STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Cypress Gardens ALC LLC
Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

RE: Arbor Assisted Living License # 2663

Dear Administrator:

This letter addresses Compliance Determination(s) 80300 (Completion Date 07/10/2026) and 77339 (Completion Date 05/27/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/10/2026 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, WAC 388-112A-0105-2-c, WAC 388-78A-2320-1-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2280-1, WAC 388-78A-2466-1-a, WAC 388-78A-24681-1

The Department staff who did the on-site verification:
Kathy Heinz, Long Term Care Surveyor

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, 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
PO Box 99250, Lakewood, WA 98496

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 and complaint investigation on 05/13/2026, 05/14/2026 and 05/19/2026 of:

Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

This document references the following complaint numbers: 223254.

The following sample was selected for review during the unannounced on-site visit: 7 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Clinton Fridley, RN
Residential Care Services

05/27/2026
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)

6/1/2026
Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when?

(2) The following individuals must obtain home care aide certification as follows:

(c) Assisted living facility administrators or their designees, within 200 calendar days of the 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:

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 sampled staff (Staff C) obtained Home Care Aide (HCA) certification within 200 days of hire. This failure placed all 54 residents at risk of receiving care from unqualified staff.

Findings included...

Review of the facility personnel records showed the facility hired Staff C, Caregiver, on 07/06/2025. The records showed Staff C completed 75 hours of long-term care basic training on 10/25/2025. There was no documentation that showed Staff C obtained their HCA certification.

During an interview on 05/15/2026 at 2:00 PM, Staff I, Business Office Manager, said Staff C was not certified within 200 days of 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

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Findings included...

Review of the facility personnel records showed the facility hired Staff C, Caregiver, on 07/06/2025. The records showed Staff C completed 75 hours of long-term care basic training on 10/25/2025. There was no documentation that showed Staff C obtained their HCA certification.

During an interview on 05/15/2026 at 2:00 PM, Staff I, Business Office Manager, said Staff C was not certified within 200 days of hire.

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

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, Arbor Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/1/2026 Δ Date

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

Administrator (or Representative) 6/1/2026 Date

WAC 388-76A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 9 of 9 sampled staff (Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff K, Staff L, and Staff M) were qualified to administer medications and procedures that require delegation by a Registered Nurse (RN). This failure placed the residents at risk of medical complications and a decreased quality of life by receiving medications and/or procedures from undelegated staff.

Findings included...

RESIDENT 1
Review of the ALF Characteristic Roster dated 05/13/2026 showed that Resident 1 received nurse delegation services.

Review of the facility's Nurse Delegation: Nursing Visit records dated 01/22/2026 and 03/25/2026, showed that Resident 1 required administration/application of eye drops.

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

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, Arbor 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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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 9 of 9 sampled staff (Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff K, Staff L, and Staff M) were qualified to administer medications and procedures that require delegation by a Registered Nurse (RN). This failure placed the residents at risk of medical complications and a decreased quality of life by receiving medications and/or procedures from undelegated staff.

Findings included…

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Review of the facility's Nurse Delegation: Nursing Visit records dated 01/22/2026 and 03/25/2026, showed that Resident 1 required administration/application of eye drops.

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

Review of Resident 1's March 2026, April 2026 and May 2026 Medication Administration Records (MARs), showed orders for Brimonidine Tartrate 0.2% drops, one drop in both eyes two times a day for eye disease, Dorzolamide-Timolol 22.3/6.8 milligrams (mg) drops, one drop in both eyes two times a day for eye disease, Latanoprost 0.005% drops, one drop in both eyes at bedtime for eye disease, and Carboxymethylcellulose Sodium 0.5% drops, one drop in both eyes as needed for dry eyes.

Review of Resident 1's March 2026 MAR showed that Staff C (Caregiver/CG) administered Resident 1's eye drops from 03/01/2026 through 03/30/2026, and Staff L (CG) administered eye drops on 03/06/2026.

Review of Resident 1's April 2026 MAR showed that Staff C administered Resident 1's eye drops from 04/10/2026 through 04/17/2026.

