not given due to medication unavailability for a total of 11 doses.

Resident 4

Review of an undated face sheet showed Resident 4 was admitted to the ALF on [redacted]/2020 with multiple medical diagnoses including [redacted] and [redacted]

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[redacted].

Review of an Assessment, dated 10/14/2025, showed Resident 4 required ALF staff to assist with medication management including ordering medications for Resident 4 through the ALF's contracted pharmacy.

Review of the EMAR, dated 09/01/2025 to 10/22/2025, showed Resident 4 was prescribed Aimovig (a medication used to prevent migraines) once every 28 days; alendronate (a medication used to slow bone loss) once weekly; ammonium lactate (a medication used to treat dry, scaly skin conditions) once a day; calcium carbonate (a medication used to treat uncomfortable digestive issues such as heartburn) twice a day; calcium citrate-vitamin D (a supplemental medication used to increase levels of vitamin D and calcium) once daily; docusate sodium (a medication used to soften stool and prevent constipation) twice a day; Linzess (a medication used to prevent chronic constipation) once daily; nystatin swish and swallow (a medication used to treat fungal infections in the mouth) four times a day for 10 days; urea cream (a medication used to soften thick, rough, or dry skin caused by certain skin conditions) twice a day; verapamil (a medication used to treat hypertension); and zolpidem (a medication used to treat insomnia).

Review of the EMAR, dated 09/01/2025 to 10/22/2025, showed Resident 4's Aimovig was marked as not given due to medication unavailability for a total of two doses; alendronate was marked as not given due to medication unavailability for a total of two doses; ammonium lactate was marked as not given due to medication unavailability for a total of 51 doses; calcium carbonate was marked as not given due to medication unavailability for a total of 26 doses; calcium citrate-vitamin D was marked as not given due to medication unavailability for a total of 29 doses; docusate sodium was marked as not given due to medication unavailability for a total of 11 doses; Linzess was marked as not given due to medication unavailability for a total of five doses; nystatin swish and swallow was marked as not given due to medication unavailability for a total of 25 doses; urea cream was marked as not given due to medication unavailability for a total of 104 doses; verapamil was marked as not given due to medication unavailability for a total of two doses; and zolpidem was marked as not given due to medication unavailability for a total of 22 doses.

Resident 6

Review of an undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted].

Review of an Assessment, dated 01/27/2025, showed Resident 6 required ALF staff to assist with medication management including ordering medications for Resident 6 through the ALF's contracted pharmacy.

Review of the EMAR, dated 09/01/2025 to 10/22/2025, showed Resident 6 was prescribed donepezil (a medication used to help improve attention, memory, and ability to complete daily tasks in those with dementia) once daily.

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Review of the EMAR, dated 09/01/2025 through 10/22/2025, showed that Resident 6's donepezil was marked as not given due to medication unavailability for a total of 11 doses.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2017 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 01/14/2025, showed Resident 7 required medication assistance by ALF staff and these medications would be ordered through the ALF's contracted pharmacy.

Review of the EMAR, dated 08/01/2025 to 10/23/2025, showed Resident 7 was prescribed citalopram (a medication used to treat depression) once a day; magnesium oxide (a medication used to treat indigestion and heartburn) once a day; Myrbetriq once a day; loratadine (a medication used to treat allergies) once a day; pantoprazole (a medication used to reduce stomach acid) once a day; tamsulosin (a medication that relaxes the prostate and bladder muscles) once a day; and hydrocodone (a medication used to relieve pain) three times a day.

Review of the EMAR, dated 08/01/2025 to 10/23/2025, showed Resident 7's citalopram was marked as not given due to medication unavailability for a total of 13 doses; magnesium oxide was marked as not given due to medication unavailability for a total of 48 doses; Myrbetriq was marked as not given due to medication unavailability for a total of 20 doses; loratadine was marked as not given due to medication unavailability for a total of 12 doses; pantoprazole was marked as not given due to medication unavailability for a total of 17 doses; tamsulosin was marked as not given due to medication unavailability for a total of 14 doses; and hydrocodone was marked as not given due to medication unavailability for a total of 10 doses.

Resident 8

Review of an undated face sheet showed Resident 8 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 06/25/2025, showed Resident 8 required medication assistance by ALF staff and these medications would be ordered through the ALF's contracted pharmacy.

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Statement of Deficiencies	License #: 2563	Compliance Determination #:67590
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Review of the EMAR, dated 09/01/2025 to 10/24/2025, showed Resident 6 was prescribed AsperFlex patches (a medicated patch used to relieve pain) twice a day and nystatin powder (a medication used to treat fungal or yeast infections on the skin) twice a day.

Review of the EMAR, dated 09/01/2025 to 10/24/2025, showed Resident 6's AsperFlex patches were marked as not given due to medication unavailability for a total of 10 doses and nystatin powder was marked as not given due to medication unavailability for a total of 39 doses.

