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

Bear Creek Senior Living, Inc
Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

RE: Redmond Heights Senior Living License # 2628

Dear Administrator:

This letter addresses Compliance Determination(s) 82775 (Completion Date 08/26/2026) and 79543 (Completion Date 06/30/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/26/2026 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0720-2-a, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0600-1, WAC 388-78A-2466-1-a

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 follow-up on 06/25/2026 of:

Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

This document references the following SOD dated: 06/30/2026

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

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

Statement of Deficiencies	License #: 2628	Compliance Determination #: 79543
Plan of Correction	Redmond Heights Senior Living	Completion Date
Page 2 of 5	Licensee: Bear Creek Senior Living, Inc	08/30/2026

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.

Residential Care Services — 08/08/2026 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.

Administrator (or Representative) — 7/17/26 Date

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

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.

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

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 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors.

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(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

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(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.

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

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

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 staff (Staff D, Staff E and Staff F) completed the required training requirements prior to providing care to residents which resulted in Staff D, Staff E and Staff F not completing First Aid training. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 04/29/2026 the ALF received an initial citation for this regulation which included findings for Staff D, E and F. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 06/10/2026.

On 06/25/2026, a review of the ALF's employee files showed the following:

Staff D, Certified Nursing Assistant (CNA), was hired on 03/19/2025. Staff D had a certificate that they completed first aid training on 06/25/2026. Review of the website for the first aid training provider showed their training was online-only and did not include the required hands-on training component.

Staff E, Certified Medication Aide, was hired on 10/06/2023. Staff E had a certificate that they completed first aid training on 04/27/2026. Review of the website for the first aid training provider showed their training was online-only and did not include the required hands-on training component.

Staff F, Caregiver, was hired on 10/10/2022. Staff G had a certificate that they completed first aid training on 06/25/2026. Review of the website for the first aid training provider showed their training was online-only and did not include the required hands-on training component.

In an interview on 06/25/2026 at 2:50 PM, Staff J, Business Office Manager, stated that Staff D and Staff F just completed their first aid training online today (06/25/2026) after their training documentation had been requested by the licensors during the department's on-site follow-up visit and that there had been no hands-on component to the training.

In an interview on 06/25/2026 at 3:30 PM, Staff D, CNA, stated that they had just done their first aid training today (06/25/2026) and that it was online only with no hands-on training.

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

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In a phone interview on 06/30/2026 at 8:30 PM, Staff E, Certified Medication Aide, stated that the first aid training they did on 04/27/2026 was online only.

This is an uncorrected deficiency previously cited on 04/29/2026 for subsection (2)(d)

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, Redmond Heights Senior Living is or will be in compliance with this law and / or regulation on (Date) 8/14/26.

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

Administrator (or Representative) — Date: 7/17/26

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff K) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff K not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 04/29/2026 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 06/10/2026.

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

In a phone interview on 06/30/2026 at 3:30 PM, Staff E, Certified Medication Aide, stated that the first aid training they did on 04/27/2026 was online only.

This is an uncorrected deficiency previously cited on 04/29/2026 for subsection (2)(d)

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

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(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff K) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff K not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 04/29/2026 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 06/10/2026.

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

Statement of Deficiencies	License #: 2628	Compliance Determination # 79543
Plan of Correction	Redmond Heights Senior Living	Completion Date
Page 5 of 6	Licensee: Bear Creek Senior Living, Inc	08/30/2026

Record review of the ALF's policy titled, "Pre-Employment Investigations", undated, showed that the Washington State DSHS Background Check Central Unit (BCCU) background check should be performed every two years or any time within that period the facility has reason to believe a new check should be obtained.

Review of the ALF's employee files showed the following:

Staff K, Caregiver, was hired on 02/06/2024. Staff K had a Washington State name and date of birth background check dated 02/05/2024 that was valid until 02/05/2026. Review of a Washington State name and date of birth background check showed it had not been completed until after requested by the licensor during an on-site follow up visit. The background was completed on 06/26/2026 which was 140 days with no valid background check.

Review of the ALF's care staff scheduled for the week of 06/14/2026 – 06/20/2026 showed Staff K worked 5-night shifts as a Medication Technician.

In an interview on 06/25/2026 at 3:19 PM, Staff A, Executive Director, stated that they did not have a current background check and had contacted Staff K by phone to get a verbal approval to complete the 2-year background check. Staff A stated they (Staff K) did not have a current background check at the time of the licensor request during the on-site follow-up visit.

This is an uncorrected deficiency previously cited on 04/29/2025.

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, Redmond Heights Senior Living is or will be in compliance with this law and / or regulation on (Date) 8/14/26.

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

Administrator (or Representative) — Date: 7/17/26

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

Record review of the ALF's policy titled, "Pre-Employment Investigations", undated, showed that the Washington State DSHS Background Check Central Unit (BCCU) background check should be performed every two years or any time within that period the facility has reason to believe a new check should be obtained.

