STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

June 9, 2026

ELECTRONIC-FACSIMILE

Administrator
Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

Assisted Living Facility License # **2600**
Licensee: Greenlake Management Lacey, LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On May 28, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Memory Care At The Lodges,** located at **1530 Carpenter Rd SE, Lacey,** by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated May 28, 2026**.**

Civil Fines

WAC 388-78A-2090 (1)(a)(b)(c)(2)(a)(b)(c)(3)(4)(a)(b) (5)(a)(b)(c)(6)(a)(b)(c)(d)(e)(7)(a)(b)(c)(i)(ii)(d)(8)(a)(b)(i)(ii) (9)(10)(11)(a)(b)(c) Full assessment topics. **$1,000.00**

The licensee failed to ensure a 14-day assessment was completed for two residents. This failure placed both residents at risk of having unmet care needs.

This is an uncorrected deficiency previously cited on April 7, 2026, and recurring deficiency previously cited on July 23, 2025, and May 21, 2025.

WAC 388-78A-2610 (1)(2)(c)(ii)(d)(e) Infection control. **$900.00**

The licensee failed to ensure staff performed hand hygiene during resident care for two staff members, failed to provide necessary handwashing supplies in four resident care areas observed, failed to ensure staff implemented appropriate infection control practices to keep clean and soiled laundry separated for one Lodge. These failures placed all residents, staff, and visitors at risk for infectious disease or illness.

This is an uncorrected deficiency previously cited on April 7, 2026, and recurring deficiency previously cited on May 21, 2025.

WAC 388-78A-2140 (1)(a)(iii) Negotiated service agreement contents. **$400.00**

The licensee failed to document in the resident's Washington Health and Service Evaluation Results and Service Plan (facility's version of the Negotiated Service Agreement [NSA]) the plan to provide assistance with activities of daily living (ADLs), the residents' preferences on how services would be provided and updates to the plans related to incidents or injuries for four residents. These failures placed the residents at risk for unmet care needs and care and services not being provided per the NSA.

This is an uncorrected deficiency previously cited on April 7, 2026

WAC 388-78A-2484 (1)(2) Tuberculosis—Two step skin testing. **$300.00**

The licensee failed to ensure that staff received all required Tuberculosis (infectious bacterial disease of the lungs) testing within the required time frames for one staff member. This failure resulted in the facility failing to test staff for Tuberculosis (TB) and placed all residents, staff, and visitors at risk for exposure to highly communicable disease.

This is an uncorrected deficiency previously cited on April 7, 2026, for subsection 388-78a-2484(1).

WAC 388-78A-2474 (2)(e)(3) Training and home care aide certification requirements. **$300.00**

The licensee failed to ensure one staff member had their food worker's card and the facility failed to ensure two staff members knew the process on mandated reporting. These failures placed all residents at risk of being improperly cared for by untrained staff.

This is an uncorrected deficiency previously cited on April 7, 2026, for subsection 388-78a2474(2)(e) and (3).

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Clinton Fridley, RN, Field Manager
Region 3, Unit E
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (360) 450-1218/ Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

You can make an IDR request and find directions on the IDR web page at:
http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$2,900.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Clinton Fridley, Field Manager, at (360) 450-1218.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP