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

FH ALF Operations LLC
The Village at Broadview
13023 Greenwood Ave N
Seattle, WA 98133

RE: The Village at Broadview License # 2739

Dear Administrator:

This letter addresses Compliance Determination(s) 83075 (Completion Date 09/29/2026) and 80353 (Completion Date 07/22/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/29/2026 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-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2100-2-a, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-3, WAC 388-78A-2474-6, WAC 388-78A-24642-1, WAC 388-78A-2464, WAC 388-78A-2464-1, WAC 388-78A-2464-2, WAC 388-78A-2950-6, WAC 388-78A-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2651, WAC 388-78A-2651-1, WAC 388-78A-2651-2, WAC 388-78A-2651-2-a, WAC 388-78A-2651-2-b, WAC 388-78A-2651-2-c, WAC 388-78A-2651-3, WAC 388-78A-2651-4, WAC 388-78A-2651-4-a, WAC 388-78A-2651-4-b, WAC 388-78A-2651-5, WAC 388-78A-2651-5-a, WAC 388-78A-2651-5-b, WAC 388-78A-2651-5-c, WAC 388-78A-2651-5-d, WAC 388-78A-2733, WAC 388-78A-2733-1, WAC 388-78A-2733-2, WAC 388-78A-2733-3, WAC 388-78A-2733-4, WAC 388-78A-2733-4-a, WAC 388-78A-2733-4-b, WAC 388-78A-2150-1, WAC 388-78A-2210-1, WAC 388-

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

78A-2210-1-a, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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.

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 on 07/14/2026 and 07/16/2026 of:
The Village at Broadview
13023 Greenwood Ave N
Seattle, WA 98133

The following sample was selected for review during the unannounced on-site visit: 7 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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.

Jamie Singer
Residential Care Services

7/28/2026
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.

Eli Barton
Administrator (or Representative)

8-4-2026
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

✓ (1) Individual's recent medical history, including, but not limited to:

✓ (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

✓ (b) Chronic, current, and potential skin conditions; or

✓ (c) Known allergies to foods or medications, or other considerations for providing care or services.

✓ (2) Currently necessary and contraindicated medications and treatments for the individual, including:

✓ (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

✓ (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

✓ (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

✓ (4) Individual's sensory abilities, including:

✓ (a) Vision; and

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.

Jamie Singer
Residential Care Services

7/28/2026
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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

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

✓(b) Hearing.

✓(6) Individual's communication abilities, including:

✓(a) Modes of expression;

✓(b) Ability to make self understood; and

✓(c) Ability to understand others.

✓(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

✓(a) History of substance abuse;

✓(b) History of harming self, others, or property; or

✓(c) Other conditions that may require behavioral intervention strategies;

✓(d) Individual's ability to leave the assisted living facility unsupervised; and

✓(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

✓(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

BIMS

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

✓(8) Individual's level of personal care needs, including:

✓(a) Ability to perform activities of daily living;

✓(b) Medication management ability, including:

✓(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

✓(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

✓(9) Individual's activities, typical daily routines, habits and service preferences.

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

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

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

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure a system was in place to perform a 14-day assessment, after moving into the ALF, for 1 of 2 sample residents (Resident 4) who was admitted to the ALF in the past six months. This failure placed Resident 4 at risk for unmet needs and a decreased quality of life.

Findings included...

Record review of an admission record, showed the ALF admitted Resident 4 on [redacted]/2026, with multiple medical conditions to include diabetes (a disorder in which the body has high sugar levels for prolonged periods of time).

Record review of Resident 4's medical chart showed the most recent Assessment was performed on 02/04/2026 as the Preadmission Assessment. There was no Initial Assessment created within fourteen days of Resident 4's admit date of [redacted]/2026.

In an interview, on 07/16/2026 at 11:10 AM, Staff M (Director of Assisted Living) stated there was no initial full assessment completed after Resident 4 was admitted into the ALF.

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

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure a system was in place to perform a 14-day assessment, after moving into the ALF, for 1 of 2 sample residents (Resident 4) who was admitted to the ALF in the past six months. This failure placed Resident 4 at risk for unmet needs and a decreased quality of life.

Findings included...