Review of Resident 1's May 2026 MAR showed that Staff H (CG) administered eye drops on 05/07/2026, and Staff F (Resident Care Coordinator/RCC) and Staff K (CG) administered eye drops on 05/12/2026.

Review of the facility's Nurse Delegation: Nursing Visit records for Resident 1, dated 01/22/2026 and 03/25/2026, showed that Staff C, Staff F, Staff H, Staff K, and Staff L were not delegated by Staff J, (Registered Nurse Delegator/RND) to administer Resident 1's eye drop medications.

RESIDENT 2
Review of the ALF Characteristic Roster dated 05/13/2026 showed that Resident 2 received nurse delegation services.

Review of the facility's Nurse Delegation: Nursing Visit records dated 01/26/2026 showed that Resident 2 required administration of insulin by injection, and blood glucose (sugar) checks by fingerstick, a procedure that requires piercing of the skin to collect a blood sample to measure the level of sugar in the blood.

Review of Resident 2's March 2026, April 2026 and May 2026 MARs showed physician orders for Humulin insulin, to inject 32 units once daily in the morning; for Lantus insulin, to inject 0.3 milliliters (ml) once daily in the morning, and 0.4 ml once daily in the evening; and for Ozempic, to inject 0.25 mg once a week for diabetes (a medical condition that fails to regulate blood sugar). The MARs also showed an order to check Resident 2's blood sugar four times a day.

Review of Resident 2's March 2026 and April 2026 MARs showed that Staff C administered Resident 2's insulins, Ozempic, and checked Resident 2's blood sugar from 03/01/2026 through 03/30/2026, and from 04/10/2026 through 04/17/2026.

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

Review of Resident 2's May 2026 MAR showed that Staff H checked Resident 2's blood sugar on 05/07/2026. On 05/12/2026, the MAR showed Staff F administered Resident 2's insulins, Ozempic, and checked the resident's blood sugar, and Staff K checked Resident 2's blood sugar.

Review of the facility's Nurse Delegation: Nursing Visit records for Resident 2, one dated 01/26/2026, and one undated form, showed that Staff C, Staff F, Staff H, and Staff K were not delegated by Staff J to administer Resident 2's insulins and Ozempic by injection, and to check Resident 2's blood sugars. On 05/14/2026 at 1:15 PM, Staff J stated the undated Nurse Delegation: Nurse Visit record for Resident 2 was completed 03/25/2026.

RESIDENT 5
Review of the ALF Characteristic Roster dated 05/13/2026 showed that Resident 5 received nurse delegation services.

Review of the facility's Nurse Delegation: Instructions for Nursing Task records dated 07/07/2025 showed that Resident 5 required administration of insulin by injection, and blood sugar checks by fingerstick, and application of topical (skin) medication for muscle pain.

Review of Resident 5's March 2026, April 2026 and May 2026 MARs showed physician orders for Lantus insulin 30 units daily in the morning by injection for diabetes; Diclofenac Sodium 1% gel, administer to the skin (topical) every eight hours as needed for muscle pain; and Dragon Balm Deep Tissue Relief, administer to the skin three times a day for muscle pain. The MARs also showed an order to check Resident 5's blood sugar two times a day.

Review of the March 2026 MAR and April 2026 MAR showed that Staff A (Executive Director), Staff B (CG), Staff D (CG), Staff E (CG), and Staff G (CG) administered insulin, checked Resident 5's blood sugar, and/or applied topical medications between 03/01/2026 and 04/30/2026.

Review of the May 2026 MAR showed that Staff B, Staff D, Staff E, Staff G, Staff H, and Staff M (CG) administered insulin, checked Resident 5's blood sugar, and/or applied topical medications between 05/01/2026 and 05/13/2026.

Review of the facility's Nurse Delegation: Nursing Visit record for Resident 5 showed the form was undated and did not include Resident 5's delegated medications, and the task of checking Resident 5's blood sugars. On 05/14/2026 at 1:15 PM, Staff J acknowledged that the undated Nurse Delegation: Nurse Visit record for Resident 5 was incomplete and stated that facility staff need to be nurse delegated to administer insulin, check blood sugar, and apply topical medication to Resident 5.

