STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Greenlake Management Everett, LLC
Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

RE: Everett Heritage Court # 2612

Dear Administrator:

This document references Compliance Determination 81477 (09/03/2026), which included complaint number(s) 233044, 234320, 234691, 235199.

The Department completed a complaint investigation of your Assisted Living Facility on 09/03/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Wesler Dumecquias, Community Complaint Investigator

Consultation:

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

The facility did not ensure residents in a shared (double) room with attached bathroom had a toilet handle that functioned properly and the room and attached bathroom had damaged walls repaired, timely. This deficiency was corrected by the exit conference.

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

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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 (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 233044
Compliance Determination #: 81477
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 08/03/2026 through 09/03/2026
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident had rashes for over a month. There was a scabies outbreak in the facility.
2. The NR had a non-working toilet which does not flush. The wall behind the toilet was rotten from inside the bathroom to the bedroom.
3. The elevator was not working and staff did not know what to do during an emergency.
4. Lack of communication from staff regarding client rashes. POA had to contact the PCP regarding health and rashes.

Investigation Methods:

Sample:
Total residents: 46
Resident sample size: 4
Closed records sample size: 1

Observations:
Identified resident
Residents
Resident rooms
Resident care equipment
facility equipment
Residents bathroom
Residents' skin

Interviews:
Identified resident
Nursing staff
Residents
Family members
Maintenance staff
Housekeeping staff
Administrator

Record Reviews:
Medical records
Facility policies
Staff patterns
progress notes
Care plans
eMARs

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Investigation Summary:

1. The Named Resident (NR) was seen by their Primary Care Physician and at a skin specialty Doctors office for their skin issues. New orders were given. Records review from Doctors' visits showed tests did not show the NR had scabies and there was no outbreak for scabies. The facility reached out to the Department of Health, who confirmed there were no need for further treatment in the facility. The facility met minimum regulatory requirements.
2. The facility did not ensure residents in a shared (double) room with attached bathroom had a toilet handle that functioned properly and the room and attached bathroom had damaged walls repaired, timely. This deficiency was corrected by the exit conference. A Consultation was issued. See report dated 09/03/2026.
3. Observation showed the elevator was working. Interview with the maintenance showed the elevator was recently serviced by their contracted servicing company. The staff were aware of their emergency disaster preparedness protocol. Review of records showed the staff conducted their monthly drills for July and August 2026. The facility met the minimum regulatory requirements.
4. The facility failed to ensure they assessed and monitored the NR skin rashes. The facility was previously cited and was under a plan of correction. See Statement of Deficiency dated 05/29/2026.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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