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

Wesley Homes Des Moines LLC

Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

RE: Wesley Homes Des Moines LLC License # 2704

Dear Administrator:

This letter addresses Compliance Determination(s) 83979 (Completion Date 09/21/2026) and 82961 (Completion Date 09/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/21/2026 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-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

The Department staff who did the off-site verification:
Jane Hermano, NCI
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 08/28/2026 of:
Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

This document references the following SOD dated: 09/02/2026

The following sample was selected for review during the unannounced on-site visit: 6 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Angelica Rios, ALF Licensor

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

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

Statement of Deficiencies	License # 2704	Compliance Determination # 82961
Plan of Correction	Wesley Homes Des Moines LLC	Completion Date
Page 2 of 4	Licensee: Wesley Homes Des Moines LLC	09/02/2026

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 09/15/2026 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) — 9/16/2026 Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

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 sampled residents (Residents 1, 2, 3, and 4), or the resident representative, received the facility's written policy on Medicaid as a payment source with a signature and date. This failure placed Residents 1, 2, 3, and 4 at risk of making an uninformed decision based on incomplete information about the Medicaid policy of the ALF.

Findings included...

Review of the facility's undated policy, titled "Non-Medicaid Participation Notice,"

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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 — 09/15/2026 (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) — Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

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 sampled residents (Residents 1, 2, 3, and 4), or the resident representative, received the facility's written policy on Medicaid as a payment source with a signature and date. This failure placed Residents 1, 2, 3, and 4 at risk of making an uninformed decision based on incomplete information about the Medicaid policy of the ALF.

Findings included...

Review of the facility's undated policy, titled "Non-Medicaid Participation Notice,"

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showed that the facility did not accept Medicaid as a form of payment.

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the ALF received a citation for this regulation on 07/13/2026 for Residents 1, 2, 3, and 4. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 08/14/2026.

A review of Resident 1's records showed Resident 1 was admitted to the facility on [redacted]/2026. Review of records during an on-site visit on 08/28/2026 showed no signed Medicaid policy.

A review of Resident 2's records showed Resident 2 was admitted to the facility on [redacted]/0222. Review of records on 08/28/2026 showed no signed Medicaid policy.

A review of Resident 3's records showed Resident 3 was admitted to the facility on [redacted]2026. Review of records on 08/28/2026 showed no signed Medicaid policy.

A review of Resident 4's records showed Resident 4 was admitted to the facility on [redacted]/2024. Review of records on 08/28/2026 showed no signed Medicaid policy.

During an interview on 08/28/2026 at 1:40 PM, Staff B, Memory Care Nurse Manager confirmed that the facility held no Medicaid contracts that allowed residents in their memory care unit to have Medicaid as a payment source. Staff B stated that they needed to reach out to the staff maintaining the residents' non-medicaid payment disclosure records.

Review of Staff B's email on 08/31/2026 at 4:03 PM showed that Residents 1, 2, 3, and 4 non-medicaid payment disclosures were in the "old system" and needed to be searched.

This is an uncorrected deficiency previously cited on 07/13/2026 for WAC 388-78A-2665 subsections (1)(2)(3)(4)(5)(6).

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

Statement of Deficiencies	License # 2704	Compliance Determination # 82961
Plan of Correction	Wesley Homes Des Moines LLC	Completion Date
Page 4 of 4	Licensee Wesley Homes Des Moines LLC	09/02/2026

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 9/16/2026.

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

Administrator (or Representative) — Date: 9/16/2026

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 06/29/2026 and 07/02/2026 of:
Wesley Homes Des Moines LLC
815 S 216th St
Des Moines, WA 98198

The following sample was selected for review during the unannounced on-site visit: 6 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Angelica Rios, ALF Licensor

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

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Statement of Deficiencies	License #: 2704	Compliance Determination #:79544
Plan of Correction	Wesley Homes Des Moines LLC	Completion Date
Page 2 of 15	Licensee: Wesley Homes Des Moines LLC	07/13/2026

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — Date: 07/17/2026

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: 7/23/26

WAC 388-78A-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 observation, interview, and record review, the Assisted Living Facility failed to assess appropriateness and implement nurse delegation services for 2 of 6 sampled residents (Resident 2 and Resident 6). These failures place Resident 2 and Resident 6 at risk for medication errors and potential decline in their health.

