STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

MCP Sequoia WA OpCo LLC
The Sequoia Senior Living
825 Lilly Rd NE
Olympia, WA 98506

RE: The Sequoia Senior Living License # 2763

Dear Administrator:

This letter addresses Compliance Determination(s) 81620 (Completion Date 08/05/2026) and 78306 (Completion Date 06/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/05/2026 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-2305-2, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-b, WAC 388-78A-2320-3-c, WAC 388-78A-2400-2, WAC 388-78A-2474-2-c, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-2-a, WAC 388-78A-2230-2-b, WAC 388-78A-2230-2-c, WAC 388-78A-2230-2, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210-2-a

The Department staff who did the on-site verification:
Celeste Vashey, ALF LTC Licensor
Anissa Bearden, Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health Field Manager
Region 3, Unit E

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

Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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

The department completed data collection for the unannounced on-site full inspection on 06/02/2026 and 06/04/2026 of:
The Sequoia Senior Living
825 Lilly Rd NE
Olympia, WA 98506

The following sample was selected for review during the unannounced on-site visit: 9 of 86 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

Statement of Deficiencies	License #: 2763	Compliance Determination # 78306
Plan of Correction	The Sequoia Senior Living	Completion Date
Page 2 of 15	Licensee: MCP Sequoia WA OpCo LLC	06/04/2026

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.

Clinton Fridley, RN
Residential Care Services

06/10/2026
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.

Carolyn Driscoll
Administrator (or Representative)

6-15-26
Date

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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure staff renewed their food handlers training for 1 of 2 sampled cooks (Staff F). These failures placed all residents at risk of receiving food that was incorrectly prepared by an unqualified staff and risk for exposure to food-borne illnesses.

Findings included...

Washington Administrative Code (WAC) 246-2177-005 Purpose and authority: "The purpose of chapter 246-217 WAC is to establish state board of health standards for the issuance of food worker cards (food worker permits) under chapter 69.06 RCW and RCW 43.20.050. To promote and protect the health, safety and well-being of the public and prevent the spread of disease by food, all food service workers in the state shall demonstrate through the process of examination that they possess an adequate knowledge of the principles and practices involved in the safe preparation, storage, and service of foods."

Record review of the facility provided document labeled, "Employee Roster," dated 06/01/2026, showed Staff F, Cook, was hired at the facility on 07/18/2023.

Record review of Staff F's "Washington State Food Worker Card," showed it expired on 07/14/2024.

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In an observation and interview on 06/03/2026 at 9:13 AM, Staff F was observed to sit at the computer and worked on completing their WA state food worker card. Staff F stated their WA state food worker card had expired.

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 Sequoia Senior Living is or will be in compliance with this law and / or regulation on (Date) 6-3-26 .

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

Carolyn Driscoll — Administrator (or Representative)

6-15-26 — Date

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

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

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

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had the required active credentials to preform nurse delegated tasks for 1 of 3 staff (Staff G) reviewed and failed to have Registered Nurse (RN) Delegation services and documentation in place for 2 of 3 sampled residents (Resident 4 and 2).

Findings included ..

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Findings included…

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Washington Administrative Code (WAC) 246-840-930 Criteria for delegation. (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS (2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii). (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable…(4) Determine the task to be delegated is within the delegating nurse's area of responsibility. (5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient. (6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. (7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction. (8) Verify that the nursing assistant or home care aide: (a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction... (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision…PLAN (11) Document in the patient's record the rationale for delegating or not delegating nursing tasks. (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes: (a) The rationale for delegating the nursing task; (b) The delegated nursing task is specific to one patient and is not transferable to another patient; (c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide; (d) The nature of the condition requiring treatment and purpose of the delegated nursing task; (e) A clear description of the procedure or steps to follow to perform the task; (f) The predictable outcomes of the nursing task and how to effectively deal with them; (g) The risks of the treatment; (h) The interactions of prescribed medications; (i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services; (j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including: (i) How to notify the registered nurse delegator of the change; (ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and (iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not; (k) How to document the task in the patient's record; (l) Document teaching done and a return demonstration, or other method for verification of competency; and (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks, and may be more frequent. (13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient. IMPLEMENT (14) Delegation

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requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

Record review of an email sent to the Department on 06/03/2026 at 10:41 AM, from Staff A, Executive Director, showed the facility did not have a nurse delegation policy and procedure.

