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

Summer Hill Operations, LLC
Summer Hill Assisted Living
165 SW 6th Ave
Oak Harbor, WA 98277

RE: Summer Hill Assisted Living License # 2676

Dear Administrator:

This letter addresses Compliance Determination(s) 74844 (Completion Date 03/27/2026) and 71616 (Completion Date 01/29/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/27/2026 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-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2240, WAC 388-78A-24681, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-2474-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-d

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Summer Hill Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2676
Intake ID: 207707
Compliance Determination #: 71616
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cristina Gonzalez
Investigation Date(s): 01/20/2026 through 01/29/2026
Complainant Contact Date(s):

Allegation(s):

1. Assisted Living Facility (ALF) staff were not distributing the Named Resident's (NR) medications correctly.
2. ALF staff were not communicating with NR correctly.
3. NR felt like a prisoner living in the ALF.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 7 Closed records sample size: 0
Observations:	Named Resident Sample Residents
Interviews:	Named Resident Sample Residents Nursing Director Medication Technicians
Record Reviews:	Resident files Medical records

Investigation Summary:

1. Review of the NR's medication administration record (MAR) and medical files showed physician orders for prescribed medications were not followed. Review of the NR's care plan showed the ALF assumed responsibility for obtaining the NR's prescribed medications. Review of the MAR showed the ALF was not able to obtain prescribed medications in a timely manner. Failed practice identified. A citation was issued for noncompliance with Washington Administrative Code (WAC) 388-78A-2240 Nonavailability of medications and WAC 388-78A-2210 Medication services.
2. Review of ALF resident records and interviews with ALF staff showed the ALF was following their process for communicating with residents regarding their care.
3. Interviews with the NR and sampled residents showed the NR and sampled residents felt safe to leave the facility whenever they wanted and denied the use of restraints.

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

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

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 01/20/2026, 01/21/2026, 01/22/2026 and 01/23/2026 of:

Summer Hill Assisted Living
165 SW 6th Ave
Oak Harbor, WA 98277

This document references the following complaint numbers: 207707, 207592, 207260.

The following sample was selected for review during the unannounced on-site visit: 7 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, 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

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.

Jennie Singer
Residential Care Services

2/9/2026
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)

2-9-26
or ~~3-15-26~~
Date

WAC 388-78A-2240 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 5 of 7 residents (Resident 2, 3, 4, 5 and 7). This failure resulted in Residents 2, 3, 4, 5 and 7 not receiving medications as prescribed and placed them at risk for harm.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2410 - Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records

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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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 5 of 7 residents (Resident 2, 3, 4, 5 and 7). This failure resulted in Residents 2, 3, 4, 5 and 7 not receiving medications as prescribed and placed them at risk for harm.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2410 - Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records

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must include the following: (8) Medical and nursing services provided by the assisted living facility for a resident, including: (a) A record of providing medication assistance and medication administration (iii) The signature or initials of the person providing any medication assistance or administration.

Review of the ALF's undated policy titled, "Procedure for Medication Service", showed staff would document when medications had been taken. If a medication was not taken, staff would document resident's refusal or inability to take medication according to the prescription and notify the prescriber, if indicated.

Resident 2

Review of an undated faced sheet showed the ALF admitted Resident 2 on [redacted]/2023 with multiple medical diagnoses.

Review of an Assessment and Care Plan (equivalent to a Negotiated Service Agreement), dated 01/20/2025, showed ALF staff would assist Resident 2 with their medications.

Review of the Medication Administration Record (MAR), dated 11/01/2025 through 01/19/2026, showed Resident 2 had physician's orders for Eliquis (a medication used to prevent blood clots) twice a day with no parameters for holding and hydrocodone (a medication used to relieve pain) three times daily with no parameters for holding.

Review of the MAR, dated 01/01/2026 to 01/19/2026, showed that for any unusual circumstances staff were to circle their initials and write a comment on the back noting the date, time, and medication. The MAR showed 14 blank spaces where there should have been staff initials or an abbreviation of the status of the medication. There was no documentation that explained if Resident 2 received their medication, refused their medication, or was unable to take their medication.