Findings included...

WAC 246-840-820 Definitions. (14) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

WAC 246-840-930 Criteria for delegation. (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if

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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: 07/17/2026

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-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 observation, interview, and record review, the Assisted Living Facility failed to assess appropriateness and implement nurse delegation services for 2 of 6 sampled residents (Resident 2 and Resident 6). These failures place Resident 2 and Resident 6 at risk for medication errors and potential decline in their health.

Findings included...

WAC 246-840-920 Definitions. (14) "Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

WAC 246-840-930 Criteria for delegation. (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if

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a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

Review of the facility's Disclosure of Services, revised 2026, showed the facility provided intermittent nursing services, including administration of prescription medications or insulin and blood glucose testing.

Review of the facility's policy titled "Nurse Delegation Services," revised 06/30/2026, showed that the facility provided nursing delegation services consistent with WAC requirements to ensure safe, effective care. The policy showed the delegation process included assessment of the resident's delegation needs and determination of capabilities of the delegated staff.

<RESIDENT 2>
Review of Resident 2's records showed that the facility admitted Resident 2 on [redacted] 2022 with a medical diagnosis of [redacted] and [redacted].

Observation on 06/30/2026 at 9:11 AM showed Resident 2 laid in a hospital bed with the head of the bed elevated. Observation showed Staff H, Medication Technician (unlicensed staff who dispense and administer medications), mixed the crushed medications in applesauce and used the spoon to administer the medications. Staff H repeatedly prompted Resident 2 to open their mouth. Resident 2, eyes closed, did not respond or open their mouth. Resident 2, with eyes remained closed, partially opened their mouth to the spoon touching their lips. Observation showed Resident 2 pushed the medications out of their mouth. Resident 2 was unaware they received their medications.

During an interview at 9:21 AM, Staff H stated that Resident 2 was unable to take their medications on their own and required the staff to administer their medications since last month. Staff H stated that Resident 2 was unable to self-direct their medications. Staff stated that they were delegated to administer Resident 2's medications.

Review of Resident 2's June 2026 through July 2, 2026, electronic Medication Administration Records (eMARs) showed an order to crush all medications. The eMARs showed Resident 2 received oral medications. The eMARs showed MT's signed off when medications were administered.

Review of records showed Resident 2 had a change of condition and was certified for hospice services on 05/22/2026. Review of Resident 2's assessment, dated 05/27/2026, showed Resident 2's medications were administered by MT or licensed nurse. The Nurse Delegation records showed no documentation that the facility obtained Resident 2 or their family representative's consent for nurse delegation services. The records showed

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no documentation that nurse delegation services were completed. There was no documentation of any nurse supervision, any assessment for delegation, or any delegated staff for Resident 2.

<RESIDENT 6>

Review of Resident 6's records showed that the facility admitted Resident 6 on [redacted] 2024 with a medical diagnosis of [redacted] and [redacted]

Observation on 06/30/2026 at 7:50 AM showed Resident 6 was awake and in bed. Staff G, MT, asked Resident 6 which finger to prick for the blood sugar test. Resident 6 stated, "Yes, yes" and had their hand tightly clenched. Staff G failed to check Resident 6's blood sugar after three attempts. At 7:56 AM, Staff G stated they were nurse delegated to check Resident 6's blood sugar and administer insulin injection.

Observation on 07/01/2026 at 7:15 AM showed Resident 6 sat in a chair in their apartment. Staff H primed the insulin pen with the prescribed insulin daily dose and asked Resident 6 which abdominal site to perform the insulin injection. Resident 6 did not respond and was unable to self-direct the administration of their insulin. Staff H administered the insulin on Resident 6's abdomen. At 7:19 AM, Staff H stated they were nurse delegated to administer Resident 6's insulin injection.

