



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

MCP Village WA OpCo LLC
The Village Senior Living
4707 S Orchard St
Tacoma, WA 98466

RE: The Village Senior Living License # 2761

Dear Administrator:

This letter addresses Compliance Determination(s) 78717 (Completion Date 06/09/2026) and 75541 (Completion Date 04/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2026 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-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-112A-0080-5, WAC 388-112A-0495-4, WAC 388-112A-0720-2-a, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

04.22.2026 09:01:32

State of Washington

3/9



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 HOME AND COMMUNITY LIVING ADMINISTRATION
 PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2761	Compliance Determination #75541
Plan of Correction	The Village Senior Living	Completion Date
Page 1 of 4	Licensee: MCP Village WA OpCo LLC	04/10/2026

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

The department completed data collection for an unannounced on-site follow-up on 04/08/2026 of:

The Village Senior Living
 4707 S. Orchard St
 Tacoma, WA 98466

This document references the following SOD dated: 04/10/2026

The following sample was selected for review during the unannounced on-site visit: 10 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Cairnichael, Nursing Consultant Institutional
 Kathy Heinz, Long Term Care Surveyor

From:
 DSHS, Home and Community Living Administration
 Residential Care Services, Region 3, Unit D
 PO Box 99250
 Lakewood, WA 98496



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License # 2761	Compliance Determination # 75541
Plan of Correction	The Village Senior Living	Completion Date
Page 1 of 4	Licensee: MCP Village WA OpCo LLC	04/10/2026

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The Village Senior Living
4707 S Orchard St
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This document references the following SOD dated: 04/10/2026

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Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3, Unit D
PO Box 99250
Lakewood, WA 98496

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

04.22.2026 09:01:32

State of Washington

4/9

Statement of Deficiencies	License #: 2761	Compliance Determination #75541
Plan of Correction	The Village Senior Living	Completion Date
Page 2 of 4	Licensed: MCP Village WA OpCo LLC	04/10/2026

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

Laurie Anderson

04/22/2026

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.

U. Williams

Administrator (or Representative)

4-23-2026

Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090: Adult family homes.

(8) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

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.

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:

(b) Basic;

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.

Laurie Anderson

Residential Care Services

04/22/2026

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

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(b) Basic;

Statement of Deficiencies	License #: 2761	Compliance Determination # 75541
Plan of Correction	The Village Senior Living	Completion Date
Page 3 of 4	Licenses: MCP Village WA OpCo LLC	04/10/2026

(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 8 sampled staff (Staff C, Staff D, and Staff E) met all the training requirements for long-term care workers. This failure placed all 74 residents at risk of harm and receiving care from untrained staff.

Findings included:

Review of the facility's personnel files showed the facility hired Staff C (Caregiver) on 02/25/2026, Staff D (Caregiver) on 02/20/2026, and Staff E (Caregiver) on 01/06/2026. There was no documentation that showed Staff C and Staff D obtained a current Cardiopulmonary Resuscitation (CPR)/First Aid (FA) card within 30 days of their dates of hire, as required. There was no documentation that showed Staff E obtained a current FA card within 30 days of their date of hire, as required.

During an interview on 04/08/2026 at 10:45 AM, Staff A, Executive Director, stated that they were aware Staff C, Staff D, and Staff E did not complete their training within the required time frames. Staff A stated that the staff were scheduled for training.

This is an uncorrected deficiency previously cited on 02/09/2026 for subsection (2)(d).

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) 5.25.2026

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

D. Admire
Administrator (or Representative)

4.23.2026
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

(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 sampled staff (Staff C, Staff D, and Staff E) met all the training requirements for long-term care workers. This failure placed all 74 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of the facility's personnel files showed the facility hired Staff C (Caregiver) on 02/25/2026, Staff D (Caregiver) on 02/20/2026, and Staff E (Caregiver) on 01/06/2026. There was no documentation that showed Staff C and Staff D obtained a current Cardiopulmonary Resuscitation (CPR)/First Aid (FA) card within 30 days of their dates of hire, as required. There was no documentation that showed Staff E obtained a current FA card within 30 days of their date of hire, as required.