Review of the ALF's employee files showed the following:

Staff K, Caregiver, was hired on 02/06/2024. Staff K had a Washington State name and date of birth background check dated 02/05/2024 that was valid until 02/05/2026. Review of a Washington State name and date of birth background check showed it had not been completed until after requested by the licensor during an on-site follow up visit. The background was completed on 06/25/2026 which was 140 days with no valid background check.

Review of the ALF's care staff scheduled for the week of 06/14/2026 – 06/20/2026 showed Staff K worked 5-night shifts as a Medication Technician.

In an interview on 06/25/2026 at 3:19 PM, Staff A, Executive Director, stated that they did not have a current background check and had contacted Staff K by phone to get a verbal approval to complete the 2-year background check. Staff A stated they (Staff K) did not have a current background check at the time of the licensor request during the on-site follow-up visit.

This is an uncorrected deficiency previously cited on 04/29/2026.

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, Redmond Heights 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
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 04/21/2026, 04/22/2026, 04/24/2026 and 04/28/2026 of:
Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

The following sample was selected for review during the unannounced on-site visit: 7 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

Statement of Deficiencies	License #: 2628	Compliance Determination # 76185
Plan of Correction	Redmond Heights Senior Living	Completion Date
Page 2 of 8	Licensee: Bear Creek Senior Living, Inc	04/29/2026

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.

Jim Sherman
Residential Care Services

05-06-2026
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.

Administrator (or Representative)

5/16/26
Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff A and Staff B) who were provisionally employed completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff A and Staff B not having completed fingerprint background checks within 120 days of hire and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff A, Executive Director (ED), was hired on 02/01/2025. Review of a national fingerprint background check showed it was done on 04/24/2026, which was 447 days after their hire.

Staff B, Caregiver, was hired on 04/01/2025. Review of a national fingerprint background check showed it was done on 10/23/2025, which was 205 days after their hire.

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-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff A and Staff B) who were provisionally employed completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff A and Staff B not having completed fingerprint background checks within 120 days of hire and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's employee files showed the following:

Staff A, Executive Director (ED), was hired on 02/01/2025. Review of a national fingerprint background check showed it was done on 04/24/2026, which was 447 days after their hire.

Staff B, Caregiver, was hired on 04/01/2025. Review of a national fingerprint background check showed it was done on 10/23/2025, which was 205 days after their hire.

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

In an interview on 04/24/2026 at 1:33 PM, Staff B stated that their national fingerprint background check was late because when they showed for their fingerprint appointment it was expired, so they needed another appointment.

In an interview on 04/24/2026 at 2:10 PM, Staff A, ED, stated that they had just done their fingerprint background check that day.

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, Redmond Heights Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/10/26.

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

Administrator (or Representative) 5/16/26 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff A, Staff C and Staff D) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

Review of the Assisted Living Facility Resident Characteristic Roster and Sample Selection, undated, showed 58 residents resided in the ALF.

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 02/01/2025. There was no documentation showing TB screening had been completed within three days of hire.

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In an interview on 04/24/2026 at 1:33 PM, Staff B stated that their national fingerprint background check was late because when they showed for their fingerprint appointment it was expired, so they needed another appointment.

In an interview on 04/24/2026 at 2:10 PM, Staff A, ED, stated that they had just done their fingerprint background check that day.

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, Redmond Heights 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff A, Staff C and Staff D) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included…

Review of the Assisted Living Facility Resident Characteristic Roster and Sample Selection, undated, showed 58 residents resided in the ALF.

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 02/01/2025. There was no documentation showing TB screening had been completed within three days of hire.

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Staff C, Certified Nursing Assistant (CNA), was hired on 10/23/2025. There was no documentation showing TB screening had been completed within three days of hire.

Staff D, CNA, was hired on 03/19/2025. There was no documentation showing TB screening had been completed within three days of hire.

In an interview on 04/24/2026 at 1:54 PM, Staff D stated that they did not do TB testing when hired.

In an interview on 04/24/2026 at 2:29 PM, Staff C stated that they did not do TB testing when hired because they were not told to do it.

In an interview on 04/28/2026 at 4:17 PM, Staff A stated that they did their TB testing when human resources staff told them to do it, and that they did not know what had happened with the other staff not doing TB testing at hire because they had new human resources staff now.

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) — 5|16|26 Date

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing

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Staff C, Certified Nursing Assistant (CNA), was hired on 10/23/2025. There was no documentation showing TB screening had been completed within three days of hire.

Staff D, CNA, was hired on 03/19/2025. There was no documentation showing TB screening had been completed within three days of hire.

In an interview on 04/24/2026 at 1:54 PM, Staff D stated that they did not do TB testing when hired.

In an interview on 04/24/2026 at 2:29 PM, Staff C stated that they did not do TB testing when hired because they were not told to do it.

In an interview on 04/28/2026 at 4:17 PM, Staff A stated that they did their TB testing when human resources staff told them to do it, and that they did not know what had happened with the other staff not doing TB testing at hire because they had new human resources staff now.

Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

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(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing

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education by their birthday each year:

(iii) A certified nursing assistant;

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.

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff D, Staff E and Staff F) completed the training requirements within the required timeframes. This failure resulted in Staff E and Staff F not completing 12 hours of continuing education by their birthday each year. This failure also resulted in Staff D, Staff E and Staff F not completing and/or maintaining first aid training. These failures caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

Continuing Education

Review of the ALF's employee files showed the following:

Staff E, Certified Nursing Assistant (CNA), was hired on 10/06/2023. Staff E's file showed 1.75 hours of Department of Social and Health Services (DSHS) approved education completed for the timeframe of their birthday each year from 09/29/2024 – 09/29/2025.

Staff F, CNA, was hired on 10/10/2022. No continuing education records were available for review.

In an interview on 04/28/2026 at 4:17 PM, Staff A, Executive Director (ED), stated that

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the ALF's continuing education failures had to do with turnover in their business office staff.

First Aid Training

Staff D, CNA, was hired on 03/19/2025. Staff D's file showed no documentation of current First Aid training.

Staff E and Staff F's files showed no documentation of current First Aid training.

In an interview on 04/24/2026 at 1:54 PM, Staff D stated that they had not taken a First Aid class because the ALF had not asked them to.

In an interview on 04/28/2026 at 1:47 PM, Staff F stated that their First Aid training had expired.

In an interview on 04/28/2026 at 4:17 PM, Staff A, ED, stated that they didn't know why staff had not completed First Aid training because the staff that previously monitored it no longer worked at the ALF.

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: 5|16|26

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

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the ALF's continuing education failures had to do with turnover in their business office staff.

First Aid Training

Staff D, CNA, was hired on 03/19/2025. Staff D's file showed no documentation of current First Aid training.

Staff E and Staff F's files showed no documentation of current First Aid training.

In an interview on 04/24/2026 at 1:54 PM, Staff D stated that they had not taken a First Aid class because the ALF had not asked them to.

In an interview on 04/28/2026 at 1:47 PM, Staff F stated that their First Aid training had expired.

In an interview on 04/28/2026 at 4:17 PM, Staff A, ED, stated that they didn't know why staff had not completed First Aid training because the staff that previously monitored it no longer worked at the ALF.

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, Redmond Heights 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-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

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

Statement of Deficiencies	License #: 2628	Compliance Determination # 76185
Plan of Correction	Redmond Heights Senior Living	Completion Date
Page 7 of 8	Licensee: Bear Creek Senior Living, Inc	04/29/2026

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff F not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff F, Caregiver, was hired on 10/10/2022. Staff F had a Washington State name and date of birth background check dated 10/06/2022, that was valid until 10/06/2024. Review of a Washington State name and date of birth background check showed it was not completed until 12/20/2024, which was 75 days with no valid background check.

In an interview on 04/28/2026 at 4:17 PM, Staff A, Executive Director, stated that Staff F's late background check was due to previous business office staff that no longer worked at the ALF, so they did not know what had happened.

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, Redmond Heights Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/10/26.

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

Administrator (or Representative) — Date: 5/16/26

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff F not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

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In an interview on 04/28/2026 at 4:17 PM, Staff A, Executive Director, stated that Staff F's late background check was due to previous business office staff that no longer worked at the ALF, so they did not know what had happened.

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Administrator (or Representative) Date

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(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 kitchen (Main Kitchen) that provided meal preparation and services to residents maintained a dietitian approved diet manual available for use by kitchen staff. This failure placed 58 residents at risk of receiving services that do not meet the current nutritional standards.

Findings included...

Observation on 04/21/2026 at 11:41 AM, showed Staff I, Cook, prepared and plated food for the lunch meal.

Observation on 04/22/2026 at 10:48 AM, showed Staff H, Chef, and Staff I prepared food for the lunch meal.

In an interview on 04/28/2026 at 12:35 PM, Staff H stated that they developed the weekly meal plan based on meal planning resources provided by the ALF's food vendor and their own experience in the food industry, not by a dietary manual.

In an interview on 04/28/2026 at 2:40 PM, Staff G, Certified Dietician, stated that the ALF did not have a dietary manual available for the kitchen staff that prepared food.

In an interview on 04/28/2026 at 2:44 PM, Staff A, Executive Director, stated that they did not have a dietary manual in the kitchen and didn't know the ALF needed to have one available for staff that developed and prepared meals for resident.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 5/16/26

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In an interview on 04/28/2026 at 2:40 PM, Staff G, Certified Dietician, stated that the ALF did not have a dietary manual available for the kitchen staff that prepared food.

In an interview on 04/28/2026 at 2:44 PM, Staff A, Executive Director, stated that they did not have a dietary manual in the kitchen and didn't know the ALF needed to have one available for staff that developed and prepared meals for resident.

Plan/Attestation Statement

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