RESIDENT 6

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

Review of the ALF Characteristic Roster dated 05/13/2026 showed that Resident 6 received nurse delegation services.

Review of Resident 6's April 2026 and May 2026 MARs showed a physician order for Lantus insulin to inject 12 units in the morning. Staff C administered Resident 6's insulin on 04/14/2026 and on 04/15/2026. Staff F administered Resident 6's insulin on 05/12/2026.

Review of the facility's Nurse Delegation' Nursing Visit form dated 03/25/2026 for Resident 6 did not show the delegated medications and the delegated tasks. Staff C and Staff F were not delegated by Staff J to administer insulin.

During an interview with Staff J on 05/15/2026 at 11:00 AM, they said Resident 6 was delegated for blood sugar checks and administration of insulin.

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, Arbor Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/1/26 No A Date

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

Administrator (or Representative) 6/1/26 Date

WAC 388-78A-2280 Medication organizers.

(1) The assisted living facility must ensure no staff person other than a nurse or licensed pharmacist fills medication organizers for residents.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure a licensed staff re-packaged medications for 1 of 1 Residents (Resident 4), who left the facility for social leave. This failure placed Resident 4 at risk of decline in their health status.

Findings included...

Review of Resident 4's April 2026 Medication Administration Records (MAR) showed

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

Review of the ALF Characteristic Roster dated 05/13/2026 showed that Resident 6 received nurse delegation services.

Review of Resident 6's April 2026 and May 2026 MARs showed a physician order for Lantus insulin to inject 12 units in the morning. Staff C administered Resident 6's insulin on 04/14/2026 and on 04/15/2026. Staff F administered Resident 6's insulin on 05/12/2026.

Review of the facility's Nurse Delegation: Nursing Visit form dated 03/25/2026 for Resident 6 did not show the delegated medications and the delegated tasks. Staff C and Staff F were not delegated by Staff J to administer insulin.

During an interview with Staff J on 05/15/2026 at 11:00 AM, they said Resident 6 was delegated for blood sugar checks and administration of insulin.

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, Arbor 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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Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure a licensed staff re-packaged medications for 1 of 1 Residents (Resident 4), who left the facility for social leave. This failure placed Resident 4 at risk of decline in their health status.

Findings included…

Review of Resident 4's April 2026 Medication Administration Records (MAR) showed

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orders for Oxycodone 5 milligram (mg) tablet one tablet every 6 hours as need for pain, Aspirin 81 mg tablet one time per day to help prevent heart attacks and stroke, Atorvastatin 80 mg tablet one time per day to help lower bad cholesterol, Clopidogrel 75 mg tablet one time per day to help prevent blood clots, Losartan 50 mg tablet one time per day for high blood pressure, Alprazolam 1 mg tablet three times per day as needed for anxiety, Sertraline 50 mg tablet one time per day for depression, and Zolpidem 5 mg tablet one time per day for insomnia.

Observation on 5/18/2026 at 10:45 AM of the medication cart showed that Resident 4's Oxycodone was packaged by a pharmacy in a bubble pack.

Review of the facility Narcotic Log (record used to track the count of narcotics) for Resident 4 showed that on 04/30/2026, Staff C (Caregiver) documented that 7 tablets of Oxycodone were "sent with the resident."

Staff C was interviewed on 05/18/2026 at 2:00 PM. During the interview, Staff C said that she placed all the medications Resident 4 would need for two days into small clear plastic bags and gave them to the resident.

Review of the facility's personal files, showed Staff C was hired as a caregiver and held an active Nursing Assistant Registration (NAR).

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, Arbor Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/1/26 RW A Date

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

Administrator (or Representative) — Date: 6/1/26

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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orders for Oxycodone 5 milligram (mg) tablet one tablet every 6 hours as need for pain, Aspirin 81 mg tablet one time per day to help prevent heart attacks and stroke, Atorvastatin 80 mg tablet one time per day to help lower bad cholesterol, Clopidogrel 75 mg tablet one time per day to help prevent blood clots, Losartan 50 mg tablet one time per day for high blood pressure, Alprazolam 1 mg tablet three times per day as needed for anxiety, Sertraline 50 mg tablet one time per day for depression, and Zolpidem 5 mg tablet one time per day for insomnia .