During an interview on 04/08/2026 at 10:45 AM, Staff A, Executive Director, stated that they were aware Staff C, Staff D, and Staff E did not complete their training within the required time frames. Staff A stated that the staff were scheduled for training.

This is an uncorrected deficiency previously cited on 02/09/2026 for subsection (2)(d).

Plan/Attestation Statement

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

Administrator (or Representative)

Date

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Statement of Deficiencies	License #: 2761	Compliance Determination # 75541
Plan of Correction	The Village Senior Living	Completion Date
Page 4 of 4	Licenses: MCP Village WA Op Co LLC	04/10/2026

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure potentially hazardous items were secured in 1 of 2 living areas (Memory Care Unit (MCU)) of the ALF. This failure placed all 24 residents in the MCU at risk for potential harm.

Findings included...

Observation of Resident 1's room on 04/08/2026 at 10:00 AM, showed four razor blades sat on a shelf in the bathroom. Multiple boxes of unopened razor blades and two razor blades sat on a side table in the living area of their apartment.

Review of Resident 1's Interim Care Plan, dated 01/30/2026, showed that Resident 1's razor blades were to be stored securely by staff.

During an interview on 04/08/2026 at 10:30 AM, Staff B, Wellness Director, said that staff were expected to securely store the razor blades.

This is an uncorrected deficiency previously cited on 02/09/2025 under 388A- 78A- 3100 (1) and (2).

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) 5-25-2026.

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


Administrator (or representative)

4-23-2026
Date

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- (1) The residents' characteristics and needs;
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Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure potentially hazardous items were secured in 1 of 2 living areas (Memory Care Unit [MCU]) of the ALF. This failure placed all 24 residents in the MCU at risk for potential harm.

Findings included...

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Plan/Attestation Statement

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Administrator (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2761	Compliance Determination #71881
Plan of Correction	The Village Senior Living	Completion Date
Page 1 of 18	Licensee: MCP Village WA OpCo LLC	02/09/2026

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 01/27/2026, 01/28/2026, 01/29/2026 and 01/30/2026 of.

The Village Senior Living
4707 S Orchard St
Tacoma, WA 98466

This document references the following complaint numbers: 209951.

The following sample was selected for review during the unannounced on-site visit: 14 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Alena Gimlin, Assisted Living Licenser
Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3, Unit D
PO Box 99250
Lakewood, WA 98496

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.

Lauris Anderson

Residential Care Services

02/10/2026

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.

D. Williams
Administrator (or Representative)

Feb 17, 2026
Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

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(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.

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:

(b) Basic;

Statement of Deficiencies	License # 2761	Compliance Determination #71881
Plan of Correction	The Village Senior Living	Completion Date
Page 3 of 18	Licensee: MCP Village WA OpCo LLC	02/09/2026

(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 sampled staff (Staff C, Staff D, and Staff E) met all the training requirements for long-term care workers. This failure placed all 79 residents at risk of harm and receiving care from untrained staff.

Findings included...

BASIC TRAINING

Review of the facility's personnel files showed the facility hired Staff E (Caregiver) on 09/24/2025. There was no documentation that showed Staff E completed seventy-hour long-term care worker basic training within 120 days of the date of hire, as required.

SPECIALTY TRAINING FOR DEMENTIA and MENTAL HEALTH

Review of the facility's personnel files showed the facility hired Staff C (Medication Technician) on 09/10/2025. There was no documentation that showed Staff C and Staff E completed specialty training for dementia and mental health within 120 days of hire, as required.

CARDIOPULMONARY RESUSITATION (CPR)/FIRST AID (FA)

Review of the facility's personnel files showed the facility hired Staff D (Caregiver) on 12/17/2025. There was no documentation that showed Staff C obtained a current CPR/FA card within 30 days of their dates of hire, as required. There was no documentation that showed Staff D obtained a current FA card within 30 days of their dates of hire, as required.

