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

San Juan County Public Hospital Dist #1
Village at the Harbor
543 Spring St
Friday Harbor, WA 98250

RE: Village at the Harbor License # 2608

Dear Administrator:

This letter addresses Compliance Determination(s) 83133 (Completion Date 09/04/2026) and 79442 (Completion Date 07/07/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/04/2026 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-2305-2, 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-2474-3, WAC 388-78A-2474-4, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2466, WAC 388-78A-2450-2-h-i, WAC 388-78A-2450-2-h-ii, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-vi, WAC 388-78A-2450-2-h-vii, WAC 388-78A-2450-2-h-viii, WAC 388-78A-2450-2-h, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2665, WAC 388-78A-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2371-3, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-1-c, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

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

Sincerely, Jamie Singer

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

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 06/23/2026 and 06/25/2026 of:

Village at the Harbor
543 Spring St
Friday Harbor, WA 98250

The following sample was selected for review during the unannounced on-site visit: 5 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

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

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Statement of Deficiencies	License #: 2608	Compliance Determination #:79442
Plan of Correction	Village at the Harbor	Completion Date
Page 2 of 18	Licensee: San Juan County Public Hospital Dist #1	07/07/2026

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Jurgen
Residential Care Services

7/16/2026
Date

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

Tri Levashuff
Administrator (or Representative)

7/14/2026
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;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 kitchen prevented food contamination for food that was delivered to resident rooms, failed to maintain food temperature logs and failed to ensure 1 of 1 staff member had a valid Washington state food worker card. These failures resulted in unsafe handling of ready-to-eat foods and placed all residents who received food services at risk of foodborne illnesses.

Findings included...

TZ Corrected

Note: Washington Administrative Code (WAC) 246-215-03306 Preventing food and ingredient contamination—Packaged and unpackaged food—Separation, packaging, and segregation (FDA Food Code 3-302.11). (1) A FOOD must be protected from cross contamination by: (d) Except as specified under WAC 246-215-03520 and subsection (2) of this section, storing the FOOD in packages, covered containers, or wrappings;
Note: WAC 246-215-03530 Temperature and time control—Time as a public health control (FDA Food Code 3-501.19). (1) Except as specified under subsection (3) of this section, if time without temperature control is used as the public health control for a working supply of TIME/TEMPERATURE CONTROL FOR SAFETY FOOD before cooking, or for READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is displayed or held for sale or service for immediate consumption: (a) Written procedures must be prepared in advance, maintained in the ESTABLISHMENT and made available to the

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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

7/16/2026
Date

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Administrator (or Representative)

Date

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REGULATORY AUTHORITY upon request that specify: (i) Methods of compliance with subsections (2)(a) through (c) of this section; and (ii) Methods of compliance with WAC 246-215-03515 for FOOD that is prepared, cooked, and refrigerated before time is used as a public health control. (2) If time without temperature control is used as the public health control up to a maximum of four hours: (a) The FOOD must have an internal temperature of 41°F (5°C) or less when removed from cold holding temperature control, or 135°F (57°C) or greater when removed from hot holding temperature control; (b) The FOOD may have an initial temperature of 70°F (21°C) or less if: (i) It is a READY-TO-EAT fruit or vegetable that upon cutting is rendered a TIME/TEMPERATURE CONTROL FOR SAFETY FOOD; or (ii) It is a READY-TO-EAT hermetically sealed FOOD that upon opening is rendered a TIME/TEMPERATURE CONTROL FOR SAFETY FOOD; (iii) The FOOD temperature does not exceed 70°F (21°C) within a maximum time period of four hours from the time it was rendered a TIME/TEMPERATURE CONTROL FOR SAFETY FOOD; and (iv) The FOOD is marked or otherwise identified to indicate the time that is four hours past the point in time when the FOOD is rendered a TIME/TEMPERATURE CONTROL FOR SAFETY FOOD. (c) The FOOD must be marked or otherwise identified to indicate the time that is four hours past the point in time when the FOOD is removed from temperature control; (d) The FOOD must be cooked and served, served at any temperature if READY-TO-EAT or discarded, within four hours from the point in time when the FOOD is removed from temperature control; and (e) The FOOD in unmarked containers or packages, or marked to exceed a four-hour limit, must be discarded. (3) A FOOD ESTABLISHMENT that serves a HIGHLY SUSCEPTIBLE POPULATION may not use time as specified under subsections (1) and (2) of this section as the public health control for raw EGGS