Record review of an admission record, showed the ALF admitted Resident 4 on [redacted]/2026, with multiple medical conditions to include diabetes (a disorder in which the body has high sugar levels for prolonged periods of time).

Record review of Resident 4's medical chart showed the most recent Assessment was performed on 02/04/2026 as the Preadmission Assessment. There was no Initial Assessment created within fourteen days of Resident 4's admit date of [redacted]/2026.

In an interview, on 07/16/2026 at 11:10 AM, Staff M (Director of Assisted Living) stated there was no initial full assessment completed after Resident 4 was admitted into the ALF.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026.

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

Administrator (or Representative) — 8-4-2026 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete an annual full assessment for 1 of 7 residents (Resident 1). This placed Resident 1 at risk for unmet health needs.

Findings included...

Review of an admission record showed the ALF admitted Resident 1 on [redacted]2022 with multiple debilitating diagnoses. Record review on 07/14/2026 showed an annual assessment dated 11/29/2024. Record review showed no annual assessment for Resident 1 completed in the last year.

In interview, via electronic mail correspondence, received on 07/14/2026 at 1:22 PM, Staff A (Executive Director) stated she was unable to locate an annual assessment for Resident 1 completed in the last year and would review the matter.

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, The Village at Broadview 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete an annual full assessment for 1 of 7 residents (Resident 1). This placed Resident 1 at risk for unmet health needs.

Findings included...

Review of an admission record showed the ALF admitted Resident 1 on [redacted]2022 with multiple debilitating diagnoses. Record review on 07/14/2026 showed an annual assessment dated 11/29/2024. Record review showed no annual assessment for Resident 1 completed in the last year.

In interview, via electronic mail correspondence, received on 07/14/2026 at 1:22 PM, Staff A (Executive Director) stated she was unable to locate an annual assessment for Resident 1 completed in the last year and would review the matter.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026.

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

Administrator (or Representative) — 8-4-2026 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, record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 3 sampled pets (Pet 2 and 3) living in the ALF had up-to-date immunizations and were certified to be free of disease by a licensed veterinarian. This failure placed 45 residents at risk of diseases transmitted by animals to humans.

Findings included...

Record review of the ALF's policy, undated and titled, "Village at Broadview Pet Agreement", stated the resident shall provide a certificate signed by a licensed Veterinarian to show the pet had received all necessary immunizations and has no communicable diseases. Proof of immunizations will be required annually or as appropriate for the species.

Observation during the environmental tour with Staff G (Maintenance Director), on 07/14/2026 at 10:35 AM, showed signage on apartment doors to indicate a pet lived on the premises and a visiting therapy dog.

Record review of the provided pet documentation showed Pet 2 and Pet 3 had expired rabies vaccination records. There were no veterinarian certification records to show Pets 2 or 3 to be free of diseases transmittable to humans.

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, The Village at Broadview 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, record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 3 sampled pets (Pet 2 and 3) living in the ALF had up-to-date immunizations and were certified to be free of disease by a licensed veterinarian. This failure placed 45 residents at risk of diseases transmitted by animals to humans.

Findings included...

Record review of the ALF's policy, undated and titled, "Village at Broadview Pet Agreement", stated the resident shall provide a certificate signed by a licensed Veterinarian to show the pet had received all necessary immunizations and has no communicable diseases. Proof of immunizations will be required annually or as appropriate for the species.

Observation during the environmental tour with Staff G (Maintenance Director), on 07/14/2026 at 10:35 AM, showed signage on apartment doors to indicate a pet lived on the premises and a visiting therapy dog.

Record review of the provided pet documentation showed Pet 2 and Pet 3 had expired rabies vaccination records. There were no veterinarian certification records to show Pets 2 or 3 to be free of diseases transmittable to humans.

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

In a joint interview, on 07/15/2026 at 9:40 AM, with Staff H (Administrator) and Staff A (Executive Director), Staff H acknowledged they had found some gaps in the pet records. Staff A stated the ALF's pet records would be her responsibility going forward and would follow up with the pet owners for updated records.

In a follow up interview, on 07/15/2026 at 12:20 PM, Staff A confirmed she had reached out to the pet owners but did not have updated records.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026.