Review of Resident 6's April 2026, May 2026, and June 2026 electronic eMARs showed an order for Humulin N (intermediate-acting insulin) to be administered subcutaneously [under the skin] every morning for diabetes. The eMARs showed Resident 6 received a dose of insulin injections. The eMARs showed MT's signed off when insulin injections were administered.

Review of Resident 6's Registered Nurse Delegation records showed Resident 6's family representative consented to nurse delegation services on 09/11/2024 for oral medications and eye drops. The records showed no documentation of any nurse supervision on insulin injections at least every two weeks for the first four weeks and every 90 days thereafter. The records showed no documentation of any assessment for insulin delegation or any delegated staff for insulin injections for Resident 6.

During an interview on 07/01/2026 at 11:48 AM, Staff I, Registered Nurse Delegator, stated that they were aware of the requirements for the resident's nurse-delegated services. Staff I stated that Resident 2 had a sudden change of health condition, and nurse delegation for oral medications was not completed. Staff I stated that Resident 6 had diabetic management delegation from the previous nurse delegator. Staff I and Staff B, Memory Care Nurse Manager, were unable to find any documentation that the nurse delegation for insulin injection was initiated and continued for Resident 6.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 8/14/26

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

Administrator (or Representative) 7/23/26 Date

WAC 388-78A-2460 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that 2 of 6 sampled staff (Staff B and Staff C) was screened for tuberculosis (TB) within three days of hire. This failure placed 26 residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

Note: WAC 388-78A-2461 Tuberculosis—Testing method—Required. The assisted living facility must ensure that all tuberculosis testing is done through either: (1) Intradermal (Mantoux) administration with test results read: (a) Within forty-eight to seventy-two hours of the test; and (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

Review of the facility's undated Resident Characteristic Roster showed the facility provided memory care services to 26 residents.

<STAFF B>

Review of the facility's employee records showed the facility hired Staff B, Memory Care Nurse Manager, on 08/17/2025. Review of Staff B's records showed that Staff B completed two-step TB tests with negative results. The records showed that the initial TB test was administered on 08/27/2025, 71 days after the date 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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that 2 of 6 sampled staff (Staff B and Staff C) was screened for tuberculosis (TB) within three days of hire. This failure placed 26 residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

Note: WAC 388-78A-2481 Tuberculosis—Testing method—Required. The assisted living facility must ensure that all tuberculosis testing is done through either: (1) Intradermal (Mantoux) administration with test results read: (a) Within forty-eight to seventy-two hours of the test; and (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

Review of the facility's undated Resident Characteristic Roster showed the facility provided memory care services to 26 residents.

<STAFF B>

Review of the facility's employee records showed the facility hired Staff B, Memory Care Nurse Manager, on 06/17/2025. Review of Staff B's records showed that Staff B completed two-step TB tests with negative results. The records showed that the initial TB test was administered on 08/27/2025, 71 days after the date of hire.

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

During an interview on 06/20/2026 at 11:02 AM, Staff B stated that they worked from Monday through Friday. Staff B stated that they assessed residents and supervised staff who provided care and services for residents. Staff B stated that their previous two-skin test results were missing.

<STAFF C>

Review of the facility's employee records showed the facility hired Staff C, Medication Technician/Certified Nursing Assistant, on 01/07/2025. Review of Staff C's records showed that on 01/31/2025, Staff C's initial one-step TB skin test was not read. The records showed another one-step TB skin test was repeated and completed with negative results. The records showed that the one-step TB skin test was administered on 03/17/2025, 69 days after the date of hire.