Note: Revised Code of Washington (RCW) 69.06.010 Food and beverage service worker's permit—Filing, duration—Minimum training requirements. It shall be unlawful for any person to be employed in the handling of unwrapped or unpackaged food unless he or she shall furnish and place on file with the person in charge of such establishment, a food and beverage service worker's permit, as prescribed by the state board of health. Such permit shall be kept on file by the employer or kept by the employee on his or her person and open for inspection at all reasonable hours by authorized public health officials. Such permit shall be returned to the employee upon termination of employment. Initial permits, including limited duty permits, shall be valid for two years from the date of issuance. Subsequent renewal permits shall be valid for three years from the date of issuance, except an employee may be granted a renewal permit that is valid for five years from the date of issuance if the employee demonstrates that he or she has obtained additional food safety training prior to renewal of the permit. Rules establishing minimum training requirements must be adopted by the state board of health and developed by the department of health in conjunction with local health jurisdictions and representatives of the food service industry.
On 06/24/2026 at 12:39 PM, a black cart used to deliver food to resident rooms was observed to have 3 small plates with raspberry cobbler and a scoop of vanilla ice cream uncovered in the hallway.

IJ Corrected

In an interview on 06/24/2026 at 12:39 PM, Staff I (Medication Technician) stated that they usually do not cover the desserts for the room trays.

In an interview on 06/24/2026 at 12:14 PM, Staff J (Dining Services Director) stated that

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they take the temperature of food before meal service, but they don't keep a record the food temperatures.

JZ Corrected daily log in place

Record review showed the ALF had no documented food temperature logs.

JZ Corrected

Record review showed the ALF hired Staff K (Dining Services) on 06/22/2025. Staff K's file showed they had an online certificate from Food Handler Solutions, which is not an approved program for a food handler's card in Washington state.

On 06/24/2026 at 12:40 PM, Staff K confirmed their online food worker card was not from an approved Washington state program.

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 7/14/2026.

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

Jn Levashoff — Administrator (or Representative)

7/15/2026 — 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.

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

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Administrator (or Representative) Date

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(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 5 of 6 staff (Staff B, C, D, E, and F) met the long-term care worker training requirements under Washington Administrative Code (WAC) 388-112A. These failures resulted in Staff B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed residents at risk of not receiving proper care and services from staff members.

Findings included..

Home Care Aide (HCA) Basic Training

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0080. Assisted living facilities. (4) Assisted living facility administrators or their designees within one hundred twenty days of date of hire. (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.

In progress Record review showed the ALF hired Staff C (Resident Assistant-RA) on 07/22/2025. Staff C's employee file had no documentation that they had completed basic training, 336 days after their date of hire

In progress Record review showed the ALF hired Staff D (Medication Technician - MT/RA) on 10/01/2025. Staff D's employee file had no documentation that they had completed basic training, 265 days after their date of hire.

In progress In an interview, on 06/24/2026 at 9:18 AM Staff A (Executive Director) confirmed that Staff C and Staff D had not completed their training.

Employees scheduled for completed training by Aug. 15, 2026

Continuing Education (CE)

Record review of WAC 388-112A-0611(1)(a)(i)(#)(iii) showed long-term care workers must complete 12 hours of continuing education (CE) by their birthday each year.

In progress Record review showed the ALF hired Staff F (RA) on 03/01/2022. Staff F's employee file

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Continuing Education (CE)

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Record review showed the ALF hired Staff F (RA) on 03/01/2022. Staff F's employee file

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showed no documentation that Staff F had completed any approved CE's in the time between their birthday in 2025 and their birthday in 2026.

In an interview, on 06/24/2026 at 5:30 PM, Staff A confirmed that Staff F did not complete their CE's for the 2025-2026 year.

Specialty Training

NOTE: WAC 388-112A-0485 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 06/23/2026, showed four 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 and mental health, they would provide their staff with specialized training.

In progress JL

Record review showed the ALF hired Staff C (RA) on 07/22/2025. Staff C's employee file had no record of a Dementia or Mental Health specialty training, 336 days after their date of hire.

In progress JL

Record review showed the ALF hired Staff D (MT/RA) on 10/01/2025. Staff D's employee file had no record of a completed Dementia specialty training, 265 days after their hire date.

