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

06/02/2026

CREF3 Oxford Living Sherwood LLC
Sherwood Assisted Living
550 W HENDRICKSON RD
SEQUIM, WA 98382

RE: Sherwood Assisted Living # 2652

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 78420 (Completion Date 06/02/2026) and 74821 (Completion Date 03/30/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/02/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

The Department staff who did the On Site verification:
Phan Pham, Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Sherwood Assisted Living
Provider Type: Assisted Living Facility

License/Cert.#: 2652
Intake ID: 216013
Compliance Determination #: 74821
Region/Unit #: RCS Region 3 / Unit E
Investigator: Clinton Fridley
Investigation Date(s): 03/25/2026 through 03/30/2026
Complainant Contact Date(s):

Allegation(s):

Resident Rights: Facility not allowing former staff to visit residents for specific time after employment ended despite residents wanting to visit these former staff.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents, resident rooms facility common area's
Interviews:	Affected Residents Staff Executive Director maintenance staff resident care coordinator former staff
Record Reviews:	facility resident records facility policies collateral documenation

Investigation Summary:

Resident Rights: facility restricted former employees from visiting residents without consulting if the resident wanted the visits or not, failed practice identified due to failing to honor the residents right to chose who visits them in their homes.

Conclusion / Action:

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Sherwood Assisted Living
Provider Type: Assisted Living Facility

License/Cert.#: 2652
Intake ID: 215979
Compliance Determination #: 74821
Region/Unit #: RCS Region 3 / Unit E
Investigator: Clinton Fridley
Investigation Date(s): 03/25/2026 through 03/30/2026
Complainant Contact Date(s):

Allegation(s):

1. Quality of Life: residents not being able to chose who visits them.
2. Resident Rights: Facility not allowing former staff to visit residents for specific time after employment ended despite residents wanting to visit these former staff.
3. Financial exploitation: charged for showers not given.
4. Quality of Care/Treatment: visitation rights and not receiving services.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents, resident rooms facility common area's
Interviews:	Affected Residents Staff Executive Director maintenance staff resident care coordinator former staff
Record Reviews:	facility resident records facility policies collateral documenation

Investigation Summary:

1. Quality of Life: see 2. resident rights - failed practice identified
2. Resident Rights: facility restricted former employees from visiting residents without consulting if the resident wanted the visits or not, failed practice identified due to failing to honor the residents right to chose who visits them in their homes.
3. Financial exploitation: unable to substantiate failed practice.
4. Quality of Care/Treatment: see 2. resident rights - failed practice identified;
- regarding care and services - unable to substantiate failed practice surrounding care and services or charges for such.

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Conclusion / Action:

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

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

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 03/25/2026 of:

Sherwood Assisted Living
550 W HENDRICKSON RD
SEQUIM, WA 98382

This document references the following complaint number(s): 216442, 216122, 216013, 215979

The following sample was selected for review during the unannounced on-site visit: 3 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Clinton Fridley, Community Nurse Field Manager

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 #: 2652	Compliance Determination # 74821
Plan of Correction	Sherwood Assisted Living	Completion Date
Page 2 of 5	Licensee: CREF3 Oxford Living Sherwood LLC	03/30/2026

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.

Jennifer LeMaster
Residential Care Services

04/08/2026
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
Administrator (or Representative)

04/14/2026
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure residents were able to receive visitors of their choosing for 3 of 3 residents (Resident 1, 2, and 3) reviewed for visitation. This failure resulted in residents being denied visitation with a person of their choice, placing residents at risk for psychosocial harm.

Findings included...

RCW 70.129.090 Advocacy, access, and visitation rights.
(1) The resident has the right and the facility must not interfere with access to any resident by the following:
(f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, resident representative, immediate family or other relatives of the resident, and others who are visiting with the consent of the resident;

Record review of facility policy titled "Former Employee Volunteer and Private Caregiving Restriction Policy," dated 03/04/2026, showed the facility prohibited former employees from volunteering or providing private caregiving services within the facility for 12 months following separation from the ALF.

Record review of facility policy titled "Visitors," last revised 10/20/2024, showed the facility allows visitation for residents and maintains safety through a visitor registration

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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.

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-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure residents were able to receive visitors of their choosing for 3 of 3 residents (Resident 1, 2, and 3) reviewed for visitation. This failure resulted in residents being denied visitation with a person of their choice, placing residents at risk for psychosocial harm.

