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
1802 192nd St SE
Bothell, WA 98012

RE: Vineyard Park at North Creek License # 2742

Dear Administrator:

This letter addresses Compliance Determination(s) 81648 (Completion Date 08/10/2026) and 77855 (Completion Date 06/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/10/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2630-1-b

The Department staff who did the on-site verification:
Hayley Pinkham, ALF Licensor

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

Sincerely,

Jamie Singer

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Vineyard Park at North Creek
License/Cert.#: 2742
Compliance Determination #: 77855
Investigator: Hayley Pinkham
Investigation Date(s): 05/21/2026 through 06/10/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 223733
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1) The Named Resident (NR) sustained physical injuries to their face and arms during care at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 1 Closed records sample size: 1
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies Personnel files

Investigation Summary:

1) Interview with the NR showed the NR could not recall the incident during care. Interview and record review showed the ALF determined the injuries to the NR occurred during care. The ALF sought medical treatment, investigated the injuries and terminated the suspected caregiver. Interview and record review showed the ALF did not notify the local police department of the suspected physical injury during care. See Statement of Deficient Practice dated 06/10/2026.

Conclusion / Action:

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

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Residential Care Services
Investigation Summary Report

Provider/Facility: Vineyard Park at North Creek
License/Cert.#: 2742
Compliance Determination #: 77855
Investigator: Hayley Pinkham
Provider Type: Assisted Living Facility
Intake ID: 223790
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 05/21/2026 through 06/10/2026
Complainant Contact Date(s): 06/10/2026

Allegation(s):

1) The Named Resident (NR) had unexplained bruising to their right wrist and left chin. Other unnamed residents at the Assisted Living Facility (ALF) have had injuries.

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 1 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions Dining
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies Personnel files

Investigation Summary:

1) Interview with the NR showed the NR could not recall the incident during care. Interview and observation of sampled residents at the ALF did not show evidence of other injuries related to care. Interview and record review showed the ALF determined the injuries to the NR occurred during care. The ALF sought medical treatment, investigated the injuries and terminated the suspected caregiver. Interview and record review showed the ALF did not notify the local police department of the suspected physical injury during care. See Statement of Deficient Practice dated 06/10/2026.

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

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

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

The department completed data collection for an unannounced on-site complaint investigation on 05/21/2026 of:

Vineyard Park at North Creek
1802 192nd St SE
Bothell, WA 98012

This document references the following complaint number(s): 225085, 224741, 223733, 223790, 225632

The following sample was selected for review during the unannounced on-site visit: 1 of 60 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF Licensor

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

6/11/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

6/23/26
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to immediately report an incident of suspected physical abuse involving 1 of 1 resident (Resident 1) to law enforcement. This caused a delay in law enforcement evaluating need for a criminal investigation and placed the safety of Resident 1 at risk.

Findings included...

Record review of the ALF's undated, "Abuse, Neglect and Exploitation Policy", showed physical abuse was defined as hitting (with open or closed hand), kicking, biting, hair pulling, scratching, pushing, rough handling, choking, restraining movement of another person, twisting of limbs, and any unwanted or unwelcomed physical contact. The policy showed local law enforcement will also be notified in the following cases: injury to the face and head.

Record review showed Washington Administrative Code (WAC) 388-78A-2020 – Definitions - defined "Physical abuse" as the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

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

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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Record review showed the ALF admitted Resident 1 to the Memory Care Unit on [redacted]/2025 with a primary diagnosis of [redacted].

In interview, on 5/21/2026 at 12:43 PM, Staff A (Executive Director) stated Resident 1 was resistant during care with two caregivers on 05/08/2026. Staff A stated one caregiver was holding Resident 1's wrist during care and the caregiver had a "significant" scratch on their face after care was provided. Staff A stated the ALF determined that Resident 1's bruise to the arms and face occurred during care with the caregiver.

Record review of the ALF's Incident Report (IR) dated 05/09/2026 showed Resident 1 had two bruises on the right hand and another bruise on her left chin. The IR showed no documentation that the ALF notified law enforcement for bruise on the face.

In interview, on 06/08/2025 at 12:05 PM, Staff A confirmed the ALF did not notify law enforcement after the physical assault occurred.

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) 7/25/26.

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

Administrator (or Representative) 6/23/26 Date

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

Record review showed the ALF admitted Resident 1 to the Memory Care Unit on [redacted]/2025 with a primary diagnosis of [redacted].

In interview, on 5/21/2026 at 12:43 PM, Staff A (Executive Director) stated Resident 1 was resistant during care with two caregivers on 05/08/2026. Staff A stated one caregiver was holding Resident 1's wrist during care and the caregiver had a "significant" scratch on their face after care was provided. Staff A stated the ALF determined that Resident 1's bruise to the arms and face occurred during care with the caregiver.

Record review of the ALF's Incident Report (IR) dated 05/09/2026 showed Resident 1 had two bruises on the right hand and another bruise on her left chin. The IR showed no documentation that the ALF notified law enforcement for bruise on the face.

In interview, on 06/08/2025 at 12:05 PM, Staff A confirmed the ALF did not notify law enforcement after the physical assault occurred.

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

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