Review of Resident 2's Progress Notes, dated 01/01/2026 to 01/19/2026, showed no documentation of why a medication was not given.

Resident 3

Review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2025 with multiple medical diagnoses.

Review of an Assessment and Care Plan, dated 10/31/25 and updated [redacted]/2025, showed ALF staff would provide medication assistance to Resident 3.

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Review of the MAR, dated 11/07/2025 through 01/19/2026, showed Resident 3 had physician's orders for alendronate (a medication used to prevent and treat thinning of the bone) once a week with no parameters for holding; cephalexin (a medication used to treat bacterial infection) four times a day for three days with no parameters for holding; citalopram (a medication used to treat depression) once a day with no parameters for holding; donepezil (a medication used to treat memory loss and confusion) once a day with no parameters for holding; famotidine (a medication used to treat excess stomach acid) twice a day with no parameters for holding; memantine (a medication used to treat moderate to severe dementia) once a day with no parameters for holding; nystatin (a medication used to treat fungal infections) topical cream applied twice daily with no parameters for holding; olanzapine (a medication used for mood stabilization) once a day with no parameters for holding; omeprazole (a medication used to treat excess stomach acid) once daily with no parameters for holding; and vitamin B complex (a supplement used to enhance brain function, heart health, and promote energy production) once a day with no parameters for holding.

Review of the MAR, dated 11/07/2025 through 01/19/2026, showed that for any unusual circumstances staff were to circle their initials and write a comment on the back noting the date, time, and medication. The MAR showed 75 blank spaces where there should have been staff initials or an abbreviation of the status of the medication and 79 spaces with circled staff initials but no documentation that explained if Resident 3 received their medication, refused their medication, or was unable to take their medication.

Review of Progress Notes, dated 11/07/2025 to 01/20/2026, showed no documentation of why a medication was not given.

Resident 4

Review of an undated faced sheet showed the ALF admitted Resident 4 on [redacted]/2016 with multiple medical diagnoses including [redacted].

Review of an Assessment and Care Plan, dated 09/15/2025, showed ALF staff would provide medication assistance to Resident 4.

Review of a Visit Note (VN) from Resident 4's eye physician, dated 10/31/2025, showed Resident 4 went to their eye clinic for complaints of blurred vision in both eyes. The VN showed new prescription orders to apply Genteal ointment (a treatment applied to the eyes to lubricate and protect the eyes from severe dryness and irritation) and Lacrilube (a treatment applied to the eyes to relieve burning and irritation due to eye dryness) to affected eyes at bedtime.

Review of the MAR, dated 11/01/2025 to 01/20/2026, showed no orders were entered into the MAR for Resident 4 to begin receiving Genteal and Lacrilube ointment.

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In an interview, on 01/23/2026, Staff G, Director of Nursing Services, stated they were not sure when the eye doctor visit notes were placed in Resident 4's file as they had recently attempted to find these notes after Resident 4 brought it to their attention that they were prescribed new eye medications.

Resident 5

Review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses.

Review of an Assessment and Care Plan, dated 08/18/2025, showed ALF staff would provide medication assistance to Resident 5.

Review of a fax sent to the ALF from Resident 5's physician, dated 10/17/2025, showed Resident 5 was prescribed venlafaxine (a medication used to treat depression and anxiety) 150 milligrams (mg) in the morning and 75 mg in the evening for a total of 225 mg per day.

Review of a fax sent to the ALF from the ALF's contracted pharmacy, dated 10/17/2025, showed Resident 5 had an increase in their dosage of venlafaxine and to use a change in direction sticker on Resident 5's current medication card.

Review of the MAR, dated 11/01/2025 to 12/31/2025, showed Resident 5 had an order for venlafaxine 150 mg in the morning. No orders for the additional 75 mg dosage in the evening were found in the MAR.

Review of the MAR, dated 01/01/2026 to 01/20/2026, showed Resident 5 began receiving their increased dosage of 75 mg of venlafaxine in the evening along with their 150 mg in the morning on 01/02/2026, 76 days after the increase was prescribed.