In an interview, on 10/22/2025 at 3:03 PM, Staff G, Director of Health Services, stated that the ALF had a difficult transition moving between their old pharmacy and new pharmacy. Staff G stated it resulted in multiple residents, including Resident 2, 3, 4, 6, 7 and 8, being without their medicaton for a time period.

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, Woodway Senior Living is or will be in compliance with this law and / or regulation on (Date) 12/13/2025

SB confirmed amended POC date with Provider on 11/13/2025.

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

Administrator (or Representative) 11-13-2025 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow required timelines for the two-step skin test screening for tuberculosis (TB) for 5 of 14 sampled staff members (Staff B, D, I, M and N). This placed residents at risk of exposure to a communicable disease.

Findings included...

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Review of the EMAR, dated 09/01/2025 to 10/24/2025, showed Resident 8 was prescribed AsperFlex patches (a medicated patch used to relieve pain) twice a day and nystatin powder (a medication used to treat fungal or yeast infections on the skin) twice a day.

Review of the EMAR, dated 09/01/2025 to 10/24/2025, showed Resident 8's AsperFlex patches were marked as not given due to medication unavailability for a total of 10 doses and nystatin powder was marked as not given due to medication unavailability for a total of 39 doses.

In an interview, on 10/22/2025 at 3:03 PM, Staff G, Director of Health Services, stated that the ALF had a difficult transition moving between their old pharmacy and new pharmacy. Staff G stated it resulted in multiple residents, including Resident 2, 3, 4, 6, 7 and 8, being without their medication for a time period.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to follow required timelines for the two-step skin test screening for tuberculosis (TB) for 5 of 14 sampled staff members (Staff B, D, I, M and N). This placed residents at risk of exposure to a communicable disease.

Findings included…

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Review of staff records showed that the ALF hired Staff B (Caregiver) on 02/25/2025. Staff B's record showed a completed first step of TB screening on 03/21/2025, 24 days after being hired.

Review of staff records showed that the ALF hired Staff D (Medication Technician) on 07/28/2025. Staff D's record showed a completed first step of TB screening on 07/28/2025 and a completed second step on 08/26/025, over four weeks after the first step.

Review of staff records showed that the ALF hired Staff I (Medication Technician) on 07/21/2025. Staff I's record showed a completed first step of TB screening on 07/28/2025, 7 days after being hired.

Review of staff records showed that the ALF hired Staff M (Caregiver) on 09/17/2025. Staff M's record showed a completed first step of TB screening on 09/26/2025, nine days after being hired, and a completed second step on 10/02/2025, under seven days after the first step.

Review of staff records showed that the ALF hired Staff N (Caregiver) on 09/16/2025. Staff N's record showed a completed first step of TB screening on 10/02/2025, 16 days after being hired, and a completed second step on 10/08/2025, under seven days after the first step.

In an interview, on 10/24/2025 at 2:57 PM, Staff G (Director of Health Services) acknowledged the ALF did not meet the required timelines for Staff B, D, I, M and N.

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, Woodway 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

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

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care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 5 staff members (Staff B, C, D and F) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed 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;

FACILITY ORIENTATION

NOTE: WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served.

Review of staff records showed that the ALF hired Staff C (Caregiver) on 08/18/2025. Staff C's record showed no documentation of orientation to the facility upon hire.

Review of staff records showed that the ALF hired Staff D (Medication Technician) on 07/28/2025. Staff D's record showed no documentation of orientation to the facility upon hire.

In an interview, on 10/23/2025 at 1:45 PM, Staff H (Business Office Director) confirmed

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that there was no documentation of a completed facility orientation for Staff C or D and that they were still working on putting a system in place for their orientation for new staff.

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 (Medication Technician) on 02/25/2025. Staff B's record showed no completed first aid training.

Review of staff records showed the ALF hired Staff D (Medication Technician) on 07/28/2025. Staff D had current CPR/first aid training by National CPR Foundation, a company that offers online CPR and first aid training and certification. Review of the company's website showed that they do not offer hands-on training.

Review of staff records showed the ALF hired Staff F (Medication Technician) on 10/14/2022. Staff F's record showed no completed first aid training.

In an interview, on 10/23/2025 at 1:45 PM, Staff H (Business Office Director) stated that they did not realize that Staff D and F were missing the first aid portion of the training. Staff H stated that Staff C still needed to be scheduled for CPR/first aid training.

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Statement of Deficiencies	License #: 2563	Compliance Determination #67590
Plan of Correction	Woodway Senior Living	Completion Date
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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, Woodway Senior Living is or will be in compliance with this law and / or regulation on (Date) 12-24-2025. 12/13/2025

SB confirmed amended POC date with Provider on 11/13/2025.

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

Administrator (or Representative) — 11-13-2025 Date

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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, Woodway 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

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

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Sapphire at Woodway, LLC
Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

RE: Woodway Senior Living # 2563

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/29/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The Assisted Living Facility failed to have a current exam and vaccinations for three pets residing in the ALF. This placed the residents at risk of illness and disease.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:
• Please contact me at (253)312-1446.

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

Sincerely,

Jamie Singer

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

Enclosure

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

Sincerely,

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

Enclosure

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