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

North Creek Assisted Living Community LLC
Vineyard Park at North Creek

,

RE: Vineyard Park at North Creek License # 2742

Dear Administrator:

This letter addresses Compliance Determination(s) 75032 (Completion Date 03/30/2026) and 73302 (Completion Date 03/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/30/2026 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-3100, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-2, WAC 388-78A-2140-3, WAC 388-78A-2090-6-e, WAC 388-78A-2180, WAC 388-78A-2180-1, WAC 388-78A-2180-1-a, WAC 388-78A-2180-1-b, WAC 388-78A-2180-2, WAC 388-78A-2150-1

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

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 02/24/2026 and 02/26/2026 of:
Vineyard Park at North Creek
1802 192nd St SE
Bothell, WA 98012

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

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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.

Janice Sivigen
Residential Care Services

3/13/2026
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)

3/17/26
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to identify and secure hazardous chemicals in the Memory Care Unit (MCU). This failure placed 20 of 20 residents living in the MCU at risk for harm and poisoning.

Findings included...

Record Review of a Resident Characteristic Roster, dated 02/24/2026, showed 20 residents living in the MCU with various [redacted] diagnoses.

Observation, on 02/24/2026 at 10:35 AM, showed a lower cupboard next to the refrigerator in the MCU kitchenette. The cupboard had no locking mechanism. Observation showed the cupboard to include two 1-gallon containers of Fresh and

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Residential Care Services | Date

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Administrator (or Representative) | Date

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Foaming hand cleaner and two aerosol cannisters of Lysol disinfectant (with a warning that the solution is highly flammable, if swallowed get medical help or contact a Poison Control Center immediately and to avoid contact with eyes, ears and mouth).

In interview and observation of the unlocked cabinet, on 02/24/2026 at 10:35 AM, Staff H (Maintenance Director) stated the chemicals should be secured and would put a locking device on the cupboard.

A second observation, on 02/24/2026 at 2:00 PM, of the same lower cupboard next to the refrigerator in the MCU kitchenette showed the cupboard remained unlocked and the contents still included two 1-gallon containers of Fresh and Foaming hand cleanser and two aerosol cannisters of Lysol disinfectant. An additional unlabeled spray bottle with unknown clear liquid was also observed.

In an interview, on 02/25/2026 at 2:06 PM, when asked what the spray bottle contained, Staff G (Caregiver) stated, "I don't know what that is, it should be labeled."

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, Vineyard Park at North Creek is or will be in compliance with this law and / or regulation on (Date) 3/17/26.

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

Administrator (or Representative) — Date: 3/17/26

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

Foaming hand cleaner and two aerosol cannisters of Lysol disinfectant (with a warning that the solution is highly flammable, if swallowed get medical help or contact a Poison Control Center immediately and to avoid contact with eyes, ears and mouth).

In interview and observation of the unlocked cabinet, on 02/24/2026 at 10:35 AM, Staff H (Maintenance Director) stated the chemicals should be secured and would put a locking device on the cupboard.

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Administrator (or Representative) Date

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(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to identify and document in the Service Plan Report (SPR- equivalent to a Negotiated Service Agreement) the plan to provide necessary health support services, clearly defined roles and responsibilities and an alternate plan for collaboration with a Home Health (HH) or Hospice agency for 2 of 2 residents (Resident 3 and Resident 4) and a plan to monitor and address safety interventions for use of bed side rails (BSR) for 1 of 1 resident (Resident 1). These failures placed Resident 3 and Resident 4 at risk for health complications and mismanaged care and Resident 1 at risk of entrapment or injury from BSRs.

Findings included…

Resident 1

Review of a Face Sheet showed that the ALF admitted Resident 1 on [redacted]/2025 with multiple medically disabling conditions to include neurocognitive disorder with Lewy-Bodies (a type of progressive dementia that leads to a decline in thinking, reasoning and independent function because of abnormal microscopic deposits that damage brain cells over time).

Observation, on 02/25/2026 at 10:20 AM, showed bilateral half-length BSRs installed on Resident 1’s bed.

Review of an Assessment, dated 02/06/2026, showed Resident 1 used BSRs for bed mobility.

Review of Resident 1's SPR, revised on 02/11/2026, showed Resident 1 to be continuously disoriented, with a history of poor judgement which required staff assistance to make safe choices. Resident 1's SPR showed no specific mention of bilateral half-length BSRs or instructions for staff to monitor the use of BSR.

In interview, on 02/26/2026 at 1:40 PM, Staff I (Director of Nursing) stated, "if the resident isn't safe and not using [the BSR] for mobility or if staff see unsafe behaviors from rails, they should tell me. I don't know if his [Resident 1's SPR] has it, it should be [on the SPR]."