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

Administrator (or Representative) — 8-4-2026 Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled staff (Staff C and D) received facility orientation, 2 of 6 sampled staff

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

In a joint interview, on 07/15/2026 at 9:40 AM, with Staff H (Administrator) and Staff A (Executive Director), Staff H acknowledged they had found some gaps in the pet records. Staff A stated the ALF's pet records would be her responsibility going forward and would follow up with the pet owners for updated records.

In a follow up interview, on 07/15/2026 at 12:20 PM, Staff A confirmed she had reached out to the pet owners but did not have updated records.

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, The Village at Broadview 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-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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled staff (Staff C and D) received facility orientation, 2 of 6 sampled staff

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

(Staff B and E) completed the required cardiopulmonary resuscitation (CPR) training and 1 of 6 sampled staff (Staff A) had the necessary specialized training to fulfill their expected responsibilities. This failure placed 45 residents at risk of harm and injury from care staff unfamiliar with the ALF and their expected duties, improper CPR technique in the event of an emergency and untrained and unqualified staff.

Findings included...

Facility Orientation

Note: Washington Administrative Code (WAC) 388-112A-0200 - There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Record review showed the ALF hired Staff C (Nurse Assistant Certified- NAC) on 06/17/2026. Staff C's records did not show they received facility orientation.

Record review showed the ALF hired Staff D (NAC) on 01/20/2025. Staff D's records did not show they received facility orientation.

In interview, on 07/16/2026 at 11:55 AM, Staff A (Executive Director) stated she thought Staff B and D had completed facility orientation but did not have the completed records.

CPR

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.
(b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

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

Review of staff records showed the ALF hired Staff B (NAC) on 05/29/2026. Record review showed no current CPR certificate for Staff B.

Review of staff records showed the ALF hired Staff E (Personal Care Assistant) on 12/23/2024. Record review showed no current CPR certificate for Staff E.

During an interview, on 07/16/2026 at 12:12 PM, Staff A stated she had reached out to Staff B and Staff E for their CPR certificates but had not heard back. Staff A confirmed the ALF did not have the records on file and would be making changes to their systems.

Specialized Training

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Review of a Resident Characteristic Roster, provided on 07/14/2026, showed the ALF provided care and services to 45 residents of which 17 had a diagnosis of [redacted] and three had [redacted] diagnosis.

Review of staff records showed the ALF hired Staff A (Executive Director) on 12/29/2025. Review of staff records on 07/15/2026 showed Staff A did not have the required specialized dementia and mental health training.

During an interview, on 07/16/2026 at 9:00 AM, Staff A stated she had completed the Dementia and Mental Health training when she was a caregiver but was unable to locate the certificates.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026.

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

Administrator (or Representative) — Date: 8-4-2026

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 2 of 6 sampled staff (Staff A and Staff D) was completed. This placed 45 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Executive Director), hired on 12/29/2025, did not show a completed NFBC.

Review of records for Staff D (Nurse Assistant Certified), hired on 01/20/2026, did not show a completed NFBC.

In an interview, on 07/16/2026 at 12:41 PM, Staff A (Executive Director) stated "we can't find them [fingerprint checks] and have submitted a form to get them completed again".

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, The Village at Broadview 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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 2 of 6 sampled staff (Staff A and Staff D) was completed. This placed 45 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff A (Executive Director), hired on 12/29/2025, did not show a completed NFBC.

Review of records for Staff D (Nurse Assistant Certified), hired on 01/20/2025, did not show a completed NFBC.

In an interview, on 07/16/2026 at 12:41 PM, Staff A (Executive Director) stated "we can't find them [fingerprint checks] and have submitted a form to get them completed again".

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026 .

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

Administrator (or Representative) — 8-4-2026 Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

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 8 sampled Staff (Staff E and Staff F) had a valid Washington State name and date of birth background check (NDBGC) completed after date of hire. This placed 45 residents at risk of exposure to staff members whose criminal background history in Washington State was unknown.

Findings included...

Review of a staff roster showed Staff E (Personal Care Assistant) was hired on 12/23/2024. Record review on 07/16/2026 showed no documentation as to whether Staff E had completed an initial NDBGC from Washington State Department of Social and Health Services after date of hire and prior to working with residents. Review of Staff E's records showed an NDBGC dated 05/20/2025, 148 days after date of hire.