During an interview on 01/28/2026 at 2:00 PM, Staff A, Executive Director, stated that they were aware Staff C, Staff D, and Staff E did not complete their trainings within the required time frames.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) MARCH 26, 2026

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

V. Bellamy
Administrator (or Representative)

FEB 17, 2026
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled staff (Staff G) completed a Washington State Name and Date of Birth (WSNDOB) background check (bgc) every two years and failed to ensure 2 of 2 sampled staff (Staff F and Staff G) completed a national fingerprint bgc as required. These failures placed all 79 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

WSNDOB BACKGROUND CHECK

Review of the facility's personnel records showed the facility hired Staff G (Caregiver) on 07/05/2023. The records showed Staff G's initial bgc expired on 06/22/2025. The records showed Staff G's two-year renewal of their WSNDOB bgc was completed on 09/30/2025, more than three months after the initial bgc expired.

NATIONAL FINGERPRINT BACKGROUND CHECK

Review of the facility personnel records showed the facility hired Staff F, Wellness Coordinator, on 10/11/2023. The records showed documentation that the facility completed a national fingerprint bgc for Staff F on 10/02/2024. The fingerprint bgc was completed more than 12 months after hire, and not within 120 days of hire, as required.

Review of the facility personnel records showed documentation that the facility completed Staff G's national fingerprint bgc on 01/31/2024. The fingerprint bgc was completed more than six months after hire, and not within 120 days of hired as required.

During an interview on 01/28/2025 at 3:30 PM, Staff A, Executive Director, stated that they were not aware Staff G's WSNDOB bgc renewal was late, and that Staff F and Staff G's national fingerprint bgc's were late.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) MARCH 26, 2026

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

[Signature]
Administrator (or Representative)

Feb 17, 2026
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 sampled staff (Staff C and Staff D) were screened for tuberculosis (TB), a communicable disease, within three days of employment, as required. This failure placed all 79 residents at risk of exposure to TB infection.

Findings included...

Review of Staff C (Medication Technician)'s personnel records showed the facility hired Staff C on 09/10/2025. The records showed Staff C completed a TB skin test on

09/15/2025, five days after their date of hire.

Review of Staff D (Caregiver)'s personnel records showed the facility hired Staff D on 12/17/2025. The records showed Staff D completed a chest x-ray on 03/28/2024, more than 20 months before Staff D was hired. There was no documentation that showed Staff D was screened for TB within three days of employment, as required.

During an interview on 01/29/2026 at 2:00 PM, Staff A, Executive Director, stated they were unaware Staff C and Staff D's TB screenings were not completed as required.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) March 26, 2026

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


Administrator (or Representative)

Feb 17, 2026
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;
- (2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
 - (a) Departure from the resident's customary range of functioning; or
 - (b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to monitor 3 of 9 sampled residents (Resident 5, Resident 8, and Resident 10) for changes in their physical and mental functioning following an injury or the discovery of a wound. This failure placed the residents at risk of decline in their health status.

Findings included...

RESIDENT 5

Review of Resident 5's records showed the facility admitted Resident 5 on [REDACTED]/2023 with muscle weakness.

Review of a facility incident report, dated [REDACTED] 2026, showed Resident 5 fell to the floor and hit their head. The report showed Resident 5 was sent to the hospital for evaluation. Review of a Resident 5's hospital After Visit Summary, dated [REDACTED] 2026, showed Resident 5 was diagnosed with [REDACTED] and [REDACTED].

Review of a facility document titled, "Head Injury Monitoring," dated 04/25/2024, showed that Medication Technician (Med Tech) staff were to observe the resident for signs of "serious injury as instructed but not less than once per shift for at least 72 hours after the incident and document the results on the Head Injury Monitoring form." The Head Injury Monitoring form included checking the resident's vital signs (blood pressure, pulse, and breathing), assessment of the resident's vision, assessment of the resident's level of consciousness, and observing the wound for bleeding plus other items to be checked.

Review of an undated facility document titled, "Head Injury Monitoring Record," showed that staff documented observations of Resident 5 one time on [REDACTED] 2026 during the evening shift, and two times on 01/12/2026, 01/13/2026, and 01/14/2026 during the day and evening shifts. There was no documentation that ALF staff observed and documented Resident 5's condition during the night shift on 01/12/2026 and 01/13/2026.