Observation on 06/30/2025 at 8:15 AM showed Staff C assisted the residents into the dining room. During an interview at this time, Staff C stated that they provided direct, hands-on help with the resident's daily care.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 8/14/26

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

Administrator (or Representative) — Date: 7/23/26

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a one-step skin test for tuberculosis (TB) for 1 of 6 sampled staff (Staff A). This failure placed 26 residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

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

During an interview on 06/20/2026 at 11:02 AM, Staff B stated that they worked from Monday through Friday. Staff B stated that they assessed residents and supervised staff who provided care and services for residents. Staff B stated that their previous two-skin test results were missing.

<STAFF C>

Review of the facility's employee records showed the facility hired Staff C, Medication Technician/Certified Nursing Assistant, on 01/07/2025. Review of Staff C's records showed that on 01/31/2025, Staff C's initial one-step TB skin test was not read. The records showed another one-step TB skin test was repeated and completed with negative results. The records showed that the one-step TB skin test was administered on 03/17/2025, 69 days after the date of hire.

Observation on 06/30/2026 at 8:15 AM showed Staff C assisted the residents into the dining room. During an interview at this time, Staff C stated that they provided direct, hands-on help with the resident's daily care.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a one-step skin test for tuberculosis (TB) for 1 of 6 sampled staff (Staff A). This failure placed 26 residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

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

Review of the facility's undated Resident Characteristic Roster showed the facility provided care services to 26 residents.

Review of the facility's undated Employee Roster showed that Staff A, Health Services Administrator's hire date was on 04/22/2025. Staff A's employee records showed documentation of an initial one-step TB skin test, dated 07/08/2025, with a negative result.

During an interview on 07/01/2026 at 2:13 PM, Staff K, People Operations Director, stated that they were responsible and kept the facility's employee records in either electronic or printed form. Staff K stated that Staff A took on dual responsibilities as the facility's health center administrator on 04/22/2025 and as memory care center administrator on 12/07/2025. Staff K confirmed that there were no documents to show Staff A completed a one-step TB test after hire.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 8/14/26

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

Administrator (or Representative) 7/23/26 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure that 2 of 2 pets (Pet 1 and Pet 2) remained current with their required examinations and certified to be free of diseases transmittable to humans. This failure placed 26 residents at risk of infectious disease.

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

Review of the facility's undated Resident Characteristic Roster showed the facility provided care services to 26 residents.

Review of the facility's undated Employee Roster showed that Staff A, Health Services Administrator's hire date was on 04/22/2025. Staff A's employee records showed documentation of an initial one-step TB skin test, dated 07/08/2025, with a negative result.

During an interview on 07/01/2026 at 2:13 PM, Staff K, People Operations Director, stated that they were responsible and kept the facility's employee records in either electronic or printed form. Staff K stated that Staff A took on dual responsibilities as the facility's health center administrator on 04/22/2025 and as memory care center administrator on 12/07/2025. Staff K confirmed that there were no documents to show Staff A completed a one-step TB test after hire.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure that 2 of 2 pets (Pet 1 and Pet 2) remained current with their required examinations and certified to be free of diseases transmittable to humans. This failure placed 26 residents at risk of infectious disease.

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

Findings included...

Review of the facility's Disclosure of Services, revised 2026, showed that the facility no longer allowed pets in the Memory Care Center.

Review of the facility's undated document on animals in the center, showed that the Activity Director was responsible for coordinating the care of the pets and maintaining their health records and vaccinations.

Review of the facility's undated Resident Characteristic Roster showed that the facility provided care and services to 26 residents.

<PET 1>

Observation during an environmental tour on 06/29/2026 at 11:02 AM showed an open space off the dining room. The open space included a large metal cage by the window, with Pet 1 (bird) perched inside the cage. A large table was in the center, and Staff J, Maintenance Supervisor, stated that the table was used for residents' arts and crafts and sometimes food gatherings.

During an interview on 06/29/2026 at 1:20 PM, Staff E, Activity Assistant, stated that Pet 1 lived in Memory Care Center. Staff E stated that they were responsible for Pet 1's care. Staff E stated the cage was moved to a different location in memory care if snacks or food was served for the residents during activities.