In an interview, on 01/23/2026, Staff G stated they were not sure how the increase in dosage was not caught sooner.

Resident 7

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2025 with multiple medical diagnoses.

Review of the Assessment and Care Plan, dated [redacted]/2025 and updated 11/14/2025,

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showed Resident 7 started receiving medication assistance from the ALF on 11/15/2025.

Review of the MAR, dated 11/15/2025 to 01/19/2026, showed that for any unusual circumstances staff were to circle their initials and write a comment on the back noting the date, time, and medication. The MAR showed that the ALF was to provide blood glucose testing for Resident 7 once per day. Between 11/15/2025 to 01/19/2026, there were six blank spaces where there should have been staff initials or an abbreviation of the status of the medication and seven circled initials with no explanation of whether Resident 7 received blood glucose testing, refused testing, or was unable to be tested.

Review of Resident 7's Progress Notes, dated 11/15/2025 through 01/19/2026, showed no documentation of why blood glucose testing was not completed

In an interview, on 01/23/2026 at 2:36 PM, Staff G stated that the blank spaces on the MARs were likely from staff failing to sign off that medications were given.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date) 3-15-26 .

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

Administrator (or Representative) 2-9-26 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain medications in a timely manner for 2 of 7 residents (Residents 5 and 7). This failure resulted in Resident 5 and 7 not receiving prescribed medications and placed them at risk of medical complications.

Findings included...

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showed Resident 7 started receiving medication assistance from the ALF on 11/15/2025.

Review of the MAR, dated 11/15/2025 to 01/19/2026, showed that for any unusual circumstances staff were to circle their initials and write a comment on the back noting the date, time, and medication. The MAR showed that the ALF was to provide blood glucose testing for Resident 7 once per day. Between 11/15/2025 to 01/19/2026, there were six blank spaces where there should have been staff initials or an abbreviation of the status of the medication and seven circled initials with no explanation of whether Resident 7 received blood glucose testing, refused testing, or was unable to be tested.

Review of Resident 7's Progress Notes, dated 11/15/2025 through 01/19/2026, showed no documentation of why blood glucose testing was not completed.

In an interview, on 01/23/2026 at 2:36 PM, Staff G stated that the blank spaces on the MARs were likely from staff failing to sign off that medications were given.

Plan/Attestation Statement

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Findings included...

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Resident 5

Review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses.

Review of an Assessment and Care Plan (equivalent to a Negotiated Service Agreement), dated 08/18/2025, showed ALF staff would provide medication assistance to Resident 5.

Review of the MAR, dated 11/01/2025 to 01/20/2026, showed Resident 5 was prescribed sucralfate (a medication used to treat and prevent ulcers in stomach) twice daily.

Review of the MAR, dated 11/23/2025 to 01/20/2026, showed Resident 5 had not received sucralfate between 11/23/2025 and 01/08/2026 for a total of 92 doses due to medication unavailability.

Review of Progress Notes and Provider Fax Communication Forms, dated 11/23/2025 to 01/07/2026, showed no documented attempts to contact Resident 5's provider regarding the sucralfate unavailability.

Review of a Physician/Provider Fax Communication Form, dated 01/08/2026, showed that ALF staff first contacted Resident 5's provider to request a refill of Resident 5's sucralfate after 46 days of unavailability.

In an interview, on 01/23/2026 at 10:19 AM, Staff G, Director of Nursing Services, stated they were not sure why Resident 5's sucralfate was not available to give for that long of a time period.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses.

Review of the Assessment and Care Plan, dated [redacted]/2025 and updated 11/14/2025, showed Resident 7 started receiving medication assistance from the ALF on 11/15/2025.

Review of the MAR, dated 11/15/2025 through 01/19/2026, showed Resident 7 was prescribed bupropion (a medication used to treat depression) once daily and that

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Resident 7 had not received the medication between 11/15/2025 and 01/14/2026, for a total of 61 doses.