Resident 3

Review of a Face Sheet, dated 02/25/2026, showed the ALF admitted Resident 3 on [redacted]/2025 with multiple diagnoses to include [redacted].

An observation, on 02/26/2026 at 10:10 AM, showed Resident 3 in his apartment with an indwelling catheter bag (a flexible, hollow tube inserted into the bladder to continuously drain urine into an external collection bag) lying on the floor next to a recliner chair.

Review of a progress note (PN), dated 01/20/2026, showed HH had planned for visits two times per week for catheter flushes and family education. Review of a PN, dated 02/25/2026, showed Resident 3 was transported to the hospital for catheter complication of no drainage. The PN indicated a HH nurse had replaced the catheter earlier that day at the ALF.

Review of Resident 3's SPR, dated 02/04/2026, showed no information regarding who would provide the nursing services for regular replacement and management of an indwelling catheter. Review of the "Coordination of Care" section of the SPR showed no HH agency name or contact information, visit schedule or roles and responsibilities for maintenance of Resident 3's catheter. Review of the SPR showed no alternate plan or steps for caregivers to take in the event of an issue with Resident 3's catheter.

In an interview, on 02/26/2026 at 1:40 PM, Staff I agreed Resident 3's SPR did not contain HH for catheter management and stated, "it should be on his care plan".

Resident 4

Review of facility records showed that the ALF admitted Resident 4 on [redacted]/2026 with

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multiple medically disabling conditions to include [redacted], and [redacted].

Review of an Assessment, dated 02/06/2026, showed Resident 4 "Complex Treatments by Outside Agency" for skin treatment of the right toe.

Review of PNs, dated 02/13/2026, 02/16/2026, 02/20/2026 and 02/23/2026, showed hospice (end of life care) services provided wound care to Resident 4.

Review of Resident 4's SPR, revised on 02/17/2026, showed no updates to reflect hospice services provided wound care, although the SPR stated Resident 4 had "current wounds requiring [ALF] staff intervention."

In interview, on 02/26/2026 at 2:01 PM, Staff I confirmed Resident 4 received wound care for his right toe from hospice services, and stated the information should be documented in Resident 4's SPR.

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, Vineyard Park at North Creek is or will be in compliance with this law and / or regulation on (Date) 3/17/26.

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

Administrator (or Representative) 3/17/26 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:

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

(e) Other safety considerations that may pose a danger to the individual or others, such

multiple medically disabling conditions to include, [redacted] and [redacted].

Review of an Assessment, dated 02/06/2026, showed Resident 4 "Complex Treatments by Outside Agency" for skin treatment of the right toe.

Review of PNs, dated 02/13/2026, 02/16/2026, 02/20/2026 and 02/23/2026, showed hospice (end of life care) services provided wound care to Resident 4.

Review of Resident 4's SPR, revised on 02/17/2026, showed no updates to reflect hospice services provided wound care, although the SPR stated Resident 4 had "current wounds requiring [ALF] staff intervention."

In interview, on 02/26/2026 at 2:01 PM, Staff I confirmed Resident 4 received wound care for his right toe from hospice services, and stated the information should be documented in Resident 4's SPR.

Plan/Attestation Statement

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Administrator (or Representative) Date

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

(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.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to complete an ongoing assessment related to care and safety needs of 3 of 4 sampled residents (Residents 5, 6, and 8) who had bed side rails (BSR). This placed Residents 5, 6, and 8 at risk for improper use of equipment, injury, and entrapment.

Findings included…

Resident 5

Review of facility records showed the ALF admitted Resident 5 on [redacted]/2025 with multiple diagnoses to include [redacted] and [redacted]. Review of an Assessment, dated 12/09/2025, showed Resident 5 had recent history of falls and showed no mention of a BSR.

Observation, on 02/26/2026 at 12:40 PM, showed a BSR secured to the left side of Resident 5's bed.

Resident 6

Review of facility records showed the ALF admitted Resident 6 on [redacted]/2025 with multiple diagnoses to include [redacted], and [redacted]. Review of an Assessment, dated 12/10/2025, showed Resident 6 required maximum assistance for mobility and transfers and showed no mention of a BSR.

Observation, on 02/26/2026 at 10:33 AM, showed BSR secured on both sides of Resident 6's hospital bed.

Resident 8

Review of facility records showed the ALF admitted Resident 8 on [redacted]/2025 with

multiple diagnoses to include [redacted] and [redacted]. Review of an Assessment, dated 08/07/2025, showed Resident 8 was "unaware of safety needs and/or constantly restless/impulsive" and showed no mention of a BSR.