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(1) The resident has the right and the facility must not interfere with access to any resident by the following:
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Record review of facility policy titled “Former Employee Volunteer and Private Caregiving Restriction Policy,” dated 03/04/2026, showed the facility prohibited former employees from volunteering or providing private caregiving services within the facility for 12 months following separation from the ALF.

Record review of facility policy titled “Visitors,” last revised 10/20/2024, showed the facility allows visitation for residents and maintains safety through a visitor registration

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system.

Record review of facility policy titled “Long-Term Care Resident Rights,” last revised 10/20/2024, showed residents have the right to have visitors of their choosing, subject to reasonable restrictions.

<Resident 1>

Record review of facility face sheet for Resident 1 (R1), dated 03/26/2026, showed the facility admitted the resident on [redacted]/2022 with diagnoses that included [redacted].

On 03/25/2026 at 2:26 PM, R1 stated Collateral Contact 2 (CC2), former activities staff, was “close to our hearts” and visited weekly to talk. R1 stated they wanted CC2 to continue visiting. R1 stated CC2 informed them that they could no longer visit due to the facility restrictions on former staff. R1 stated facility staff did not inform them of the restrictions and did not ask if they wanted visits from CC2. R1 stated when they learned CC2 could no longer visit, it made them feel “a little sad” and stated, “they are basically my only family that come to visit.” R1 stated, “I don’t have any choice” regarding visitation.

<Resident 2>

Record review of facility face sheet for Resident 2 (R2), dated 03/26/2026, showed the facility admitted the resident on [redacted]2024 with diagnoses that include [redacted].

On 03/25/2026 at 10:50 AM, R2 stated they liked the former activities staff members, missed them, and would enjoy visits from them. R2 stated CC2 visited frequently. R2 stated that they spoke with Staff C, maintenance, about why CC2 had not come to pick up newspapers they had been saving, and were told CC2 “couldn’t come in to visit for a year.” R2 stated the facility did not ask if they wanted visits from former staff.

<Resident 3>

Record review of facility face sheet for Resident 3 (R3), dated 03/26/2026, showed the facility admitted the resident on[redacted]/2023 with diagnoses that included [redacted].

On 03/25/2026 at 1:26 PM, R3 stated really liked some of the old activities staff,

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especially Collateral Contact 1 (CC1), former activities staff, stating “I love her.” R3 stated CC1 calls regularly and R3 wants, and likes, visits from CC1. R3 stated facility staff did not inform them of the restrictions and did not ask if they wanted visits from CC1. R3 stated CC1 informed them that they could no longer visit. R3 stated they are “angry at management for not allowing them to visit” and “can’t understand why [CC1] can’t come with the dog.”

<Former Staff>

On 03/24/2026 at 4:05 PM, CC1 stated Staff A, Executive Director, and Staff B, Resident Care Coordinator, in December 2025, informed them they could not enter the facility to visit residents anymore. CC1 stated that Staff A explained the facility is a private business and can determine who is allowed on property. CC1 was informed by Staff A that the restriction was for nine months after last date of employment.

On 03/25/2026 at 5:11 PM, CC2 stated they used to visit residents weekly until last week. CC2 stated that Staff A called them and stated they could no longer come in to visit residents because, as a facility, they were not allowing former staff to visit for set time frame.

<Facility Management>

On 03/25/2026 at 3:28 PM, Staff A and Staff B confirmed the facility created and implemented a policy prohibiting former employees from visiting residents for one year following separation. Staff A stated the facility did not speak with affected residents about the policy and did not ask them if they wanted the former activities staff to visit. Staff A stated the facility did not “view it as a resident rights issue” and believed it to be a business decision. Staff A and Staff B confirmed no individual resident assessment was completed and stated the restriction was communicated to residents via a town hall meeting rather than individual conversations. Staff B stated the reason for the restriction was that visits from former staff were tough on the residents.

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Statement of Deficiencies	License #: 2652	Compliance Determination # 74821
Plan of Correction	Sherwood Assisted Living	Completion Date
Page 5 of 5	Licensee: CREF3 Oxford Living Sherwood LLC	03/30/2026

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, Sherwood Assisted Living is or will be in compliance with this law and / or regulation on (Date) 05/08/2026.

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

Administrator 04/14/2026

Administrator (or Representative) Date

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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, Sherwood Assisted 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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