Review of the records showed no documentation that Pet 1 received a regular examination of health in 2024 and 2025. Pet 1 records showed no initial or current veterinarian certificate that verified they were free of diseases transmittable to humans.

During an interview on 06/29/2026 at 3:06 PM, Staff B, Memory Care Nurse Manager, stated that the facility no longer permitted pets to stay at the memory care center. Staff B stated that there was a procedure for pets that currently lived in the center. Staff B stated that there were only two pets left in memory care, a resident-owned cat and the facility-owned bird. Staff B stated that Pet 1's clinic stopped caring for birds and the facility had not secured a new veterinarian.

<PET 2>

During an interview on 06/29/2026 at 10:30 AM, Staff B, Memory Care Nurse Manager, stated that Pet 2 (cat) was the only pet that lived with a resident in the facility.

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

Review of Pet 2's records showed that Pet 2 received their regular physical examination of health and their annual vaccinations on 01/15/2025. Review of the records showed Pet 2 was due for their physical exam and vaccinations on 01/15/2026.

During an interview on 07/02/2026 at 2:45 PM, Staff B stated that Pet 2's records were current and that they were unaware Pet 2's vaccinations were overdue. Staff B stated that they would ensure Pet 1 and Pet 2 had their annual exams and vaccinations.

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, Wesley Homes Des Moines LLC is or will be in compliance with this law and / or regulation on (Date) 8/14/26

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

Administrator (or Representative) — Date: 7/23/26

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide 5 of 6 sampled residents (Resident 1, 2, 3, 4, and 5) with a written Medicaid policy. This failure prevented Resident 1, 2, 3, 4 and 5, from making informed decisions based on

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Review of Pet 2's records showed that Pet 2 received their regular physical examination of health and their annual vaccinations on 01/15/2025. Review of the records showed Pet 2 was due for their physical exam and vaccinations on 01/15/2026.

During an interview on 07/02/2026 at 2:45 PM, Staff B stated that Pet 2's records were current and that they were unaware Pet 2's vaccinations were overdue. Staff B stated that they would ensure Pet 1 and Pet 2 had their annual exams and vaccinations.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide 5 of 6 sampled residents (Resident 1, 2, 3, 4, and 5) with a written Medicaid policy. This failure prevented Resident 1, 2, 3, 4 and 5, from making informed decisions based on

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the Medicaid policy of the ALF.

Findings included...

Review of the facility's undated "Non-Medicaid Participation Notice" showed that the facility did not accept medicaid as a form of payment.

A review of Resident 1's records showed Resident 1 was admitted to the facility on [redacted]2025. Review of records showed no signed Medicaid policy.

A review of Resident 2's records showed Resident 2 was admitted to the facility on [redacted]0222. Review of records showed no signed Medicaid policy.

A review of Resident 3's records showed Resident 3 was admitted to the facility on [redacted]2026. Review of records showed no signed Medicaid policy.

A review of Resident 4's records showed Resident 4 was admitted to the facility on [redacted]2024. Review of records showed no signed Medicaid policy.

A review of Resident 5's records showed Resident 5 was admitted to the facility on [redacted]2026. Review of records showed no signed Medicaid policy.

During an interview on 07/02/2026 at 2:47 PM, Staff B, Memory Care Nurse Manager, stated that they could not locate a signed Medicaid policy for Resident's 1, 2, 3, 4 and 5. Staff B further stated that they were not aware that all residents were required to have a signed Medicaid policy.

Plan/Attestation Statement

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Administrator (or Representative) 7/23/26 Date

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the Medicaid policy of the ALF.

Findings included...

Review of the facility's undated "Non-Medicaid Participation Notice" showed that the facility did not accept medicaid as a form of payment.

A review of Resident 1's records showed Resident 1 was admitted to the facility on [redacted]2026. Review of records showed no signed Medicaid policy.

A review of Resident 2's records showed Resident 2 was admitted to the facility on [redacted]0222. Review of records showed no signed Medicaid policy.