In progress JL

In an interview, 06/25/2026 at 9:28 AM, Staff H (Director of Health Services) confirmed that Staff C and Staff D had not completed their specialty training.

Cardiopulmonary Resuscitation (CPR) and First Aid Training

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.

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showed no documentation that Staff F had completed any approved CE's in the time between their birthday in 2025 and their birthday in 2026.

In an interview, on 06/24/2026 at 5:30 PM, Staff A confirmed that Staff F did not complete their CE's for the 2025-2026 year.

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.

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Record review showed the ALF hired Staff C (RA) on 07/22/2025. Staff C's employee file had no record of a Dementia or Mental Health specialty training, 336 days after their date of hire.

Record review showed the ALF hired Staff D (MT/RA) on 10/01/2025. Staff D's employee file had no record of a completed Dementia specialty training, 265 days after their hire date.

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Statement of Deficiencies	License #: 2608	Compliance Determination # 79442
Plan of Correction	Village at the Harbor	Completion Date
Page 7 of 18	Licensee: San Juan County Public Hospital Dist #1	07/07/2026

JL Corrected Record review showed the ALF hired Staff B (MT/RA) on 03/30/2026. Staff B's employee file showed no record of a completed first aid class.

JL Corrected Record review showed the ALF hired Staff C (RA) on 07/22/2025. Staff C's employee file showed no CPR skills portion or first aid class.

JL Corrected Record review showed the ALF hired Staff D (MT/RA) on 10/01/2025. Staff D's employee file showed no record of a completed CPR/first aid class. 6/5/26

JL Corrected Record review showed the ALF hired Staff E (MT) on 06/07/2022. Staff E's employee file showed no CPR skills portion or first aid class. Staff E took BLS Instructor program 4/14 BS

JL In progress Record review showed the ALF hired Staff F (RA) on 03/01/2022. Staff F's employee file showed no record of a completed CPR/first aid class.

In an interview, on 06/24/2026 at 9:04 AM, Staff A confirmed Staff A, B, C, D, and E would be in the next CPR/first aid class at the ALF, scheduled for 07/10/2026.
New Assistant Executive Director handling all training documentation and care team compliance 6/23/26

Home Care Aide (HCA) Certification

NOTE: WAC 388-112A-0105 Who is required to obtain HCA certification and by when? (1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC. (2) The following individuals must obtain home care aide certification as follows: (c) Assisted living facility administrators or their designees, within 200 calendar days of the date of hire.

NOTE: WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of their date of hire.

JL Corrected Record review showed the ALF hired Staff E (MT) on 06/07/2022. Review of Staff E's employee file had no documentation that they had obtained their HCA certification, 1478 days after their date of hire. Waiting on prometric for HCA test - Has completed HCA training + Skills

JL In progress In an interview, on 06/24/2026 at 9:06 AM, Staff A confirmed that Staff E had not taken the skills test to complete their certification. Call to prometric @ test date - they had not received verification of employment or completion cert., though we sent them. updated now - Waiting test date

This deficiency was previously cited on 05/19/2025.

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Record review showed the ALF hired Staff B (MT/RA) on 03/30/2026. Staff B's employee file showed no record of a completed first aid class.

Record review showed the ALF hired Staff C (RA) on 07/22/2025. Staff C's employee file showed no CPR skills portion or first aid class.

Record review showed the ALF hired Staff D (MT/RA) on 10/01/2025. Staff D's employee file showed no record of a completed CPR/first aid class.

Record review showed the ALF hired Staff E (MT) on 06/07/2022. Staff E's employee file showed no CPR skills portion or first aid class.

Record review showed the ALF hired Staff F (RA) on 03/01/2022. Staff F's employee file showed no record of a completed CPR/first aid class.

In an interview, on 06/24/2026 at 9:04 AM, Staff A confirmed Staff A, B, C, D, and E would be in the next CPR/first aid class at the ALF, scheduled for 07/10/2026.

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NOTE: WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of their date of hire.

Record review showed the ALF hired Staff E (MT) on 06/07/2022. Review of Staff E's employee file had no documentation that they had obtained their HCA certification, 1478 days after their date of hire.

In an interview, on 06/24/2026 at 9:06 AM, Staff A confirmed that Staff E had not taken the skills test to complete their certification.

This deficiency was previously cited on 05/19/2025.

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

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 8/20/2026

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

Jri Levenleff — Administrator (or Representative)

7/16/2026 — Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington state name and date of birth background check (BGC) for 1 of 6 staff (Staff F) was renewed every two years. This failure placed residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included...

