STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Greenlake Management Ocean Shores, LLC
Ocean Shores Assisted Living
1020 Catala Avenue SE
Ocean Shores, WA 98569

RE: Ocean Shores Assisted Living License # 2615

Dear Administrator:

This letter addresses Compliance Determination(s) 79139 (Completion Date 06/15/2026) and 75693 (Completion Date 04/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/15/2026 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-2090-1-b

The Department staff who did the on-site verification:
Phan Pham, Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit E
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Ocean Shores Assisted Living
License/Cert.#: 2615
Compliance Determination #: 75693
Investigator: Phan Pham
Investigation Date(s): 04/09/2026 through 04/09/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 219601
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
Quality of care and nursing services - Named resident had wounds that were infected.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 2 Closed records sample size: 0
Observations:	Named resident, residents, environment, staff interactions with residents, staff members providing care and services, and safety measures.
Interviews:	Named resident, residents and interdisciplinary team members.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:
An on-site investigation was conducted, and the concerns related to nursing services, quality of care and treatments were reviewed. The assisted living facility failed to ensure staff members completed a visual skin assessment to verify the absence of wounds on admission and interventions to promote and monitor wound healing were included in the negotiated service agreement. Additional resident reviewed for care and services had no concerns.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2615	Compliance Determination # 75693
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Ocean Shores, LLC	04/09/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 04/09/2026 of:

Ocean Shores Assisted Living
1020 Catala Avenue SE
Ocean Shores, WA 98569

This document references the following complaint number(s): 219601

The following sample was selected for review during the unannounced on-site visit: 2 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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Statement of Deficiencies	License #: 2615	Compliance Determination # 75693
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 2 of 4	Licensee: Greenlake Management Ocean Shores, LLC	04/09/2026

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.

Clinton Fridley, RN
Residential Care Services

04/16/2026
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.

Debbie Smathers
Administrator (or Representative)

4/22/26
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(b) Chronic, current, and potential skin conditions: or

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to ensure staff members completed a visual skin assessment to verify the absence of wounds on admission and interventions to promote wound healing were included in the negotiated service agreement for 1 of 2 sampled residents (Resident 1) reviewed. These failures resulted in the resident not receiving wound treatment, contributed to the wound becoming infected and placed the resident at risk for harm from not receiving the necessary care and treatment.

Findings included:

Record review of facility resident records for Resident 1, showed the facility admitted the resident on [redacted]/2026 with diagnoses including [redacted], and [redacted].

Review of Resident 1's admission assessment, dated [redacted]/2026, showed no documentation related to current and/or potential skin conditions. Resident 1 was alert,

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oriented and had no communication impairment. Resident 1 had all their toes on their right foot amputated.

Review of Resident 1's negotiated service agreement, dated [redacted]/2026, showed the resident had a history of cellulitis to lower extremities. Staff members were to monitor Resident 1's lower extremities for redness, swelling and warmth. Resident 1 was dependent on staff members for assistance with dressing, bathing and transfers.

Review of Resident 1's medical record, dated 03/11/2026, showed the resident had a history of cellulitis, untreated diabetes, right foot toes and left below-knee amputations.

Observation on 04/09/2026 at 10:27 AM, Resident 1 was observed in bed and in their room. The resident had a dressing on their right ankle and one on their left leg stump. The dressing on the stump was saturated with fluid. The stump showed golf ball sized pink/reddened area with mild swelling and two nickel sized dried redden areas that the skin had scraped off.

In an interview on 04/09/2026 at 10:27 AM, Resident 1 stated they had a wound on their stump since admission to the facility. Resident 1 said they could not recall if they had told anyone about the wound on their stump. Resident 1 stated they had bumped the stump on the wall while in bed and that caused the skin injuries. Resident 1 said on 03/31/2026 they noticed the wound on the stump was getting worse and had planned to ask their brother to take the resident to the hospital, but their brother's van broke down. Resident 1 stated on 04/07/2026 they were transported to the hospital by ambulance because the wounds were bad.

Review of Resident 1's hospital record dated 04/07/2026 documented the resident was evaluated in the emergency department for progressively worsening leg wounds.

Observation on 04/09/2026 at 11:30 AM, showed Staff B, Health Services Director, assisted Resident 1 to changed the dressing on their stump.

In an interview on 04/09/2026 at 12:20 PM, Staff B stated Resident 1 had told Staff B they did not have a wound during the admission assessment, and they believed the resident. Staff B said they did not visually assess Resident 1's skin on admission and they should have. Staff B said they sent Resident 1 to the hospital when Staff B discovered the resident had wounds. Staff B said the resident's wounds were infected and Resident 1 was treated with an antibiotic. Staff B stated Resident 1 required assistance with activities of daily living and shower. Staff B said staff members were responsible for checking the residents' skin during shower and dressing and to notify Staff B when skin problems were identified.

In an interview at 12:36 PM, Staff C, Medication Tech, said staff members were to check

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the residents' skin when staff assist residents with shower and report skin problems to the medication tech for assessment and documentation.

In an interview at 12:50 PM, Staff D, Caregiver, stated they knew Resident 1 had a wound on their stump since Resident 1 was admitted and had notified the medication tech.

In an interview at 1:12 PM, Staff E, Caregiver, said Resident 1 needed assistance with activities of daily living, including dressing and bathing. Staff E stated they had noticed Resident 1 had a wound on their stump when the resident moved in. Staff E stated they noticed the wound on their stump had gotten worsen and they notified the medication tech. Staff E said staff members were responsible for checking the residents' skin when assisting residents with bathing and dressing. Staff E stated staff were supposed to report skin problems/wounds to the medication tech immediately.

In an interview at 1:19 PM, Staff A, Executive Director, stated the assessor was responsible for looking at the resident skin and document issues identified. Staff A said staff members were responsible for looking at the residents' skin when assisting residents with shower and immediately notify the medication tech and Health Services Director when issues were identified.

In an interview on 04/09/2026 at 3:11 PM, Staff B said they changed the dressing of the wound on Resident 1's stump and noticed there was fluid discharge, slightly swollen and redness, and nickel sized dried blood areas with the skin had rubbed off.

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, Ocean Shores Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5/24/26 .

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

Debbie Smethers — Administrator (or Representative)

4/22/26 — Date

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