A review of Resident 3's records showed Resident 3 was admitted to the facility on [redacted]2026. Review of records showed no signed Medicaid policy.

A review of Resident 4's records showed Resident 4 was admitted to the facility on [redacted]2024. Review of records showed no signed Medicaid policy.

A review of Resident 5's records showed Resident 5 was admitted to the facility on [redacted]2025. Review of records showed no signed Medicaid policy.

During an interview on 07/02/2026 at 2:47 PM, Staff B, Memory Care Nurse Manager, stated that they could not locate a signed Medicaid policy for Resident's 1,2, 3, 4 and 5. Staff B further stated that they were not aware that all residents were required to have a signed Medicaid policy.

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Administrator (or Representative) Date

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WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to ensure that 1 of 1 first aid supply kits were identified and readily available. This failure placed all residents at risk of harm in the event of an emergency.

Findings included...

During an environmental tour of the facility on 07/01/2026 at 1:00 PM, observation showed no first aid kit was readily available in the facility.

During an interview on 07/01/2026 at 1:50 PM, Staff J, Maintenance Supervisor, stated that the only first aid kit available in the facility was kept in the secured nursing office. Staff J stated that they were unsure where exactly in the nursing station the first aid kit was stored.

During an interview on 07/01/2026 at 1:51 PM, Staff B, Memory Care Nurse Manager, stated that the first aid kit was on top of a cabinet in the nursing station.

Observation on 07/01/2026 at 1:52 PM, showed a code or key was needed to enter the nursing station. Observation showed a first aid kit was not easily visible on top of a cabinet that was over 5 feet high.

During an interview on 07/02/2026 at 2:00 PM, Staff J stated that they ordered signage for the first aid kit and they had a shelf for the first aid kit to make it accessible.

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Statement of Deficiencies	License #: 2704	Compliance Determination #:79644
Plan of Correction	Wesley Homes Des Moines LLC	Completion Date
Page 12 of 15	Licensee: Wesley Homes Des Moines LLC	07/13/2026

Plan/Attestation Statement

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Administrator (or Representative) 7/23/26 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement, and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

(s) When receiving and responding to resident grievances consistent with RCW 70.129.060 ; and

(3) The assisted living facility must make the policies and procedures specified in subsection (2) of this section available to staff persons at all times and must inform residents and residents' representatives of their availability and make them available upon request.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop a policy that included information on handling soiled laundry. Additionally, the ALF failed to develop a policy that addressed resident grievances. These failures placed all residents at risk of decreased quality of life.

Findings included...

<Laundry Policy>
Observation showed that there was laundry room in the memory care unit with residential washing machines for washing resident clothing. Observation showed a yellow bin and a red bin with bags available for each bin.

Review of the facility's laundry policy dated 07/26/2024, showed that the facility conducted regular training on managing linens and laundry. Review of the policy showed that there was no information regarding bodily fluids on resident clothing.

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Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement, and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

(s) When receiving and responding to resident grievances consistent with RCW 70.129.060 ; and

(3) The assisted living facility must make the policies and procedures specified in subsection (2) of this section available to staff persons at all times and must inform residents and residents' representatives of their availability and make them available upon request.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop a policy that included information on handling soiled laundry. Additionally, the ALF failed to develop a policy that addressed resident grievances. These failures placed all residents at risk of decreased quality of life.

Findings included...

<Laundry Policy>
Observation showed that there was laundry room in the memory care unit with residential washing machines for washing resident clothing. Observation showed a yellow bin and a red bin with bags available for each bin.

Review of the facility's laundry policy dated 07/26/2024, showed that the facility conducted regular training on managing linens and laundry. Review of the policy showed that there was no information regarding bodily fluids on resident clothing.