Observation on 5/19/2026 at 10:45 AM of the medication cart showed that Resident 4's Oxycodone was packaged by a pharmacy in a bubble pack.

Review of the facility Narcotic Log (record used to track the count of narcotics) for Resident 4 showed that on 04/30/2026, Staff C (Caregiver) documented that 7 tablets of Oxycodone were "sent with the resident."

Staff C was interviewed on 05/15/2026 at 2:00 PM. During the interview, Staff C said that she placed all the medications Resident 4 would need for two days into small clear plastic bags and gave them to the resident.

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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 6 sampled staff (Staff A) completed a Washington state name and date of birth background check (BGC) every two years. This failure placed all 54 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 02/09/2024 The records showed Staff A's name and date of birth BGC expired on 03/04/2026. The records showed Staff A's two-year renewal of their BGC was completed on 05/13/2026, 70 days after it expired

During an interview on 05/13/2026 at 2:00 PM, Staff I, Business Office Manager, acknowledged that staff A BGC's was completed late.

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, Arbor Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/1/26 - RW A Date

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

Administrator (or Representative) 6/1/26 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 1 of 6 sampled staff (Staff D) completed a national fingerprint background check (BGC) as required. This failure placed all 54 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff A) completed a Washington state name and date of birth background check (BGC) every two years. This failure placed all 54 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included…

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 02/09/2024 The records showed Staff A's name and date of birth BGC expired on 03/04/2026. The records showed Staff A's two-year renewal of their BGC was completed on 05/13/2026, 70 days after it expired.

During an interview on 05/13/2026 at 2:00 PM, Staff I, Business Office Manager, acknowledged that staff A BGC's was completed late.

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, Arbor 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.

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Administrator (or Representative) Date

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(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 1 of 6 sampled staff (Staff D) completed a national fingerprint background check (BGC) as required. This failure placed all 54 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

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

Statement of Deficiencies	License #: 2663	Compliance Determination #77339
Plan of Correction	Arbor Assisted Living	Completion Date
Page 9 of 9	Licensee: Cypress Gardens ALC LLC	05/27/2026

Findings included...

Review of the facility's personnel records showed the facility hired Staff D, Caregiver, on 10/02/2024. The records showed documentation that the facility completed a national fingerprint BGC for Staff D on 04/01/2025. The national fingerprint BGC was completed 181 days after hire, and not within 120 days of hire, as required.

During an interview on 05/13/2026 at 2:00 PM, Staff I, Business Office Manager, acknowledged that Staff D's BGC's was completed late.

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, ArborAssisted Living is or will be in compliance with this law and / or regulation on (Date) 7/1/26 - PW Δ Date

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

Administrator (or Representative) 6/1/26 Date

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

Findings included…

Review of the facility's personnel records showed the facility hired Staff D, Caregiver, on 10/02/2024. The records showed documentation that the facility completed a national fingerprint BGC for Staff D on 04/01/2025. The national fingerprint BGC was completed 181 days after hire, and not within 120 days of hire, as required.

During an interview on 05/13/2026 at 2:00 PM, Staff I, Business Office Manager, acknowledged that Staff D's BGC's was completed late.

Plan/Attestation Statement

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

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Administrator (or Representative) Date

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
PO Box 99250, Lakewood, WA 98496

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

Cypress Gardens ALC LLC
Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

RE: Arbor Assisted Living # 2663

Dear Administrator:

This document references the following complaint numbers 223254.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 05/27/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Clinton Fridley, Community Nurse Field Manager
Residential Care Services

Region 3, Unit D
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/27/2026), no later than 07/11/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

Facility water temperatures exceeded 120 degrees in one section of the building, which affected a common resident shower room and resident rooms. The facility lowered the water temperature to the required range at the time of the inspection to the Department's satisfaction.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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

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

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 D
Residential Care Services

Enclosure

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