Staff Credentials

Record review of the Washington state Department of Health database on 06/03/2026, showed Staff G, Medication Technician/Caregiver, Home Care Aide Certification was expired and had been since 04/26/2026.

Record review of the Washington Department of Health Systems Quality Assurance payment receipt, dated 05/11/2026, showed Staff G had paid for their renewal of their HCA credential that would expire on 04/26/2027.

Record review of Resident 10's (R10) medical records showed they moved into the facility on [redacted]/2013 with multiple medical diagnoses that included [redacted]

Record review of R10's Nurse Delegation Nursing Visit, dated 05/01/2026, showed they insulin administration and blood sugar checks were a nurse delegated task that Staff G had been qualified to administer.

Record review of R10 Electronic Medication Administration Record (eMAR), dated 04/26/2026 through 05/11/2026, showed Staff G provided delegated tasks to R10 five times without the required active credentials.

Resident's Documentation

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

Record review of the facility's resident characteristic Roster, dated 06/02/2026, showed R4 and R2 had nurse delegated services.

Resident 4 (R4)

Record review of R4's medical records showed they moved into the facility on [redacted]/2021 with multiple medical diagnoses that included [redacted].

Record review of R4's Service Plan, dated 03/18/2026, showed staff assisted them with their medication and treatments. R4 was nurse delegated for their weekly blood sugar check, eye drops, inhalers, ear drops and topical medications.

Record review of the RN delegation binder on 06/02/2026 at 1:20 PM, there was no RN delegation documents in the binder for R4's delegated tasks.

In an interview on 06/02/2026 at 1:30 PM, Staff L, Wellness Coordinator, stated the medication technicians poke and obtain blood and check R4's blood sugar check weekly on Wednesdays.

In an interview on 06/03/2026 at 1:32 PM, stated if were no documents in the RN delegation binder then R4 was not RN delegated for their blood sugar check or any other medications.

In an interview on 06/03/2026 at 3:05 PM, R4 stated the facility staff poke their finger with the needle and check their blood sugar once a week.

Resident 2 (R2)

Record review of R2's medical records showed they moved into the facility on [redacted]/2025.

Record review of R2's Service Plan, dated 07/23/2025, showed R2 was nurse delegated for their eye drops and staff assist with all medication and treatment management.

Record review of R2's Licensed Nurse Assessment, dated 01/23/2026, showed R2 required nurse delegation for their topical medications.

Record review of the RN delegation binder on 06/02/2026 at 1:20 PM, there was no RN

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delegation documents in the binder for R2.

In an interview on 06/03/2026 at 1:32 PM, stated if there was documents in the RN delegation binder then the resident was not delegated.

Plan/Attestation Statement

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

Carolyn Driscoll — Administrator (or Representative)

6-15-26 — Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW:

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to keep 9 of 9 resident's (Resident 10, 11, 12, 13, 14, 15, 6, 16 and 17) information kept confidential. This failure allowed the public, visitors and other residents to review private medical information without the residents' consent and a breach of confidentiality.

Findings included...

Record review of the facility provided document titled, "HIPPA [Health Insurance Portability and Acccuntability Act]," undated, showed HIPPA was a law put in place to safeguard sensitive patient health information. Common daily violations of HIPPA include leaving charts, or documents with residents' personal information for unauthorized users may access.

Record review of an email sent to the Department by Staff A, Executive Director, showed the facility did not have a policy on HIPPA and protecting resident information.

In an observation on 06/03/2026 at 8:23 AM, at the unattended medication cart on the

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In an observation on 06/03/2026 at 8:23 AM, at the unattended medication cart on the

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first floor sitting on top of the side of the medication cart, was a pharmacy prescription label with Resident 10 (R10)'s first and last name, prescriber name and the medication apixaban (medication to help thin the blood).