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During an interview on 07/01/2026 at 3:03 PM Staff L, Med Tech/ CNA, stated that care staff managed personal laundry for the residents. Staff L stated that the caregivers used the laundry rooms in the memory care facility to wash resident's personal laundry and that bed linens were managed by the nursing home facility that was on the ALF campus. Staff L stated that clothing with bodily fluids were to be placed in a plastic bag and inserted into the red bin which would then be discarded because staff were not allowed to wash clothing that was soiled with bodily fluids.

During an interview on 07/01/2026 at 3:15 PM, Staff M, Med Tech/CNA, stated they would attempt to wash out bodily fluids in the laundering sink in the laundry room before placing in the laundry machine. Staff M stated that if there was blood on the residents' clothing, they would place it in a bag and into the red bin in the laundry room to be discarded.

During an interview on 07/02/2026 at 11:28 AM, Staff J, Maintenance Supervisor, stated that they were unsure of current housekeeping and care staff laundry processes. Staff J further stated that the facility hired a new contractor about 4 months ago to wash linens and there had not been updated guidance for staff.

During an interview on 07/02/2026 at 2:45 PM, Staff A, Administrator, and Staff B stated that they were unaware that care staff lacked guidance on the laundering of soiled resident clothing. Staff A stated that the laundry policy had not been updated to reflect current laundry systems in the building. Staff B stated that they would conduct an in-service to ensure staff knew how to handle laundry with bodily fluids and create a new laundry policy.

<Grievance Policy>
Observation on 07/01/2026 at 1:00 PM, showed no signage or direction for how residents could provide a formal grievance.

Review of the facility's policies showed no staff guidance on receiving and responding to resident grievances.

During an interview on 07/01/2026 at 12:10 PM, Staff E, Activity Assistant, stated that the only way a resident could submit feedback or grievances, was by speaking to a staff person. Staff E stated that there was a form available for staff to complete if there was a formal grievance from residents.

During an interview on 07/01/2026 at 3:15 PM, Staff M, stated that if a resident had a grievance, such as missing items, they would try to find the missing item and call the resident's representative. Staff M stated that if they could not find the items, they would complete a complaint form that was available in the nursing office. Staff M stated that residents did not have access to a grievance process other than speaking to a staff person.

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During an interview on 07/02/2026 at 2:50 PM, Staff B stated that they did not have a facility policy for resident grievances.

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Administrator (or Representative) — Date: 7/23/26

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues.

(c) Consistent with the resident's change of condition as specified in WAC 388-78A-2120.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to assess the use of bed rails (medical device) for 1 of 2 residents (Resident 5). This failure placed Resident 5 at risk of injury.

Findings included...

Review of the facility's "Bed Rail Policy" dated 05/27/2024, showed the use of bed rails required a resident assessment prior to installation. Further review of the ALF's bed rail policy showed that the facility was responsible for proper installation, good repair of the device and monitoring safety risks.

Observation on 07/02/2026 at 1:26 PM, showed that Resident 5 had a one-half length bed rail in an upright position on both sides of their bed. Observation showed that the left bed rail was easily moved when touched.

During an interview on 07/02/2026 at 1:15 PM, Resident 5 stated that they used their

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During an interview on 07/02/2026 at 2:50 PM, Staff B stated that they did not have a facility policy for resident grievances.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to assess the use of bed rails (medical device) for 1 of 2 residents (Resident 5). This failure placed Resident 5 at risk of injury.

Findings included...

Review of the facility's "Bed Rail Policy" dated 05/27/2024, showed the use of bed rails required a resident assessment prior to installation. Further review of the ALF's bed rail policy showed that the facility was responsible for proper installation, good repair of the device and monitoring safety risks.

Observation on 07/02/2026 at 1:26 PM, showed that Resident 5 had a one-half length bed rail in an upright position on both sides of their bed. Observation showed that the left bed rail was easily moved when touched.

During an interview on 07/02/2026 at 1:15 PM, Resident 5 stated that they used their

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left side bed rail every day to get out of bed every day. Resident 5 stated that had bed rails on the bed for several months. Resident 5 stated that they noticed the bed rail was loose and moved when they used it.