Review of a staff roster showed Staff F (Nurse Assistant Certified) was hired on 12/23/2024. Record review on 07/15/2026 showed no documentation as to whether Staff F had completed an initial NDBGC from Washington State Department of Social and Health Services after date of hire and prior to working with residents. Review of Staff F's records showed an NDBGC dated 05/20/2025, 148 days after 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, The Village at Broadview 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-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

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 6 sampled Staff (Staff E and Staff F) had a valid Washington State name and date of birth background check (NDBGC) completed after date of hire. This placed 45 residents at risk of exposure to staff members whose criminal background history in Washington State was unknown.

Findings included...

Review of a staff roster showed Staff E (Personal Care Assistant) was hired on 12/23/2024. Record review on 07/15/2026 showed no documentation as to whether Staff E had completed an initial NDBGC from Washington State Department of Social and Health Services after date of hire and prior to working with residents. Review of Staff E's records showed an NDBGC dated 05/20/2025, 148 days after date of hire.

Review of a staff roster showed Staff F (Nurse Assistant Certified) was hired on 12/23/2024. Record review on 07/15/2026 showed no documentation as to whether Staff F had completed an initial NDBGC from Washington State Department of Social and Health Services after date of hire and prior to working with residents. Review of Staff F's records showed an NDBGC dated 05/20/2025, 148 days after date of hire.

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

In an interview, on 07/16/2026 at 12:10 PM, Staff A (Executive Director) stated she had been unable to find an initial NDBGC completed for Staff E and Staff F.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026 .

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

Administrator (or Representative) — 8-4-2026 Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the hot water temperatures in the ALF were between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed 45 of 45 residents at risk for burns and injury.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 45 residents.

Observation, during the environmental tour with Staff G (Maintenance Director), on 07/14/2026 at 10:37 AM, showed the following hot water temperatures: the common bathroom sink in cottage F was 136 degrees F, the common bathroom sink in cottage D was 136.6 degrees F, the bathroom sink in cottage D6 was 124.2 degrees F.

Observation, on 07/16/2026 at 11:15 AM, Resident 7's bathroom sink showed the hot water temperature was 125.1 degrees F.

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

In an interview, on 07/16/2026 at 12:10 PM, Staff A (Executive Director) stated she had been unable to find an initial NDBGC completed for Staff E and Staff F.

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, The Village at Broadview 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-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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the hot water temperatures in the ALF were between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed 45 of 45 residents at risk for burns and injury.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 45 residents.

Observation, during the environmental tour with Staff G (Maintenance Director), on 07/14/2026 at 10:37 AM, showed the following hot water temperatures: the common bathroom sink in cottage F was 136 degrees F, the common bathroom sink in cottage D was 136.5 degrees F, the bathroom sink in cottage D6 was 124.2 degrees F.

Observation, on 07/16/2026 at 11:15 AM, Resident 7's bathroom sink showed the hot water temperature was 125.1 degrees F.

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

Observation, on 07/16/2026 at 1:04 PM, Resident 5's bathroom sink showed the hot water temperature was 127.6 degrees F.

On 07/16/2026 at 2:17 PM, the common bathroom sink in Cottage F hot water temperature was retaken and showed 126.1 degrees F.

Review of facility records showed no record log of hot water temperatures.

In interview, on 07/14/2026 at 11:05 AM, Staff G acknowledged the hot water temperatures were too high and stated, "I will shut down this faucet immediately, it's likely a mixing valve issue."

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026.

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

Administrator (or Representative) — 8-4-2026 Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure 3 of 5 cottages' (Cottage A, B, and D) refrigerator temperatures (RT) were held below 41 degrees Fahrenheit (F), 5 of 6 cottages (Cottage A, B, D, E, and F) had designated hand washing sinks, and 9 of 12 staff (Staff B, K, L, P, Q, R, S, T, and U) had valid food worker cards (FWC) on file with the facility. These failures placed 45 of 45 residents at risk for illness and increased health issues

Findings included...

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

Observation, on 07/16/2026 at 1:04 PM, Resident 5's bathroom sink showed the hot water temperature was 127.6 degrees F.