In an observation on 06/03/2026 at 9:20 AM, on the side of the second medication cart on the first floor were four prescriptions labels displayed with the residents their first and last name, prescribers name, medication name and directions. The residents reviewed were…

- Resident 11 (R11) for medication calcium carbonate (medication to help replace calcium in the body);
- Resident 12 (R12) for their medication ferrous sulfate (supplement to increase iron levels in the blood);
- Resident 13 for their mediation Zoloft (medication to help treat sad depressed feelings).

As of 06/03/2026 at 2:01 PM, R11, R12 and R13's pharmacy prescription labels were still on the medication cart to view.

In an on observation on 06/04/2026 at 10:06 AM, on the 1st floor on both the unattended medication carts there were multiple pharmacy prescription label that had their first and last name, prescriber's name, medication name and directions for…

- Resident 14 (R14) for medication Lisinopril (medication to treat high blood pressure)
- Resident 15 (R15) first and last name
- Resident 6 (R6) for medication furosemide (medication to help reduce fluid buildup)
- R12 for medication folic acid (medication to help body produce new cells)
- Resident 16 (R16) for medication psyllium (medication to help with bowel movements)

In an observation on 06/04/2026 at 11:33 AM, on the first-floor unattended medication cart there was a pharmacy prescription label for R10 and their medication metoprolol succinate (medication to help reduce high blood pressure).

In an interview and observation on 06/04/2026 at 12:00 PM, Staff L, Wellness Coordinator, grabbed the pharmacy prescription labels from off of the side of the medication cart and stated they were not to be stored on the medication cart unless the medication technician was present.

In an observation on 06/04/2026 at 12:15 PM, on the second-floor medication cart stored on the side were two prescription labels for Resident 17 for their medication's fluticasone (inhaled medication to help treat allergies) nasal spray and cetirizine

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(medication to help with allergies symptoms).

In an observation and interview on 06/04/2026 at 12:42 PM, Staff J, Wellness Director, was shown the prescription labels on the unattended medication carts on the second floor. Staff J stated they were not to be stored on the medication carts left out for anyone to review. Staff J acknowledged that the labels had the residents first and last names, prescriber name, medication name and directions.

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 Sequoia Senior Living is or will be in compliance with this law and / or regulation on (Date) 7-19-26 .

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Administrator (or Representative) Carolyn Driscoll Date 6-15-26

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure facility staff completed their dementia and mental illness specialty training for 1 of 3 sampled staff (Staff C). These failures placed all residents at risk of receiving care from an untrained and unqualified staff member.

Findings included...

Washington Administrative Code (WAC) 388 112A 0460 Who must complete competency testing for specialty training? "The following individuals must pass the DSHS competency test as provided under this chapter for successful completion of the specialty training class: (2) All assisted living facility administrators or designees, and long-term care workers; and ..."

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Record review of the facility's "Assisted Living Facility Resident Characteristic Roster and Sample Selection," dated 06/02/2026, showed four residents were labeled to have mental health conditions and 38 residents were labeled to have dementia (a condition that affects thinking, remembering, reasoning, and effects daily life)/Alzheimer's (condition causing memory loss and reduced functional abilities)/Cognitive Impairment (condition affecting thinking, memory, and decision-making).

Record review of the facility provided document labeled, "Employee Roster," dated 06/01/2026, showed Staff C, Caregiver, was hired at the facility on 09/24/2025.

Record review of Staff C's personnel file showed there were no dementia specialty and mental health training certificate records provided to review.

Record review of Staff C's, "DSHS [Department of Social Health Services] Approved Home Care Aide Training," undated, showed Staff C was registered for learner paced mental health and dementia specialty training. There was no documentation that showed Staff C completed the training.

In an interview on 06/04/2026 at 9:50 AM, Staff K, Business Office Director, stated Staff C had not completed their mental health and dementia specialty training.