Review of Resident 5's records showed they were admitted to the facility on [redacted]/2025. Review of Resident 5's assessment dated 10/09/2025 and change of condition assessments dated 02/04/2026 and 03/26/2026, showed no information regarding the use of a bed rail.

During an interview on 07/02/2026 2:45 PM, Staff B, Memory Care Nursing Manager, stated that they were aware Resident 5 had been using the bed rail for several months. Staff B stated that they were required to check the bed rail and report concerns. Staff B stated that they did not realize Resident 5's bedrail was not included in their assessment. Staff B further stated that they were unaware the bed rail was loose.

Plan/Attestation Statement

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Review of Resident 5's records showed they were admitted to the facility on [redacted] 2025. Review of Resident 5's assessment dated 10/09/2025 and change of condition assessments dated 02/04/2026 and 03/26/2026, showed no information regarding the use of a bed rail.

During an interview on 07/02/2026 2:45 PM, Staff B, Memory Care Nursing Manager, stated that they were aware Resident 5 had been using the bed rail for several months. Staff B stated that they were required to check the bed rail and report concerns. Staff B stated that they did not realize Resident 5's bedrail was not included in their assessment. Staff B further stated that they were unaware the bed rail was loose.

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Plan of Correction / Attestation Statement

The facility has reviewed all cited deficiencies and attests that corrective actions have been implemented to achieve and maintain compliance.

1. **Animals in the Facility:** WAC 388-78A-2620 The pet bird has been permanently removed from the facility. The resident-owned cat's responsible party has been contacted, and veterinary evaluation and vaccination updates will be obtained as needed.
2. **Laundry Infection Control:** WAC 388-78A2600 Education/Inservice will be provided to all Memory Care, Housekeeping, and Laundry staff regarding laundry handling procedures. A written laundry process has been developed and will be posted for staff reference. Signage identifying clean and dirty laundry areas has been posted in the Memory Care laundry room.
3. **Non-Medicare Payment Disclosure:** WAC 388-78A-2665 The required non-Medicare payment document is now reviewed and signed by residents and/or representatives during the admission and room acceptance process.
4. **Policies and Procedures - New Employee Orientation:** WAC 388-78A-2600 A structured orientation binder has been implemented. Prior to floor training, the Nurse Manager reviews safety procedures, abuse prevention requirements, and facility policies. A competency packet accompanies each new employee, and assigned trainers complete sign-offs verifying orientation topics have been reviewed.
5. **Tuberculosis Screening:** WAC 388-78A-2480 and WAC 388-78A-2483 A tracking binder has been implemented to ensure completion of required TB screening, including initial testing during orientation, second-step testing when required, and annual testing thereafter.
6. **Emergency and Disaster Preparedness - First Aid Supplies:** WAC 388-78A-2700 First aid supplies have been relocated to a clearly identified location near the nurse station. Signage has been posted to ensure staff can readily locate the supplies.
7. **Grievance Process:** WAC 388-78A2600 A suggestion/grievance box has been installed to support resident, family, and staff access to the grievance process and encourage reporting of concerns.

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8. **Bed Rails and Assistive Devices:** WAC 388-78A-2100 All existing bed rails and grab bars have been reviewed and updated as needed. Weekly audits of resident beds will be conducted. When assistive devices are introduced, the facility will complete an assessment, review risks and benefits, obtain consent, provide staff education, and update the resident's care plan accordingly.
9. **Nurse Delegation:** WAC 388-78A- 2320 The facility has reviewed nurse delegation procedures. Nursing staff will ensure residents are assessed for nurse delegation appropriateness, required documentation is completed, and care plans are updated as needed. Nursing staff have been educated on nurse delegation requirements, and ongoing audits will be conducted for compliance.

The facility will monitor these corrective actions through ongoing audits, staff education, and management oversight to ensure sustained compliance. This statement serves as the facility's attestation that the above actions have been completed or implemented and will be maintained.

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