Review of a facility document titled, "Alert Charting," dated 06/26/2025, showed that staff were to monitor and document vital signs, pain, and discomfort, plus additional care needed during each shift for three days when a resident experienced a temporary medical problem. Review of Resident 5's progress notes [REDACTED] 2026 through 01/14/2026 showed no documentation that staff monitored Resident 5 one time each shift for three days.

During an interview on 01/19/2026 at 1:30 PM, Staff A, Executive Director, stated that they were unaware the staff did not monitor Resident 5 at least one time every shift for 72 hours or three days after the incident.

RESIDENT 8

Review of Resident 8's records showed the facility admitted Resident 8 on [REDACTED] 2025 with a seizure disorder (abnormal electrical activity in the brain).

Review of a facility incident report, dated 01/18/2026, showed Resident 8 fell out of bed and hit their head. The report showed that staff called Emergency Medical Services.

Observation on 01/27/2026 at 3:25 PM, showed skin abrasions on Resident 8's forehead and nose. The skin abrasions were red, and it appeared that the top layer of skin was scraped off. During an interview at this time, Resident 8 reported that the abrasions happened when they had a seizure and fell out of bed, and their face scraped on the rug. Resident 8 reported that they cared for their skin abrasions by applying body lotion to them.

During an interview on 01/28/2026 at 1:10 PM, Staff A acknowledged that staff were not monitoring Resident 8's skin abrasions.

RESIDENT 10

Review of Resident 10's records showed the facility admitted Resident 10 on [REDACTED] 2024 with a diagnosis of [REDACTED]

Review of a facility progress note, dated 09/24/2025, showed Resident 10 was placed on alert monitoring for a wound on the top of their left big toe. The note showed a former Wellness Director notified the primary care physician, and the facility was waiting for treatment orders.

During an email interview on 02/05/2026 at 3:30 PM, Staff B, Wellness Director, said that they were unable to verify that the previous Wellness Director notified the primary care physician for the treatment of the toe 09/24/2025.

Review of a facility progress note, dated 01/07/2026, showed Staff K, Wellness Nurse, received a verbal report that Resident 10's toe looked infected. Staff K examined Resident 10's toe for infection and noted the nail bed looked macerated (the condition of the skin softening and breaking down from long exposure to moisture). The note showed Staff K faxed the primary care physician for a new treatment order.

Review of a Physician/ Provider FAX Communication form, dated 01/07/2026, showed Staff K documented the facility requested orders to treat Resident 10's infected left big toe. On the form, under the section titled "Provider Response", showed there was no response from the physician.

During an email interview on 02/05/2026 at 3:00 PM, Staff B said that Staff K received verbal orders from the physician to treat Resident 10's infected toe.

Review of Resident 10's progress notes dated between 01/07/2026 and 01/27/2026, and Resident 10's January 2026 MAR, showed no documentation that staff monitored and treated the wound.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) March 26, 2026

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

[Signature]
Administrator (or Representative)

Feb 17, 2026
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.

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

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop and implement a safe medication system to ensure 3 of 9 sampled residents (Resident 2, Resident 6, and Resident 10) received medications as prescribed. These failures placed residents at risk for harm and potential medical decline.

Findings included...

RESIDENT 2

Review of Resident 2's December 2025 and January 2026 Medication Administration Records (MARs) showed an order for Wegovy (used to treat weight loss) to be injected one time per week. The order showed a start date of 08/21/2025. There was no documentation in the MARs that showed the medication was ever administered to Resident 2.

RESIDENT 6

Review of Resident 6's December 2025 and January 2026 MARs showed an order dated 03/05/2025 for Humalog insulin 20 units three times a day before meals, and an additional amount of insulin by "sliding scale" (a method of adjusting insulin dosage based on blood glucose levels). The sliding scale insulin order showed that for a blood sugar of 400, Resident 6 required an additional 10 units of insulin. There were no physician orders for additional insulin if Resident 6's blood sugar was higher than 400. A physician's order, dated 09/08/2024, instructed staff to check Resident 6's blood sugar four times a day (with meals and at bedtime) and to notify the physician when the resident's blood sugar was greater than 350.

