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

Sabra West Coast Operations V, LLC
Ashley Pointe Senior Living
11117 20TH ST NE
LAKE STEVENS, WA 98258

RE: Ashley Pointe Senior Living License # 2643

Dear Administrator:

This letter addresses Compliance Determination(s) 79886 (Completion Date 07/02/2026) and 76829 (Completion Date 05/07/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2026 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-e, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2, WAC 388-78A-2474-4, WAC 388-78A-2450-2-h-viii, WAC 388-78A-2450-2-h-vii, WAC 388-78A-2450-2-h-vi, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-ii, WAC 388-78A-2450-2-h-i, WAC 388-78A-2450-2-h, WAC 388-78A-2466-1-a, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-3090-1-b, WAC 388-78A-2480-1

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

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
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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 05/04/2026 and 05/06/2026 of:
Ashley Pointe Senior Living
11117 20TH ST NE
LAKE STEVENS, WA 98258

The following sample was selected for review during the unannounced on-site visit: 5 of 24 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 #: 2843	Compliance Determination # 76829
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Page 2 of 12	Licensee: Sabra West Coast Operations V, LLC	05/07/2026

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.

Janie Singer
Residential Care Services

5/18/2026
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.

Trust Rachf
Administrator (or Representative)

9-27-26
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:

(a) Orientation and safety;

(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.

(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 3 of 6 staff (Staff C, D, and F) met the long-term care worker training requirements under Washington Administrative Code (WAC) 388-112A. These failures resulted in Staff C, D, 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...

Orientation and Safety training (ORSA)

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

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Administrator (or Representative) | Date

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Findings included…

Orientation and Safety training (ORSA)

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

NOTE: Washington Administrative Code (WAC) 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

NOTE: WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Record review showed the ALF hired Staff D (Resident Assistant (RA)) on 12/24/2025. Staff B's employee file showed no documentation of completed ORSA training, 131 days after their date of hire.

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-0090: 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.

Record review showed the ALF hired Staff C (RA) on 12/22/2025. Staff C's employee file had no documentation that they had completed basic training, 133 days after their date of hire.

Record review showed the ALF hired Staff D (RA) on 12/24/2025. Staff D's employee file had no documentation that they had completed basic training, 131 days after their date of hire.

In an interview, on 05/05/2026 at 1:47 PM, Staff C confirmed that they had not completed the training.

In an interview, on 05/05/2026 at 2:53 PM, Staff H (Health Services Director) confirmed that Staff D had not started the HCA training and had been pulled from the schedule on 05/05/2026.

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,

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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 05/04/2026, showed 2 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, they would provide their staff with specialized training.

Record review showed the ALF hired Staff D (RA) on 12/24/2025. Staff D's employee file had no record of dementia specialty training, 131 days after their date of hire.

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.

Record review showed the ALF hired Staff C (RA) on 12/22/2025. Staff C's employee filed showed no CPR and first aid card available for review.

In an interview, on 05/05/2026 at 10:39 AM, Staff G confirmed that Staff C did not have a current CPR/First aid card and would be attending the next CPR class that would be held at the ALF on 05/12/2026.

Continuing Education (CE)

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

Record review showed the ALF hired Staff F (RA) on 04/20/2023. Staff F's employee file showed no documentation that Staff C had completed any approved CE's in the time between their birthday in 2024 and their birthday in 2025.

In an interview, on 05/05/2026 at 11:33 AM, Staff G stated that they reviewed Staff F's

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completed CE's and determined that only 10 hours were completed.

This was an uncorrected deficiency previously cited on 03/24/2025 for subsections 2 (a)(b)(c)(d)(e).

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, Ashley Pointe Senior Living is or will be in compliance with this law and / or regulation on (Date) 6-21-26 .

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

Troy Radcliff
Administrator (or Representative)

5-27-26
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 D, E and F) completed a facility orientation prior to providing care. This failure resulted in Staff D, E and F not receiving a timely orientation and placed 24

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Administrator (or Representative) Date

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residents at risk for compromised care and safety.

Findings included...

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 D (Resident Assistant – (RA)) on 12/24/2025. Staff D's employee file showed no record of a completed facility orientation.

Record review showed the ALF hired Staff E (Medication Technician) on 08/31/2016. Staff E's employee file showed no record of a completed facility orientation.

Record review showed the ALF Hired Staff F (RA) on 04/20/2023. Staff F's employee file showed no record of a completed facility orientation.

In an interview, on 05/05/2026 at 11:44 AM, Staff G (Business Office Director) stated that once a new employee was released to their department manager it was up to that department to ensure the rest of the orientation was completed. Staff G confirmed that Staff D, E and F did not complete facility orientation.

Plan/Attestation Statement

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Tony Rouchy
Administrator (or Representative)

5-27-26
Date

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Statement of Deficiencies	License #: 2643	Compliance Determination # 76829
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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 record review and interview, 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 04/20/2023. Staff F's employee file showed a previous BGC dated 04/13/2023. The current BGC was dated 05/04/2026, 386 days past the initial date the BGC was conducted.

In an interview, on 05/05/2026 at 10:37 AM, Staff G confirmed that they did not have a current 2025 background check for Staff F, so they ran a new one on 05/04/2026.

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, Ashley Pointe Senior Living is or will be in compliance with this law and / or regulation on (Date) 6-21-26.