11 completed

Record review showed the ALF hired Staff F (Resident Assistant) on 03/01/2022. Staff F's employee file showed a BCG dated 11/11/2020 and 06/24/2026. There was no 2022 or 2024 BCG available for review. Call to BG check dept. req search - revealed Staff F did not have re-certs for 2022 or 2024. FP was done w/ dott under previous owner.

11 Corrected

In an interview, on 06/26/2026 at 2:08 PM, Staff A (Executive Director) stated that Staff F did not have a BCG since 2020 until she ran another one this week on 06/24/2026.

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

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, Village at the Harbor 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington state name and date of birth background check (BGC) for 1 of 6 staff (Staff F) was renewed every two years. This failure placed residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included...

Record review showed the ALF hired Staff F (Resident Assistant) on 03/01/2022. Staff F's employee file showed a BCG dated 11/11/2020 and 06/24/2026. There was no 2022 or 2024 BCG available for review.

In an interview, on 06/26/2026 at 2:06 PM, Staff A (Executive Director) stated that Staff F did not have a BCG since 2020 until she ran another one this week on 06/24/2026.

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

Statement of Deficiencies	License #: 2608	Compliance Determination # 73442
Plan of Correction	Village at the Harbor	Completion Date
Page 9 of 18	Licensee: San Juan County Public Hospital Dist #1	07/07/2026

This deficiency was previously cited on 05/19/2025.

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 8/20/2026

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

Jim Levashoff — Administrator (or Representative)

7/16/2026 — Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working;

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW; and

(viii) The facility's comprehensive disaster plan and related on-duty staff procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, C, and D) completed a facility orientation prior to providing care. This failure resulted in Staff B, C, and D not receiving a timely orientation and placed 24 residents at risk for compromised care and safety.

Findings included. .

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

This deficiency was previously cited on 05/19/2025.

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, Village at the Harbor 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-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working;

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW; and

(viii) The facility's comprehensive disaster plan and related on-duty staff procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, C, and D) completed a facility orientation prior to providing care. This failure resulted in Staff B, C, and D not receiving a timely orientation and placed 24 residents at risk for compromised care and safety.

Findings included...

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

NOTE: Washington Administrative Code (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. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

JZ Corrected

Record review showed the ALF hired Staff B (Medication Technician - MT/Resident Assistant -RA) on 03/30/2026. Staff B's employee file showed no record of a completed facility orientation.

JZ Corrected

Record review showed the ALF hired Staff C (RA) on 07/22/2025. Staff C's employee file showed no record of a completed facility orientation.

JZ Corrected

Record review showed the ALF hired Staff D (MT/RA) on 10/01/2025. Staff D's employee file showed no record of a completed facility orientation.

In an interview, on 06/24/2026 at 9:16 AM, Staff A (Executive Director) stated that all new employees received facility orientation, the form just did not get filled out.

New Assistant Executive Director to handle on-boarding Paper work 6/23/26

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 8/20/26 .

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

Jen Lewallen — Administrator (or Representative)

7/16/2026 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

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

NOTE: Washington Administrative Code (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. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Record review showed the ALF hired Staff B (Medication Technician - MT/Resident Assistant -RA) on 03/30/2026. Staff B's employee file showed no record of a completed facility orientation.

Record review showed the ALF hired Staff C (RA) on 07/22/2025. Staff C's employee file showed no record of a completed facility orientation.

Record review showed the ALF hired Staff D (MT/RA) on 10/01/2025. Staff D's employee file showed no record of a completed facility orientation.

In an interview, on 06/24/2026 at 9:16 AM, Staff A (Executive Director) stated that all new employees received facility orientation, the form just did not get filled out.

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, Village at the Harbor 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-2100 Ongoing assessments.

(2) The assisted living facility must:

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

(b) Complete an assessment specifically focused on a resident's identified problems and related issues.

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure they conducted an on-going assessment with a change of condition for 1 of 7 residents (Resident 2). This failure placed Resident 2 at risk of not receiving necessary care and services.

Findings included...

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

Record review of Progress Notes (PN), dated 03/24/2026 through 06/17/2026, showed the ALF had contacted a hospice agency eight times to coordinate care for Resident 2.