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WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

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(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

(2) The assisted living facility must comply with subsection (1) of this section, unless the prescriber or primary care practitioner has provided the assisted living facility with:

(a) Specific directions for addressing the refusal of the identified medication;

(b) The assisted living facility documents such directions; and

(c) The assisted living facility is able to fully comply with such directions.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to have a system in place to notify the physician after they refused their medications for 3 of 7 sampled residents (Resident 1, 4 and 6). This failure placed the residents at risk for medical complications and physician unable to provide guidance and medical intervention.

Findings included…

Record review of the facility's policy titled, "Medication and Treatment Management," dated 12/26/2024, showed the primary care provider and responsible party would be notified of all refused medications and treatments.

Resident 1 (R1)

Record review of R1's medical records documented they moved into the facility on [redacted]/2025 with a medical diagnosis of [redacted].

Record review of R1's, "Service Plan," dated 05/07/2026, showed R1 needed total assistance with their medication, the facility staff were to prepare R1's medications per provider orders, and the facility staff were to report to the wellness nurse and or the wellness director if R1 refused their medication.

Record review of R1's, "eMAR [electronic Medication Administration Record] Summary," dated 05/14/2026 through 05/31/2026, documented R1 had an order for their Novolog Pen (a pre-filled, disposable insulin injection used to manage diabetes) and refused five of their dosages. R1 had an order for Polyethylene Glycol (medication that helps relieve constipation) and refused 15 of 30 of their dosages.

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Record review of R1's, "eMAR Summary," dated 06/01/2026 through 06/02/2026, documented R1 refused one of two dosages of their Polyethylene Glycol medication.

Record review of R1's fax documentation from 05/14/2026 through 06/02/2026, documented there were no notifications to R1's medical doctor that they refused their medication.

In an interview on 06/04/2026 at 10:28 AM, Staff A, Executive Director, stated the facility did not have any current information from R1's medical doctor of when they want to be notified if R1 refused their medication.

In an interview on 06/04/2026 at 11:35 AM, Staff H, Wellness Nurse, stated out of all R1's medical doctor notifications that were provided to review none of them included information that R1 refused their medication. Staff H stated the facility did not have any current orders of when R1's medical provider wanted to be notified if R1 refused their medication.

Resident 4 (R4)

Record review of R4's medical records showed they moved into the facility on [redacted]/2021 with multiple medical diagnoses that included [redacted] and [redacted].

Record review of R4's Service Plan, dated 03/18/2026, showed staff assisted them with their medication and treatments.

Record review of R4's eMAR Summary, dated 04/01/2026 through 05/31/2026, showed they refused their docusate sodium (medication to help soften bowel movements) 19 times, their fluticasone (medication inhaled to help with allergy symptoms) nasal spray 19 times, furosemide (medication to help reduce fluid retention) 19 times, Nystatin powder (medicated power to help heal yeast skin rash) 17 times, polyethylene glycol powder (medicated powder to help soften bowel movements) 14 times, senna laxative (medication to help soften bowel movements) 18 times, ammonium lactate lotion (medicated lotion to help treat dry scaly skin) 14 times, calmoseptine ointment (medicated cream to help treat skin rash) 14 times.

In an interview on 06/04/2026 at 10:30 AM, Staff A stated the facility staff were unable to provide any documentation for the months, April 2026 and May 2026, that R4's physician was notified when R4 refused their medication.

In an interview on 06/04/2026 at 1:45 PM, Staff M, Medication Technician/Caregiver, stated R4 always refused their laxative (medications that help a person pass a bowel

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movement) medications and their furosemide. Staff M stated they had not notified R4's physician and assumed they had known about it.

Resident 6 (R6)

Record review of R6's medical records showed they moved into the facility on [redacted]/2019.

Record review of R6's eMAR Summary, dated 04/01/2026 through 04/30/2026, showed they had an order for cyclosporine eye emulsion (prescribed ointment to treat long term dry eye disease and reduce inflammation) given two times day. Review of the administrations showed R6 refused 33 times.

In an interview on 06/04/2026 at 10:30 AM, Staff A stated the facility staff were unable to provide any documentation for the month of April 2026 that R6's physician was notified when R6 refused their medications.

In an interview on 06/04/2026 at 1:45 PM, Staff M, Medication Technician/Caregiver, stated they acknowledged that R6 refused their eye ointment and did not recall notifying R6's physician. Staff M stated they would notify the facility nurse if a resident was refusing their medications.