Review of Progress Notes and MAR Special Circumstances Notes, dated 11/15/2025 to 01/19/2026, showed no documented attempts to contact Resident 7's provider regarding the bupropion unavailability.

In an interview, on 01/23/2026 at 3:05 PM, Staff G stated that when the ALF took responsibility for Resident 7's medications on 11/15/2025, Resident 7 had refused to tell the ALF which pharmacy their bupropion was at. Staff G acknowledged there had been a delay in Resident 7 receiving their medication.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date) 3-15-26 .

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

Administrator (or Representative) — Date: 2-9-26

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

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 4 staff (Staff B and C), whose position required a national fingerprint background check, completed it within 120 days of their date of hire. This placed residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

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Resident 7 had not received the medication between 11/15/2025 and 01/14/2026, for a total of 61 doses.

Review of Progress Notes and MAR Special Circumstances Notes, dated 11/15/2025 to 01/19/2026, showed no documented attempts to contact Resident 7's provider regarding the bupropion unavailability.

In an interview, on 01/23/2026 at 3:05 PM, Staff G stated that when the ALF took responsibility for Resident 7's medications on 11/15/2025, Resident 7 had refused to tell the ALF which pharmacy their bupropion was at. Staff G acknowledged there had been a delay in Resident 7 receiving their medication.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 4 staff (Staff B and C), whose position required a national fingerprint background check, completed it within 120 days of their date of hire. This placed residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included…

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Record review of employee files showed the ALF hired Staff B, Medication Technician, on 09/12/2025. Staff B's file showed no record of a completed fingerprint background check as of 130 days after being hired.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 07/07/2025. Staff C's file showed no record of a completed fingerprint background check as of 200 days after being hired.

In an interview, on 01/21/2026 at 2:53 PM, Staff A, Executive Director, stated Staff B and C had yet to complete their fingerprint appointment.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date) 3-15-26.

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

Administrator (or Representative) — 2-9-26 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff members (Staff C, D, E and F) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

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Record review of employee files showed the ALF hired Staff B, Medication Technician, on 09/12/2025. Staff B's file showed no record of a completed fingerprint background check as of 130 days after being hired.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 07/07/2025. Staff C's file showed no record of a completed fingerprint background check as of 200 days after being hired.

In an interview, on 01/21/2026 at 2:53 PM, Staff A, Executive Director, stated Staff B and C had yet to complete their fingerprint appointment.

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

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(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff members (Staff C, D, E and F) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

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Findings included….

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (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 of employee files showed the ALF hired Staff C, Caregiver, on 07/07/2025. Staff C's file showed no record of completed basic training as of 200 days after being hired.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

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.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 07/07/2025. Staff C's record showed completed CPR/first aid training by National CPR Foundation, a company that offers online CPR and first aid training and certification. Review of the company's website showed that they do not offer hands-on training.

Review of staff records showed the ALF hired Staff D, Medication Technician, on 01/02/2025. Staff D's record showed completed CPR/first aid training by National CPR Foundation.

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Review of staff records showed the ALF hired Staff E, Medication Technician, on 07/11/2023. Staff E's record showed no current completed first aid training.

Review of staff records showed the ALF hired Staff F, Medication Technician, on 07/11/2023. Staff F's record showed completed CPR/first aid training by National CPR Foundation.

In an interview, on 01/21/2026 at 2:53 PM, Staff A, Executive Director, stated that they were aware CPR and first aid training required a hands-on portion and that the online training link they were providing staff did not meet the WAC requirements.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date) 3-15-26.

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

Administrator (or Representative) — Date: 2-9-26

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

Review of staff records showed the ALF hired Staff E, Medication Technician, on 07/11/2023. Staff E's record showed no current completed first aid training.

Review of staff records showed the ALF hired Staff F, Medication Technician, on 07/11/2023. Staff F's record showed completed CPR/first aid training by National CPR Foundation.

In an interview, on 01/21/2026 at 2:53 PM, Staff A, Executive Director, stated that they were aware CPR and first aid training required a hands-on portion and that the online training link they were providing staff did not meet the WAC requirements.

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

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