Review of Resident 6's December 2025 MAR showed staff gave the resident the incorrect dose of sliding scale insulin nine times. There was no documentation on 12 occasions that showed staff notified the physician when Resident 6's blood sugar was over 350.

Review of Resident 6's January 2026 MAR showed staff gave the resident the incorrect dose of sliding scale insulin five times. There was no documentation on five occasions that showed staff notified the physician when Resident 6's blood sugar was over 350.

During an interview on 01/20/2026 at 12:15 PM, Staff K, Wellness Nurse, stated that they were unaware of the medication errors regarding Resident 6's insulin.

RESIDENT 10

Observation on 01/27/2026 at 11:00 AM, showed Staff H (Medication Technician) applying TheraHoney (used to treat wounds) to Resident 10's big toe on their left foot.

Review of Resident 10's January 2026 MAR showed no documentation that Resident 10 was prescribed TheraHoney.

During an interview on 01/30/2026 at 12:15 PM, Staff B, Wellness Director, said that Resident 10 was not prescribed TheraHoney.

Observation on 01/30/2026 at 12:15 PM of the medication cart in the Memory Care unit, Staff B showed the Department Licenser the medication used to treat Resident 10's wound on their toe. The label on the box showed an order, dated 10/29/2025, for a triple antibiotic ointment to be applied to the sore on Resident 10's left big toe for seven days.

Review of Resident 10's October 2025 and November 2025 MARs showed no documentation for the antibiotic ointment staff applied to Resident 10's toe.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) March 20, 2024

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

J. Bellamy
Administrator (or Representative)

Feb 17, 2026
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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure potentially hazardous items were secured in 1 of 2 living area of the Memory Care unit. This failure placed all 24 residents in the Memory Care unit at risk for potential harm.

Findings included...**SMOKING**

Observation of the courtyard in the memory care unit of the ALF on 01/27/2026 at 2:00 PM, showed multiple herbal cigarette butts and paper products in a plastic garbage can. Observation showed no proper cigarette butt receptacle.

During an interview on 01/30/2026 at 12:15 PM, Staff I, Medication Technician, said that Resident 11 extinguished their cigarettes on the ground, and then tosses the butts in the garbage can.

Observation of Resident 11's apartment on 01/30/2026 at 12:15 PM, showed Resident 11 sat on their bed. There was an herbal cigarette and a lighter lying on the nightstand located next to the bed.

Review of a facility document titled "Service Plan", dated 08/22/2025, showed that Resident 11 was diagnosed with [REDACTED]. The plan showed that staff were directed to store Resident 11's cigarettes. Staff were instructed to escort Resident 11 to the farthest corner of the courtyard to smoke. The plan showed no instructions for storing the lighter.

During an interview on 01/30/2026 at 12:15 PM, Staff B, Wellness Director, said that staff should escort Resident 11 to the courtyard to smoke. Staff B said that Resident 11 always carried their lighter with them.

RAZORS

Observation of Resident 13's room on 01/27/2026 at 2:10 PM, showed a razor blade sat on a shelf in the bathroom. There was a razor blade handle on the bathroom counter.

Observation of Resident 14's room on 01/27/2026 at 2:15 PM, showed a disposable razor sat on the counter.

During an interview on 01/29/2026 at 3:00 PM, Staff B, Wellness Director, said that there were no assessments for the use of the razors for Resident 13 and Resident 14.

On 01/30/2026 at 10:30 AM, Staff A, Executive Director, provided the Department Licensor with Interim Service Plans for Resident 13 and 14. The facility plans, dated 01/30/2026, showed that the razors were stored securely by staff.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) March 26, 2026

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

[Signature]
Administrator (or Representative)

Feb 17, 2026
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Medication Technicians were delegated by a Registered Nurse (RN) for 2 of 2 residents (Resident 1 and Resident 8) who required assistance with medications or medical procedures. This failure placed the residents at risk of medical complications and potential decline in their health.

Findings included...

RESIDENT 1

Review of Resident 1's January 2025 Medication Administration Record (MAR), showed an order for Earwax 6.5% drops (used to help remove excessive ear wax buildup), administered two times a day for five days. Review of the Nurse Delegation: Nursing Visit form, dated 01/06/2026, showed there were no staff delegated to administer ear drops between 01/11/2026 and 01/16/2026.