On 07/16/2026 at 2:17 PM, the common bathroom sink in Cottage F hot water temperature was retaken and showed 126.1 degrees F.

Review of facility records showed no record log of hot water temperatures.

In interview, on 07/14/2026 at 11:05 AM, Staff G acknowledged the hot water temperatures were too high and stated, "I will shut down this faucet immediately, it's likely a mixing value issue."

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, The Village at Broadview 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-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure 3 of 5 cottages' (Cottage A, B, and D) refrigerator temperatures (RT) were held below 41 degrees Fahrenheit (F), 5 of 5 cottages (Cottage A, B, D, E, and F) had designated hand washing sinks, and 9 of 12 staff (Staff B, K, L, P, Q, R, S, T, and U) had valid food worker cards (FWC) on file with the facility. These failures placed 45 of 45 residents at risk for illness and increased health issues.

Findings included...

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

Observation and interview, during the environmental tour with Staff G (Maintenance Director), on 07/14/2026 at 10:37 AM, showed the facility maintained five detached residential cottages (Cottage A, Cottage B, Cottage C, Cottage D, Cottage E, and Cottage F). Staff G reported Cottage C was currently undergoing maintenance and closed to residents. Each cottage showed to have ten resident apartments and its own kitchen. The kitchen in each cottage showed to have one sink. Staff G reported care staff prepared and cooked breakfast within the individual cottage kitchens, whereas lunch and dinner were prepared in the facility's primary Nursing Home kitchen and delivered to each cottage for care staff to serve. Dishes and utensils were cleaned at each cottage's kitchen sink after all meals.

NOTE: Reference Washington Administrative Code (WAC) 246-215-03525
(Cold Holding): Mandates that all cold time/temperature control for safety (TCS) foods must be maintained at 41° F (5°C) or less

Cottage B

Observation and interview, during the kitcen tour with Staff I (Dietary Manager), on 07/15/2026 at 9:19 AM, showed a thermometer was found in the covered compartment of the refrigerator door. The thermometer showed a RT at 45 degrees F. Staff I reported the thermometer should be placed towards the back of the fridge. Staff L (Personal Care Assistant) reported they check RT regularly but did not record them.

Cottage A

Observation, on 07/15/2026 at 9:22 AM, showed Staff K (Personal Care Assistant) was unable to locate a thermometer inside the refrigerator. Two thermometers were subsequently located: one thermometer showed to be broken, the other thermometer was observed buried under condiment bottles in the refrigerator door shelf. The functioning thermometer showed a RT at 53 degrees F. Further observation showed the refrigerator had a broken seal at the bottom of the refrigerator door.

Cottage D

Observation, on 07/15/2026 at 9:43 AM, showed an RT at 42 degrees F.

In interview, on 07/15/2026 at 9:20 AM, when asked if the facility maintained a temperature log for cottage refrigertors, Staff I could not locate one. Staff I stated the facility should have kept a temperature log for the cottage refrigerators.

In interview, on 07/15/2026 at 9:45 AM, Staff I acknowledged the RTs were too high and food in the refrigerators should not be served to residents.

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

NOTE: Reference WAC 246-215-05230
Numbers and capacities—Handwashing sinks (Food and Drug Administration ((FDA)) Food Code 5-203.11).
Agency filings affecting this section (1) Except as specified in subsection (2) of this section, at least one HANDWASHING SINK, a number of HANDWASHING SINKS necessary for their convenient use by EMPLOYEES in areas specified under WAC 246-215-05255, and not fewer than the number of HANDWASHING SINKS required by LAW must be provided.
(2) If APPROVED and capable of removing the types of soils encountered in the FOOD operations involved, automatic handwashing facilities may be substituted for HANDWASHING SINKS in a FOOD ESTABLISHMENT that has at least one HANDWASHING SINK.

NOTE: Reference WAC 246-215-05255
Location and placement—Handwashing sinks (FDA Food Code 5-204.11).
Agency filings affecting this section ; HANDWASHING SINK must be located:
(1) To allow convenient use by EMPLOYEES; (2) Within twenty-five feet, or as APPROVED, of FOOD preparation, FOOD dispensing, and WAREWASHING areas; and 3) In, or immediately adjacent to, toilet rooms.