Observation, on 02/26/2026 at 10:33 AM, showed BSR secured on both sides of Resident 8's bed.

In interview, on 02/26/2026 at 3:23 PM, Staff A (Executive Director) confirmed no BSR assessments were completed for Residents 5, 6, and 8.

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, Vineyard Park at North Creek is or will be in compliance with this law and / or regulation on (Date) 3/17/2026

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

Administrator (or Representative) — Date: 3/17/26

WAC 388-78A-2160 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

(2) Make available routine supplies and equipment necessary for activities described in subsection (1) of this section.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews the Assisted Living Facility (ALF) failed to ensure activities were facilitated at least three times a week in the Memory Care Unit (MCU). This failure resulted in a diminished quality of life for 20 MCU residents.

multiple diagnoses to include [redacted] and [redacted]. Review of an Assessment, dated 08/07/2025, showed Resident 8 was "unaware of safety needs and/or constantly restless/impulsive" and showed no mention of a BSR.

Observation, on 02/26/2026 at 10:33 AM, showed BSR secured on both sides of Resident 8's bed.

In interview, on 02/26/2026 at 3:23 PM, Staff A (Executive Director) confirmed no BSR assessments were completed for Residents 5, 6, and 8.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

(2) Make available routine supplies and equipment necessary for activities described in subsection (1) of this section.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews the Assisted Living Facility (ALF) failed to ensure activities were facilitated at least three times a week in the Memory Care Unit (MCU). This failure resulted in a diminished quality of life for 20 MCU residents.

Findings included…

Review of a Resident Characteristic Roster showed the ALF provided care and services to 45 residents, 20 of the residents resided on the MCU.

Review of the facility's "Memory Care Daily Activity Calendar," showed the following activities were scheduled for 02/25/2026:

Playdough crafting at 12:30 PM

Bowling at 1:00 PM

Review of the facility's "Memory Care Daily Activity Calendar," showed the following activities were scheduled for 02/26/2026:

BINGO at 12:30 PM

Sit and Be Fit at 1:00 PM

Observation, on 02/25/2025 at 12:39 PM in the MCU, residents were observed still eating lunch. No structured activities initiated or occurred.

Observation, on 02/26/2026 at 12:40 PM, Staff J (Activities Director) was observed talking with care staff about providing activities to MCU residents.

Observation, on 02/26/2026 at 12:50 PM in the MCU, several residents were observed seated in the television area. No structured activities were initiated or occurring.

Observation, on 02/26/2026 at 1:02 PM in the MCU, several residents were observed seated at tables in dining room with television and music playing in the background. No structured activities were initiated or occurring.

Observation, on 02/26/2026 at 1:26 PM in the MCU dining room, showed a resident hunched over in her wheelchair and asleep. Several residents were observed sitting in various areas staring around the dining room. Additionally, two residents were observed walking in and out of the dining room and hallways. No structured activities were initiated or occurring.

In interview, on 02/26/2026 at 1:09 PM, Staff K (Medication Technician) stated there had

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not been any planned activities in the last two weeks. When asked if there was an activity calendar posted, Staff K reported, "I think so."

In interview, on 02/26/2026 at 1:13 PM, Staff L (Caregiver) stated she had not witnessed any activities taking place in the MCU. Staff L further indicated activities had not occurred since the absence of [a specific former staff member].

In interview, on 02/26/2026 at 9:40 AM, Collateral Contact 1 (CC 1, Resident 2's Representative) reported a lack of ongoing activities, and that the Activities Director failed to engage with the MCU residents. CC 1 stated caregivers should not be facilitating activities as their caregiving duties frequently pull them away to provide care for MCU residents, leaving them unable to participate in or lead activities.

In interview, on 02/26/2026 at 11:57 AM, Staff J stated that the MCU activities calendar was recently revised to start programming at 12:30 PM to accommodate caregivers' availability. Staff J further noted that caregivers were responsible for assisting with these activities. Staff J confirmed the updated activities schedule had not been posted in the MCU dining room.

In interview, on 03/03/2026 at 11:22 AM, Collateral Contact 2 (Resident 6's representative) reported she had not observed any activities occurring in the MCU.

In a joint interview, on 03/04/2026 at 10:46 AM, Collateral Contact 3 (Resident 7's representative) and Collateral Contact 4 (Resident 7's private companion) reported they had not observed any activities occurring in the MCU.