12 Corrected

Record review of an Assessment, dated 03/03/2026, showed the reason for the assessment was a change of condition, pending hospice admission. The Assessment had not been updated to include whether Resident 2 was receiving hospice services or the name and contact information for the hospice agency that was providing care to Resident 2.

In an interview, on 06/24/2026 at 5:10 PM, Staff H (Director of Health Services) confirmed that Resident 2 was admitted to hospice on 03/12/2026 and that the assessment needed to be updated to reflect the change.

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

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure they conducted an on-going assessment with a change of condition for 1 of 7 residents (Resident 2). This failure placed Resident 2 at risk of not receiving necessary care and services.

Findings included...

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

Record review of Progress Notes (PN), dated 03/24/2026 through 06/17/2026, showed the ALF had contacted a hospice agency eight times to coordinate care for Resident 2.

Record review of an Assessment, dated 03/03/2026, showed the reason for the assessment was a change of condition, pending hospice admission. The Assessment had not been updated to include whether Resident 2 was receiving hospice services or the name and contact information for the hospice agency that was providing care to Resident 2.

In an interview, on 06/24/2026 at 5:10 PM, Staff H (Director of Health Services) confirmed that Resident 2 was admitted to hospice on 03/12/2026 and that the assessment needed to be updated to reflect the change.

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

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 7/17/2026.

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

Lori Levashuff — Administrator (or Representative)

7/17/2026 — Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to provide their policy on accepting Medicaid as a payment source when eligible to 3 of 6 residents (Resident 1, 2, and 6). This failure resulted in Residents 1, 2, and 6 at risk of entering into an agreement with the ALF without having information related to payment

Findings included...

Record Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the ALF had active Medicaid contracts

Record review of an undated face sheet showed the ALF admitted Resident 1 on

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

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, Village at the Harbor 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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to provide their policy on accepting Medicaid as a payment source when eligible to 3 of 6 residents (Resident 1, 2, and 6). This failure resulted in Residents 1, 2, and 6 at risk of entering into an agreement with the ALF without having information related to payment.

Findings included...

Record Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the ALF had active Medicaid contracts.

Record review of an undated face sheet showed the ALF admitted Resident 1 on

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

[redacted]2026. Review of records showed Resident 1 had no signed Medicaid policy on file.

JZ Corrected

Record review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2024. Review of records showed Resident 2 had no signed Medicaid policy on file.

JZ Corrected

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]2024. Review of records showed Resident 6 had no signed Medicaid policy on file.

In an interview, on 06/24/2026 at 5:18 PM, Staff A confirmed that Resident 1 , 2, and 6 did not have a signed Medicaid policy

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 7/20/2026

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

Jen Leverloff — Administrator (or Representative)

7/17/2026 — Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

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

[redacted]2026. Review of records showed Resident 1 had no signed Medicaid policy on file.

Record review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2024. Review of records showed Resident 2 had no signed Medicaid policy on file.

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2024. Review of records showed Resident 6 had no signed Medicaid policy on file.

In an interview, on 06/24/2026 at 5:18 PM, Staff A confirmed that Resident 1 , 2, and 6 did not have a signed Medicaid policy.

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, Village at the Harbor 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-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to document investigative actions and findings for 1 of 7 residents (Resident 2) who had a fall. This failure placed Resident 2 at risk of further falls and harm.

Findings included...

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

Record review of a Progress Note (PN) dated 06/17/2026, showed Resident 2 had a fall on 06/16/2026.

IL Corrected There was no incident report available for review to show the ALF had documented or investigated Resident 2's fall.

In an interview on 06/24/2026 at 5:11 PM, Staff H (Director of Resident Services) confirmed that an incident report and investigation was not completed for Resident 2's fall on 06/16/2026.

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 6/30/26.

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

Jim Leverloff — Administrator (or Representative)

7/17/2026 — Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to document investigative actions and findings for 1 of 7 residents (Resident 2) who had a fall. This failure placed Resident 2 at risk of further falls and harm.

Findings included...

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

Record review of a Progress Note (PN) dated 06/17/2026, showed Resident 2 had a fall on 06/16/2026.

There was no incident report available for review to show the ALF had documented or investigated Resident 2's fall.

In an interview on 06/24/2026 at 5:11 PM, Staff H (Director of Resident Services) confirmed that an incident report and investigation was not completed for Resident 2's fall on 06/16/2026.