NOTE: Reference WAC 246-215-05270 Operation and maintenance--Using a handwashing sink (FDA Food Code 5-205.11). (1) A HANDWASHING SINK must be maintained so that it is accessible at all times for EMPLOYEE use. (2) A HANDWASHING SINK may not be used for purposes other than handwashing. (3) An automatic handwashing facility must be used in accordance with manufacturer's instructions.

Observation in Cottage B, on 07/14/2026 at 10:43 AM, showed one sink located in the kitchen. The kitchen sink showed to contain dirty coffee cups, plates, and utensils.

Observation in Cottage B, on 07/15/2026 at 12:17 PM, showed one sink located in the kitchen. Care staff was observed washing hands in the kitchen sink before preparing side salads for each individual residents.

Observation, in Cottage A, on 07/16/2026 at 12:28 PM, care staff was observed washing hands in the kitchen sink after passing medication. Further observations showed there were no designated handwashing sinks in Cottages A, B, D, E, and F.

In interview on 07/16/2026 at 2:27 PM, on Staff N (Chief Executive Office) confirmed there were no designated handwashing sinks in Cottages A, B, D, E, and F.

NOTE: Reference WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

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

Observation and interview, on 07/15/2026 at 8:13 AM, Staff O (Personal Care Assistant) was observed cooking and serving breakfast to residents. Staff O reported care staff cooked each breakfast to order based on individual resident requests. Staff O further stated care staff were responsible for meals to include preparation, cook, and clean up.

Review of staff record showed the facility hired Staff B on 05/29/2026 as a Certified Nurse Assistant. Staff B did not have a valid FWC on file.

Review of staff record showed the facility hired Staff K on 12/23/2024 as a Personal Care Assistant. Staff K did not have a valid FWC on file.

Review of staff record showed the facility hired Staff L on 12/23/2024 as a Personal Care Assistant. Staff L did not have a valid FWC on file.

Review of staff record showed the facility hired Staff P on 12/23/2024 as a Personal Care Assistant. Staff P did not have a valid FWC on file.

Review of staff record showed the facility hired Staff Q on 12/23/2024 as a Personal Care Assistant. Staff Q did not have a valid FWC on file.

Review of staff record showed the facility hired Staff R on 12/23/2024 as a Personal Care Assistant. Staff R did not have a valid FWC on file.

Review of staff record showed the facility hired Staff S on 12/23/2024 as a Personal Care Assistant. Staff S did not have a valid FWC on file.

Review of staff record showed the facility hired Staff T on 12/23/2024 as a Personal Care Assistant. Staff T did not have a valid FWC on file.

Review of staff record showed the facility hired Staff U on 12/23/2024 as a Personal Care Assistant. Staff U did not have a valid FWC on file.

In interview, on 07/16/2026 at 12:10 PM Staff A (Executive Director) stated they attempted to get the FWC from Staff B and would provide it once obtained. As of 07/22/2026 at 11:22 AM, Staff A did not provide the FWC for Staff A to the Department.

An email response from Staff V (Human Resource Manager) dated 07/22/2026 at 11:22 AM showed the facility were not able to provide FWC for Staff K, L, P, Q, R, S, T, and U.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026 .

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

Administrator (or Representative) — 8-4-2026 Date

WAC 388-78A-2651 Written residency agreement Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the assisted living facility that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources, and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone

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, The Village at Broadview 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-2651 Written residency agreement Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the assisted living facility that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources, and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone

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

number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-78A-2651, filed 8/25/26, effective 1/1/28.]

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the resident signed a Medicaid policy acknowledgement for 1 of 3 sampled resident (Resident 5) who was on [redacted]. This failure placed Resident 5 at risk of losing their protection of [redacted] rights.

Findings included:

Record review of an undated Characteristic Roster showed the ALF provided care and services for 45 residents,13 of the residents utilized [redacted] as a payor source.

Record review of an Admission Record showed the ALF admitted Resident 5 on [redacted]/2026. Record review showed Resident 5 as a [redacted] recipient. No signed Medicaid policy acknowledgement was found for Resident 5.

In interview, on 7/16/2026 at 1:29 PM, Staff H (Resident Care Coordinator) confirmed Resident 5 was a [redacted] recipient and could not provide a Medicaid policy acknowledgement signed by Resident 5.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026 .