In interview, on 02/26/2026 at 4:08 PM, Staff A (Executive Director) reported the staff member previously assigned to provide activities in the MCU was no longer employed by the facility.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 3/17/2026

not been any planned activities in the last two weeks. When asked if there was an activity calendar posted, Staff K reported, “I think so.”

In interview, on 02/26/2026 at 1:13 PM, Staff L (Caregiver) stated she had not witnessed any activities taking place in the MCU. Staff L further indicated activities had not occurred since the absence of [a specific former staff member].

In interview, on 02/26/2026 at 9:40 AM, Collateral Contact 1 (CC 1, Resident 2’s Representative) reported a lack of ongoing activities, and that the Activities Director failed to engage with the MCU residents. CC 1 stated caregivers should not be facilitating activities as their caregiving duties frequently pull them away to provide care for MCU residents, leaving them unable to participate in or lead activities.

In interview, on 02/26/2026 at 11:57 AM, Staff J stated that the MCU activities calendar was recently revised to start programming at 12:30 PM to accommodate caregivers’ availability. Staff J further noted that caregivers were responsible for assisting with these activities. Staff J confirmed the updated activities schedule had not been posted in the MCU dining room.

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In a joint interview, on 03/04/2026 at 10:46 AM, Collateral Contact 3 (Resident 7’s representative) and Collateral Contact 4 (Resident 7’s private companion) reported they had not observed any activities occurring in the MCU.

In interview, on 02/26/2026 at 4:08 PM, Staff A (Executive Director) reported the staff member previously assigned to provide activities in the MCU was no longer employed by the facility.

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_____ _____

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 7 of 7 sampled residents (Residents 1, 2, 3, 4, 5, 6, and 7). This placed Residents 1, 2, 3, 4, 5, 6, and 7 at risk for receiving or not receiving care and services that had been agreed upon.

Findings included…

Review of facility records showed the ALF admitted Resident 1 on [redacted]/2025. Review of Resident 1's Service Plan Report (SPR – equivalent to an NSA), dated 02/24/2026, showed no signature from the resident or the resident representative.

Review of facility records showed the ALF admitted Resident 2 on [redacted]/2025. Review of Resident 2's SPR, dated 02/04/2026, showed no signature from the resident or the resident representative.

Review of facility records showed the ALF admitted Resident 3 on [redacted]/2025. Review of Resident 3's SPR, dated 02/04/2026, showed no signature from the resident or the resident representative.

Review of facility records showed the ALF admitted Resident 4 on [redacted]/2026. Review of Resident 4's SPR, dated 02/17/2026, showed no signature from the resident or the resident representative.

Review of facility records showed the ALF admitted Resident 5 on [redacted]/2025. Review of Resident 5's SP, dated 01/23/2026, showed no signature from the resident or the resident representative.

Review of facility records showed the ALF admitted Resident 6 on [redacted]/2026. Review of Resident 6's SPR, dated 11/04/2025, showed no signature from the resident or the resident representative.

Review of facility records showed the ALF admitted Resident 7 on [redacted]/2026. Review of Resident 7's SPR, dated 02/04/2026, showed no signature from the resident or the resident representative.

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In interview, on 02/26/2026 at 1:54 PM, Staff I (Director of Nursing) reported SPRs are reviewed with and signed by residents or the resident representative. Signed SPRs are filed in a designated binder.

In a follow up interview on 02/26/2026 at 3:23 PM, Staff A (Executive Director) was unable to provide SPRs signature pages completed within the last year for all 7 of 7 sampled residents.

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Administrator (or Representative) — Date: 3/17/2026

In interview, on 02/26/2026 at 1:54 PM, Staff I (Director of Nursing) reported SPRs are reviewed with and signed by residents or the resident representative. Signed SPRs are filed in a designated binder.

In a follow up interview, on 02/26/2026 at 3:23 PM, Staff A (Executive Director) was unable to provide SPRs signature pages completed within the last year for all 7 of 7 sampled residents.

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, Vineyard Park at North Creek 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

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

North Creek Assisted Living Community LLC
Vineyard Park at North Creek

,

RE: Vineyard Park at North Creek # 2742

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/04/2026 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:

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 (03/04/2026), no later than 04/18/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

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

WAC 388-78A-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 (ALF) failed to notify the Department of a change in the ALF's Administrator. This failure prevented the Department from reviewing the Administrator's qualifications.

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;

The Assisted Living Facility (ALF) failed to ensure pets who lived on the premises of the ALF were certified by a veterinarian to be free of diseases transmittable to humans. This placed all residents at risk of disease transmission.

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:

• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Enclosure

You May:

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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.
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If You Have Any Questions:

• Please contact me at (253)312-1446.

Sincerely,

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

Enclosure