During an email interview on 02/09/2026 at 11:25 AM, Staff B, Wellness Director, said that there were no staff delegated to administer the ear drops.

RESIDENT 8

Review of undated facility records showed the facility admitted Resident 8 on [REDACTED] 2025 with a seizure disorder (neurological condition) and a Vagus nerve (main nerve that sends electrical impulses in the brain) implant (a medical device that reduces electrical hyperactivity in the brain).

Review of Resident 8's "Interim Service Care Plan", dated 08/27/2025, showed instructions for facility medication technicians to run a magnet (manually deliver an extra dose of therapy) along the Vagus nerve implant located in Resident 8's chest when Resident 8 had a seizure.

Review of ALF's Nurse Delegation records showed no documentation that Resident 8 received delegation services, as needed for assistance with their Vagus nerve implant.

During an interview on 01/28/2026 at 1:10 PM, Staff A, Executive Director, acknowledged that Medication Technicians were not delegated for the procedure.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) MARCH 26, 2026

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

J. Blum
Administrator (or Representative)

FEB 17, 2026
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 9 sampled Residents (Residents 1, 2, 7, and 8) Service Plans were updated to reflect the current needs. This failure placed residents at risk for unmet care needs and a diminished quality of life.

Findings included...**RESIDENT 1**

Review of facility progress note, dated 11/18/2025, showed that Resident 1 was seen shaking another resident by the shoulders.

Review of a facility progress note, dated 11/22/2025, showed that staff heard yelling and observed Resident 1 walking away from another resident who was on the ground.

Review of a facility incident report, dated 12/21/2025, showed that Resident 1 was observed walking toward another resident and started hitting them.

Review of a facility progress note dated, 01/05/2026, showed that Resident 1 was

arguing with another resident, and they were observed hitting each other.

Review of Resident 1's "Service Plan" dated 12/19/2025, showed no documentation that Resident 1 was involved in any resident-to-resident altercations.

During an interview on 01/28/2026 at 2:45 PM, Staff A, Executive Director, said that Resident 1's Service Plan was not updated to include interventions for staff to use to prevent resident to- resident altercations.

RESIDENT 2

Observation of Resident 2's room on 01/27/2026 at 11:00 AM showed Resident 2 was not in their room or in any of the common areas in the Memory Care unit of the ALF.

During an interview on 01/27/2026 at 11:10 AM, Staff J, Medication Technician said that Resident 2 and Resident 12 were a couple. Staff J stated that the two lived together in the apartment belonging to Resident 12.

Review of Resident 2's "Service Plan", dated 03/18/2025, showed no documentation that Resident 2 lived with Resident 12. There was no documentation that it was an agreed upon arrangement.

During an interview on 01/27/2026 at 1:00 PM, Resident 2 said that they lived with Resident 12.

RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 to the ALF [REDACTED] 2023 with a diagnosis of [REDACTED] and [REDACTED]

Review of a facility document titled "Physician/Provider Fax Communication Form", dated 11/21/2025, showed Staff B, Wellness Director, notified Resident 7's physician that Resident 7 "has a reoccurring area on R (right) leg that has never fully healed... at this time it appears to be infected".

Review of the facility Progress Notes, dated 09/03/2025, 09/10/2025, 09/17/2025, 09/24/2025, 10/01/2025, 10/08/2025, and 10/15/2025, showed ALF nursing staff documented they observed and applied treatment as needed to Resident 7's wound on their right leg.

Review of a facility document titled "Service Plan," dated 11/26/2025, showed no documentation Resident 7's service plan was updated to include health monitoring for a

Statement of Deficiencies	License #: 2761	Compliance Determination #71881
Plan of Correction	The Village Senior Living	Completion Date
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change in Resident 7's physical functioning related to their skin issues and the wound on the right leg.

During an interview on 01/30/2026 at 3:00 PM, Staff B stated that they were unaware Resident 7's service plan did not include monitoring of the skin.

RESIDENT 8

Review of Resident 8's records showed the facility admitted Resident 8 on [REDACTED] 2025 with a seizure disorder (abnormal electrical activity in the brain).