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

Administrator (or Representative) — 8-4-2026 Date

WAC 388-78A-2733 Liability insurance required Commercial general liability insurance or business liability insurance coverage. The assisted living facility must have commercial general liability insurance or business liability

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

number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-78A-2651, filed 8/25/25, effective 1/1/26.]

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the resident signed a Medicaid policy acknowledgement for 1 of 3 sampled resident (Resident 5) who was on [redacted]. This failure placed Resident 5 at risk of losing their protection of [redacted] aid rights.

Findings included:

Record review of an undated Characteristic Roster showed the ALF provided care and services for 45 residents,13 of the residents utilized [redacted] as a payor source.

Record review of an Admission Record showed the ALF admitted Resident 5 on [redacted]/2026. Record review showed Resident 5 as a [redacted] recipient. No signed Medicaid policy acknowledgement was found for Resident 5.

In interview, on 7/16/2026 at 1:29 PM, Staff H (Resident Care Coordinator) confirmed Resident 5 was a [redacted] recipient and could not provide a Medicaid policy acknowledgement signed by Resident 5.

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, The Village at Broadview 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-2733 Liability insurance required Commercial general liability insurance or business liability insurance coverage. The assisted living facility must have commercial general liability insurance or business liability

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

insurance that includes:

(1) Coverage for the acts and omissions of any employee and volunteer;

(2) Coverage for bodily injury, property damage, and contractual liability;

(3) Coverage for premises, operations, independent contractor, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract; and

(4) Minimum limits of:

(a) Each occurrence at one million dollars; and

(b) General aggregate at two million dollars.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF), as a contracted provider with the Department, failed to ensure they maintained an insurance policy with minimum limits of each occurrence at two million dollars and general aggregate at four million dollars. This failure placed 45 of 45 residents at risk for sudden displacement, physical injury, and financial loss.

Findings included:

NOTE: On 02/29/2024, under "Administrative Policy No. 13.13", the Department of Social and Health Services (DSHS) issued a revised policy related to insurance requirements for contracted facilities. The policy stated, "The minimum monetary limits of commercial general liability, business, general liability, supplemental, workplace, or premises liability insurance coverage required of all DSHS contractors is $2 million dollars per occurrence, and $4 million dollars aggregate."

Record review of an undated Characteristic Roster showed the ALF provided care and services for 45 residents,13 of the residents utilized Medicaid as a payor source.

Record review of a Certificate of Liability Insurance, dated 05/18/2026, showed the commercial general liability insurance for each occurrence limits at one million dollars, and the general aggregate limits at three million dollars.

In interview, on 07/15/2026 at 8:41 AM, Staff H (Administrator) confirmed the ALF was a contracted facility with the Department and was not aware the minimum limits of each occurrence were at two million dollars and general aggregate at four million dollars.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9 - 1 - 2026 .

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

Administrator (or Representative) — 8-4-2026 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the resident or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 2 of 7 sampled residents (Residents 4 and 7). This placed Resident 4 and Resident 7 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Resident 4

Review of a Face Sheet showed the ALF admitted Resident 4 on [redacted]2026. Review of Resident 4's Service Plan Report (SPR-equivalent to a Negotiated Service Agreement), dated 03/07/2026, showed no signature from the resident or the resident representative.

Resident 7

Review of an Admission Record showed the ALF admitted Resident 7 on [redacted]2021. Review of Resident 7's Resident Negotiated Service Agreement (RNSA) on file, signed and dated by the resident on 07/06/2025. The signed RNSA was more than one year old and had expired.

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, The Village at Broadview 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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the resident or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 2 of 7 sampled residents (Residents 4 and 7). This placed Resident 4 and Resident 7 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Resident 4

Review of a Face Sheet showed the ALF admitted Resident 4 on [redacted]/2026. Review of Resident 4's Service Plan Report (SPR-equivalent to a Negotiated Service Agreement), dated 03/07/2026, showed no signature from the resident or the resident representative.

Resident 7

Review of an Admission Record showed the ALF admitted Resident 7 on [redacted]/2021. Review of Resident 7's Resident Negotiated Service Agreement (RNSA) on file, signed and dated by the resident on 07/08/2025. The signed RNSA was more than one year old and had expired.