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, Village at the Harbor 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-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

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

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to evaluate any outcome or notify the resident's physician for 2 of 7 residents (Residents 3 and 4) when they refused their medication. This failure placed Resident 3 and 4 at risk of complications related to not receiving physician's ordered medications.

Findings included...

Record review of the ALF's undated policy titled, "Medication Refusal", showed that the licensed nurse will evaluate the significance of the resident not receiving the medication, and appropriate actions would be taken, including notifying the prescriber or primary care physician if the omission may have a potential negative outcome to the resident, or if the omissions become a consistent pattern.

Resident 3

Record review of an undated Face Sheet, showed Resident 3 admitted to the ALF on [redacted]2016 with multiple medical diagnoses.

Record review of an Assessment, dated 03/20/2026, showed Resident 3 required assistance with medication administration.

If in progress

Record review of an Electronic Medication Assistance Record (EMAR), dated 03/23/2026 through 04/22/2026, showed Resident 3 had orders for a lidocaine patch (topical anesthetic that provides numbness and pain relief), once per day for twelve hours and dexamethasone solution (reduces inflammation), three times per day.

Review of MAR more frequently to catch error

Record review of an EMAR, dated 03/23/2026 through 04/22/2026, showed Resident 3 refused their lidocaine patch eighteen times and dexamethasone fifty-six times.

Processes in place - Signed log - for closer MAR monitoring

There was no documentation that staff evaluated for any outcome associated with Resident 3 refusing their lidocaine patch and dexamethasone, nor was there documentation that the physician was notified of the medication refusals.

Resident 4

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

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to evaluate any outcome or notify the resident's physician for 2 of 7 residents (Residents 3 and 4) when they refused their medication. This failure placed Resident 3 and 4 at risk of complications related to not receiving physician's ordered medications.

Findings included...

Record review of the ALF's undated policy titled, "Medication Refusal", showed that the licensed nurse will evaluate the significance of the resident not receiving the medication, and appropriate actions would be taken, including notifying the prescriber or primary care physician if the omission may have a potential negative outcome to the resident, or if the omissions become a consistent pattern.

Resident 3

Record review of an undated Face Sheet, showed Resident 3 admitted to the ALF on [redacted]/2016 with multiple medical diagnoses.

Record review of an Assessment, dated 03/20/2026, showed Resident 3 required assistance with medication administration.

Record review of an Electronic Medication Assistance Record (EMAR), dated 03/23/2026 through 04/22/2026, showed Resident 3 had orders for a lidocaine patch (topical anesthetic that provides numbness and pain relief), once per day for twelve hours and dexamethasone solution (reduces inflammation), three times per day.

Record review of an EMAR, dated 03/23/2026 through 04/22/2026, showed Resident 3 refused their lidocaine patch eighteen times and dexamethasone fifty-six times.

There was no documentation that staff evaluated for any outcome associated with Resident 3 refusing their lidocaine patch and dexamethasone, nor was there documentation that the physician was notified of the medication refusals.

Resident 4

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

Record review of an undated Face Sheet, showed Resident 4 admitted to the ALF on [redacted]2026 with multiple medical diagnoses.

Record review of an Assessment dated 05/21/2026, showed Resident 4 required assistance with medication administration.

IL Corrected

Record review of an EMAR, dated 05/23/2026 through 06/22/2026, showed Resident 4 had orders for diclofenac gel (used to relieve joint pain) twice per day.

IL Corrected

Record review of an EMAR, dated 05/23/2026 through 06/22/2026, showed Resident 4 refused their diclofenac gel fourteen times.

IL Corrected

There was no documentation that staff evaluated for any outcome associated with Resident 4 refusing their diclofenac gel, nor was there documentation that the physician was notified of the medication refusals.

Processes reviewed with MedTech staff + resident

In an interview, on 06/24/2026 at 4:40 PM, Staff H (Health Services Director) confirmed that they did not document if Resident 3 and 4's physician was notified of the medication refusals or evaluation for negative outcomes associated with refusals.

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 8/20/2026

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

Jim Lewshaff — Administrator (or Representative)

7/17/2026 — Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

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

Record review of an undated Face Sheet, showed Resident 4 admitted to the ALF on [redacted]/2026 with multiple medical diagnoses.

Record review of an Assessment dated 05/21/2026, showed Resident 4 required assistance with medication administration.

Record review of an EMAR, dated 05/23/2026 through 06/22/2026, showed Resident 4 had orders for diclofenac gel (used to relieve joint pain) twice per day.