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

Troy Rowley — Administrator (or Representative)

5-27-26 — Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family

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member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 1 of 1 resident (Resident 4) received family assistance with medications. This failure placed Resident 4 at risk for compromised health conditions if their family members were unavailable to assist.

Findings included…

Record review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2026 with multiple medical diagnoses.

Record review of an Assessment, dated 05/04/2026, showed Resident 4 had an order to independently self-medicate.

Record review of an Individual Service Plan, dated 05/24/2026, showed ALF staff would assist with narcotics and muscle relaxing medications only and that Resident 4 would self-administer their other medications.

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

An observation, on 05/06/2026 at 1:04 PM, showed a medication organizer (a compact storage device designed to help people manage their medication schedule more effectively) that was sitting on top of the dining room table in Resident 4's apartment.

In an interview, on 05/06/2026 at 1:05 PM, Resident 4 stated that their daughter would order their medications and filled the medication organizer every week.

Record review of Resident 4's file did not have a written plan that detailed which family members by name were responsible for obtaining the medications, which medications would be provided by the family member, an alternate plan if the family member was unable to fulfill their duties, and an emergency contact person with a telephone number if the ALF observed any changes in the resident that may relate to the medication plan, and no signatures that indicated the family or the ALF was in agreement with the plan.

In an interview, on 05/06/2026 at 1:46 PM, Staff H (Health Services Director) confirmed Resident 4 did not have a family medication plan in place.

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, Ashley Pointe Senior Living is or will be in compliance with this law and / or regulation on (Date) 6-21-26.

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

Tracy Rordyk
Administrator (or Representative)

5-27-26
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

This requirement was not met as evidenced by:

Based on interviews and observation, the Assisted Living Facility (ALF) failed to keep the exterior of the ALF property safe and well-maintained. This failure resulted in residents living in an unsafe environment and placed 24 residents at risk of injury and a decreased quality of life.

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Statement of Deficiencies	License #: 2643	Compliance Determination # 76829
Plan of Correction	Ashley Pointe Senior Living	Completion Date
Page 10 of 12	Licensee: Sabra West Coast Operations V, LLC	05/07/2026

Findings included...

The following was observed during an exterior tour of the ALF on 05/04/2026:

At 12:01 PM, on the east side of the ALF, there was a 25-foot section of white vinyl fence that was missing. The missing section had caution tape and an orange mesh construction barrier that covered the opening. The mesh barrier was put in over a ledge that was eight feet from the ground.

At 12:10 PM, the ALF's exterior siding had dried algae collected along the entire east side of the building.

At 12:15 PM, on the west side of the ALF near the back door to the kitchen, there was a loose section of fascia (a horizontal board that runs along the lower edge of a roof) that was hanging, and there was a loose section of gutter that was not secured.

In an interview on, 05/04/2026 at 12:16 PM, Staff A (Executive Director in Training) stated that the vinyl fence was damaged by a tree that fell in the Winter of 2024. Staff A stated that the fascia and gutter would be fixed and that the side of the ALF would be power washed to remove the dirt.

Plan/Attestation Statement

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

Troy Rondeau — Administrator (or Representative)

5-27-26 — 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.

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Findings included…

The following was observed during an exterior tour of the ALF on 05/04/2026:

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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.

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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 6 of 6 staff (Staff A, B, C, D, E, and F) were screened for Tuberculosis (TB - a contagious infection that was spread through bacteria in the air and primarily affects that lungs) within three days of hire and a second step TB test was given. These failures placed all residents at risk of possible exposure to a communicable disease.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2484 - Tuberculosis—Two Step Skin Testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing must ensure that each staff person has the following two-step skin testing: (1) An initial skin test within three days of employment; and (2) A second test done one to three weeks after the first test.

Record review showed the ALF hired Staff A (Executive Director in Training) on 02/12/2024. Staff A's employee file showed they received their first step TB test on 03/17/2025, 399 days after their date of hire and no record of a second step TB test.

Record review showed the ALF hired Staff B (Medication Technician ((MT))/Caregiver) on 04/02/2025. Staff B's employee file showed they did not have record of a first or second TB test, 397 days after their date of hire.

Record review showed the ALF hired Staff C (Resident Assistant ((RA)) on 12/22/2025. Staff C's employee file showed they received their first step TB test on 01/12/2026, 21 days after their date of hire and no record of a second step TB test.

Record review showed the ALF hired Staff D (RA) on 12/24/2025. Staff D's employee file showed they did not have record of a first or second TB test, 131 days after their date of hire.

Record review showed the ALF hired Staff E (MT) on 08/31/2016. Staff E's employee file showed they received their first step TB test on 03/17/2025, 3,533 days after their date of hire and no record of a second step TB test.

Record review showed the ALF hired Staff F (RA) on 04/20/2023. Staff F's employee file showed they received their first step TB test on 03/19/2025, 699 days after their date of hire and no record of a second step TB test.

In an interview, on 05/04/2026 at 3:34 PM, Staff G (Business Office Manager) confirmed that Staff A, B, C, D, E and F's first step TB tests should have been done in three days of

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hire. Staff G stated that none of the staff would have a 2nd step TB test completed.

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, Ashley Pointe Senior Living is or will be in compliance with this law and / or regulation on (Date) 6-21-26.

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

Tracy Rouch Jr
Administrator (or Representative)

5-27-26
Date

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hire. Staff G stated that none of the staff would have a 2nd step TB test completed.

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, Ashley Pointe 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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