Review of a facility incident report and facility progress note, dated 12/06/2025, showed Resident 8 fell to the floor in the elevator and hit their head. The documents showed Resident 8 was sent to the hospital for an evaluation. The documents showed the Resident received stitches in their mouth.

Review of a facility incident report and a facility progress note, dated 01/18/2026, showed Resident 8 was found on the floor after they fell out of bed and hit their head. The documents showed that staff called Emergency Medical Services.

Review of a facility document titled "Service Plan," dated 01/27/2026, showed no documentation that Resident 8's service plan was updated to include interventions for Resident 8's recent falls, on 12/06/2025 and 01/18/2026, that resulted in injuries.

During an interview on 01/27/2026 at 3:25 PM, Resident 8 reported that they fell several times over the last couple of months because of their epilepsy. Resident 8 stated that they no longer know when they are going to have a seizure, so they are unable to prepare, resulting in a fall to the ground.

During an interview on 01/28/2026 at 1:10 PM, Staff A, Executive Director, acknowledged that Resident 8's care plan did not reflect their recent falls and interventions to prevent the falls.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) MARCH 26, 2026

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

[Signature]
Administrator (or Representative)

FEB 17, 2026
Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(6) When authorizations to release health care information are not obtained, or when an external health care provider is unresponsive to the assisted living facility's efforts to coordinate services, the assisted living facility must:

- (a) Document the assisted living facility's actions to coordinate services;
- (b) Provide notice to the resident of the risks of not allowing the assisted living facility to coordinate care with the external provider; and
- (c) Address known associated risks in the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to coordinate services with external health care providers for 1 of 1 sampled resident (Resident 3). This failure placed Resident 3 at risk of medical complications and a decline in their health.

Findings included...**RESIDENT 3**

Review of Resident 3's records showed the facility admitted Resident 3 on [REDACTED] 2024 with Type 2 diabetes and acute kidney failure.

During an interview on 01/27/2026 at 1:05 PM, Resident 3 stated that they had a wound on their buttocks. Resident 3 stated that home health provided care to their wound a couple of times a week. Resident 3 stated that the facility would not change the bandage when it bled through. Resident 3 stated that this concerned them because

they were on blood thinner medications.

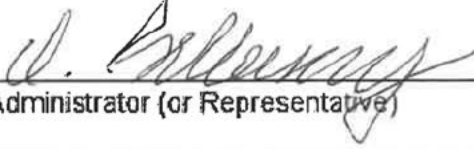
Review of facility document titled, "Service Care Plan," dated 06/10/2025, showed no documentation of Resident 3's wound on their buttocks. There was no documentation of the services provided to Resident 3 by the home health agency. There was no documentation in the plan that showed the facility reached out to the home health agency to coordinate how Resident 3's care needs would be met when the home health agency was not available.

During an interview on 01/27/2026 at 3:00 PM, Staff A, Executive Director, reported that Resident 3 refused to authorize the release of health care information to the facility from the home health agency. Staff A acknowledged that the facility did not coordinate care with the home health services. Staff A stated that they did not develop a plan for staff to follow if Resident 3 needed wound care between home health visits.

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 Senior Living is or will be in compliance with this law and / or regulation on (Date) MARCH 26, 2026

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


Administrator (or Representative)

FEB 17, 2026
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

02/10/2026

MCP Village WA OpCo LLC
The Village Senior Living
4707 S Orchard St
Tacoma, WA 98466

RE: The Village Senior Living # 2761

Dear Administrator:

This document references the following complaint numbers 209951.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 02/09/2026 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:

Laurie Anderson, Community Field Manager
Residential Care Services

Region 3, Unit D

Preferred methods:

eFax: (253) 589-7240

Email: rcsregion3email@dshs.wa.gov

Optional method:

PO Box 99250

Lakewood, WA 98496

- Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/09/2026), no later than 03/26/2026 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-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

The facility failed to ensure water temperatures were kept above 105 degrees. This deficiency was corrected prior to completion of the inspection.

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>

The Village Senior Living #2761

02/09/2026

Page 3 of 3

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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