Record review of an EMAR, dated 05/23/2026 through 06/22/2026, showed Resident 4 refused their diclofenac gel fourteen times.

There was no documentation that staff evaluated for any outcome associated with Resident 4 refusing their diclofenac gel, nor was there documentation that the physician was notified of the medication refusals.

In an interview, on 06/24/2026 at 4:40 PM, Staff H (Health Services Director) confirmed that they did not document if Resident 3 and 4's physician was notified of the medication refusals or evaluation for negative outcomes associated with refusals.

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, Village at the Harbor 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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

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

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:

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 7 residents (Resident 3) received their medications as prescribed. This failure resulted in Resident 3 not receiving physician ordered medications and placed them at risk of health complications.

Findings included:

Record review of an undated Face Sheet, showed Resident 3 admitted to the ALF on [redacted]2016 with multiple medical diagnoses.

Record review of an Assessment, dated 03/202/2026, showed Resident 3 required assistance with medication administration.

IL in progress investigation

Record review of an Electronic Medication Assistance Record (EMAR), dated 03/23/2026 through 04/22/2026, showed Resident 3 had physician's orders for aspirin (relieves pain and prevents heart attacks and strokes) once per day, atorvastatin (lowers bad cholesterol) once per day, fluticasone propionate (reduces inflammation in the airway) twice per day, myrbetriq (treats overactive bladder), trazodone (treats major depressive disorder) once per day, and venlafaxine (treats depression and anxiety) twice per day.

Record review of the EMAR, dated 03/23/2026 through 04/22/2026, showed no documentation that aspirin, atorvastatin, fluticasone, myrbetriq, trazodone and venlafaxine were given on 03/26/2026, 04/03/2026 or 04/11/2026.

Med Tech on duty says meds were given – working with Elder – mark tech on MAR med gaps + dropped "Synch" issues with the tablets.

Record review of an EMAR, dated 04/23/2026 through 05/22/2026, showed no documentation that myrbetriq, trazodone and venlafaxine were given on 05/10/2026.

IL in progress

Record review of an EMAR, dated 05/23/2026 through 06/22/2026, showed no documentation that aspirin, atorvastatin, myrbetriq, trazodone and venlafaxine were given on 06/13/2026.

Continue to check MAR more frequently with Med Tech's bi-weekly

In an interview on 06/24/2026 at 4:40 PM, Staff H (Director of Resident Services), stated

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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 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 7 residents (Resident 3) received their medications as prescribed. This failure resulted in Resident 3 not receiving physician ordered medications and placed them at risk of health complications.

Findings included...

Record review of an undated Face Sheet, showed Resident 3 admitted to the ALF on [redacted]/2016 with multiple medical diagnoses.

Record review of an Assessment, dated 03/202/2026, showed Resident 3 required assistance with medication administration.

Record review of an Electronic Medication Assistance Record (EMAR), dated 03/23/2026 through 04/22/2026, showed Resident 3 had physician's orders for aspirin (relieves pain and prevents heart attacks and strokes) once per day, atorvastatin (lowers bad cholesterol) once per day, fluticasone propionate (reduces inflammation in the airway) twice per day, myrbetriq (treats overactive bladder), trazodone (treats major depressive disorder) once per day, and venlafaxine (treats depression and anxiety) twice per day.

Record review of the EMAR, dated 03/23/2026 through 04/22/2026, showed no documentation that aspirin, atorvastatin, fluticasone, myrbetriq, trazodone and venlafaxine were given on 03/28/2026, 04/03/2026 or 04/11/2026.

Record review of an EMAR, dated 04/23/2026 through 05/22/2026, showed no documentation that myrbetriq, trazodone and venlafaxine were given on 05/16/2026.

Record review of an EMAR, dated 05/23/2026 through 06/22/2026, showed no documentation that aspirin, atorvastatin, mybretriq, trazodone and venlafaxine were given on 06/13/2026.

In an interview on 06/24/2026 at 4:40 PM, Staff H (Director of Resident Services), stated

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that the MAR should not have blank spots. Staff H stated that if there was a blank spot on the MAR it meant the medication was probably not given.

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, Village at the Harbor is or will be in compliance with this law and / or regulation on (Date) 8/20/2026

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

Jennifer Levashoff — 7/17/2026

Administrator (or Representative) — Date

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

_____ _____

Administrator (or Representative) Date

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