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

In interview, on 7/16/2026 at 1:29 PM, Staff H (Resident Care Coordinator) confirmed Resident 4's signed NSA had been expired. The ALF were not able to provide a signed NSA for resident 4 and 7.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026 .

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

Administrator (or Representative) — Date: 8-4-2026

WAC 388-78A-2210 Medication services.

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

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement a system to promote safe medication services for 2 of 2 sampled residents (Resident 5 and Resident 6), who required assistance with medications, when they failed to notify a nursing staff that ordered parameters were not met. This failure placed Residents 5 and 6 at risk for health complications

Findings included...

Resident 5

Record review of an Admission Record showed the ALF admitted Resident 5 on [redacted]/2026 with diagnoses to include [redacted] and [redacted]

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

In interview, on 7/16/2026 at 1:29 PM, Staff H (Resident Care Coordinator) confirmed Resident 4's signed NSA had been expired. The ALF were not able to provide a signed NSA for resident 4 and 7.

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, The Village at Broadview 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-2210 Medication services.

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

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement a system to promote safe medication services for 2 of 2 sampled residents (Resident 5 and Resident 6), who required assistance with medications, when they failed to notify a nursing staff that ordered parameters were not met. This failure placed Residents 5 and 6 at risk for health complications.

Findings included...

Resident 5

Record review of an Admission Record showed the ALF admitted Resident 5 on [redacted]/2026 with diagnoses to include [redacted] and [redacted]

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

[redacted]. Review of a Service Plan Report, dated 01/09/2026, showed Resident 5 received medication assistance and blood glucose (BG) monitoring by the facility.

Review of electronic Medication Administration Record (eMAR) for June of 2026, showed insulin medication was administered to treat Resident 5's diabetes. Further review of the eMAR showed BG parameters to "Notify nurse if BG is less than 80 [milligrams per deciliter (mg/dL]". On 06/17/2026, BG at 9:00 AM showed 76 mg/dL. On 06/26/2026, BG at 9:00 AM showed 67 mg/dL.

Record review showed the ALF had no documentation to show a nurse was notified on any of the two occasions when BG readings were less than 80 mg/dL for Resident 5.

Resident 6

Record review of an Admission Record showed the ALF admitted Resident 6 on [redacted]/2022 with diagnoses to include [redacted]. Review of a Service Plan Report, dated 06/11/2026, showed Resident 5 received medication assistance and BG monitoring by the facility.

Review of eMAR for June of 2026, showed insulin medication was administered to treat Resident 6's diabetes. Further review of the eMAR showed BG parameters to "If BG reading is less than 75 mg/dL or greater than 300 mg/dL, report to nurse. Nurses, please call to provider." On 06/16/2026, BG at 4:30 PM showed 329 mg/dL.

Record review showed the ALF had no documentation to show a nurse was notified when BG reading was above 300 mg/dL for Resident 6.

Observation and interview, on 07/16/2026 at 8:30 AM, showed Staff M (Director of Assisted Living) reviewed Resident 5 and 6's records and did not find documentation that the staff notified a nurse when BG was outside of the specified parameters. Staff M stated her staff did not notify her when Resident 5's BG were below 80 mg/dL and Resident 6's BG were above 300 mg/dL. Staff M further stated when residents ordered parameters are not met, the resident's primary care provider would be notified. Staff M confirmed Resident 5 and Resident 6's primary care providers should have been notified when BG were out of the ordered parameters.

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, The Village at Broadview is or will be in compliance with this law and / or regulation on (Date) 9-1-2026.

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

Administrator (or Representative)

8-4-2026
Date

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, The Village at Broadview 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

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

FH ALF Operations LLC
The Village at Broadview
13023 Greenwood Ave N
Seattle, WA 98133

RE: The Village at Broadview # 2739

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/22/2026 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:

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

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/22/2026), no later than 09/05/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan of correction available for review upon request from 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-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

The Assisted Living Facility failed to ensure the licensee notified the Department of a change in administrator. This placed the residents at risk of having an administrator that did not meet the qualifications.

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

If You Have Any Questions:

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

• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Enclosure

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