In an interview on 06/04/2026 at 10:22 AM, Staff J, Wellness Director, stated when a resident refused their medication the facility staff did not keep any of the fax documentation they sent to resident's physician.

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 Sequoia Senior Living is or will be in compliance with this law and / or regulation on (Date) 7-19-26.

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

Carolyn Driscoll — Administrator (or Representative)

6-15-26 — Date

WAC 388-78A-2210 Medication services.

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

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movement) medications and their furosemide. Staff M stated they had not notified R4's physician and assumed they had known about it.

Resident 6 (R6)

Record review of R6's medical records showed they moved into the facility on [redacted]/2019.

Record review of R6's eMAR Summary, dated 04/01/2026 through 04/30/2026, showed they had an order for cyclosporine eye emulsion (prescribed ointment to treat long term dry eye disease and reduce inflammation) given two times day. Review of the administrations showed R6 refused 33 times.

In an interview on 06/04/2026 at 10:30 AM, Staff A stated the facility staff were unable to provide any documentation for the month of April 2026 that R6's physician was notified when R6 refused their medications.

In an interview on 06/04/2026 at 1:45 PM, Staff M, Medication Technician/Caregiver, stated they acknowledged that R6 refused their eye ointment and did not recall notifying R6's physician. Staff M stated they would notify the facility nurse if a resident was refusing their medications.

In an interview on 06/04/2026 at 10:22 AM, Staff J, Wellness Director, stated when a resident refused their medication the facility staff did not keep any of the fax documentation they sent to resident's physician.

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

WAC 388-78A-2210 Medication services.

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

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(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to follow prescribed medication orders for 1 of 3 sampled residents (Resident 4 (R4)). This failure placed R4 at risk of medical complications and receiving medications outside of their physician ordered parameters.

Findings included…

Record review of the facility's policy titled, "Medication and Treatment Management," dated 12/26/2024, showed residents medications would be assisted and administered as written by the resident's physician.

Record review of R4's medical records showed they moved into the facility on [redacted]/2021 with multiple medical diagnoses that included [redacted].

Record review of R4's Service Plan, dated 03/18/2026, showed staff assisted them with their medication, treatments and were to obtain and record blood pressure and pulse readings two times daily as ordered.

Record review of R4's Electronic Medication Administration Record (EMAR), dated 04/01/2026 through 06/02/2026, showed they had an order for carvedilol (medication to reduce high blood pressure) take every 12 hours. The medication was to be held if the systolic blood pressure (top number of the blood pressure reading) was less than 100 and if heart rate was less than 55. Review of the administrations showed at 8:00 PM there were only two blood pressure and heart rate readings documented.

In an interview on 06/04/2026 at 12:26 PM, Staff J, Wellness Director, stated the medication technician would document the vital sign on the EMAR if the residents physician had ordered them for a specific medication. Staff J reviewed R4's EMAR and acknowledged that R4's blood pressure and heart rate was not documented for their 8:00 PM carvedilol dose.

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Statement of Deficiencies	License #: 2763	Compliance Determination # 78306
Plan of Correction	The Sequoia Senior Living	Completion Date
Page 15 of 15	Licensee: MCP Sequoia WA OpCo LLC	06/04/2026

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Sequoia Senior Living is or will be in compliance with this law and / or regulation on (Date) 7-19-26 .

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

Administrator (or Representative) Carolyn Driscoll Date 6-15-26

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

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Sequoia Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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

MCP Sequoia WA OpCo LLC
The Sequoia Senior Living
825 Lilly Rd NE
Olympia, WA 98506

RE: The Sequoia Senior Living # 2763

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/04/2026 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:

Clinton Fridley, Community Nurse Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/04/2026), no later than 07/19/2026 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-2100 Ongoing assessments.

(2) The assisted living facility must:

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

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

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

Based on interview and record review, the facility failed to ensure two residents on going assessments were completed annually. The facility was able to update the assessments and implement a system to ensure that focused assessments were updated annually.

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:

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

https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure

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