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

09/02/2026

Lynnwood ALC LLC
Cottages of Lynnwood
18625 60th Ave W
Lynnwood, WA 98037

RE: Cottages of Lynnwood # 2764

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 82913 (Completion Date 09/02/2026) and 79545 (Completion Date 07/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/02/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Cottages of Lynnwood
Provider Type: Assisted Living Facility
License/Cert.#: 2764
Compliance Determination #: 79545
Intake ID: 227979
Investigator: Hayley Pinkham
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 06/25/2026 through 07/02/2026
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident 1 (NR1) pushed the Named Resident 2 (NR2) down to the ground. The NR2 sustained a significant injury.

Investigation Methods:

Sample:
Total residents: 42
Resident sample size: 4
Closed records sample size:

Observations:
Identified resident
Residents
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Nursing staff
Family members
Residents

Record Reviews:
Medical records
Incident investigation
Facility policies

Investigation Summary:

1. The NR2 was not at the ALF during the visit. Interview with the NR1 showed conflicting reports of the incident, the NR 2 denied care concerns. Interview and observation of sampled residents showed no reported care concerns. Interview and record review showed the ALF did not notify the local police department for an incident of physical assault with resulting significant injury. See Statement of Deficiency dated 07/02/2026.

Conclusion / Action:

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

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☐ 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 06/25/2026 of:

Cottages of Lynnwood
18625 60th Ave W
Lynnwood, WA 98037

This document references the following complaint number(s): 228837, 227979

The following sample was selected for review during the unannounced on-site visit: 4 of 42 current residents and 0 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

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Statement of Deficiencies	License #: 2784	Compliance Determination # 79545
Plan of Correction	Cottages of Lynnwood	Completion Date
Page 2 of 4	Licensee: Lynnwood ALC LLC	07/02/2026

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.

Jamie Singer
Residential Care Services

7/6/2026
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)

7/8/2026
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 report an incident of physical abuse involving 2 of 2 residents (Resident 1 and 2) to law enforcement. This placed Resident 2 at risk when law enforcement was notified to investigate possible criminal violations.

Findings included...

NOTE: Revised Code of Washington (RCW) 74.34.035-Reports—Mandated and permissive—Contents—Confidentiality. Mandated reporters shall immediately report to the appropriate law enforcement agency, except as provided in subsection (4) of this section. (4) A mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless: (b) There is a fracture.

NOTE: Washington Administrative Code (WAC) 388-78A-2020 - Definitions: "Physical abuse" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object,

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slapping, pinching, choking, kicking, shoving, or prodding.

Record review of the ALF's undated policy, "Abuse, Neglect, and Exploitation" showed local law enforcement would be notified in the following case: assault causing fracture or more than basic first aid was required.

Record review of an undated admission record showed the ALF admitted Resident 1 on [redacted]/2026. Resident 1's Negotiated Service Agreement (NSA), dated 05/27/2026, showed Resident 1 had a history of being verbally abusive towards care staff and Resident 2.

Record review of an undated admission record showed the ALF admitted Resident 2 on [redacted]/2026. Resident 2's NSA, updated on 06/10/2026, showed Resident 2 had wandering behavior at night. Resident 2 was Resident 1's spouse.

Record review of an Incident Form (IF), dated 06/12/2026, showed the ALF investigated an incident involving Resident 1 and Resident 2. The IF showed Resident 1 pushed Resident 2 and both residents were found on the floor. The IF showed Resident 1 had a history of demonstrating frustration related to Resident 2's wandering behaviors. The IF showed Resident 2 reported Resident 1 pushed them to the floor causing Resident 2 to sustain a left hip fracture that required surgical intervention. The IF showed the incident was investigated as a potential allegation of physical abuse and abuse could not be ruled out as the reported event involved alleged physical contact initiated by Resident 1. The IF showed due to the reported physical altercation and resulting safety concerns, Resident 1 and Resident 2 would not reside together in the same room upon Resident 2's return to the ALF. The IF did not show that the local law enforcement agency had been notified.

In an interview, on 07/02/2026 at 11:41 AM, Staff A (Administrator) confirmed local law enforcement had not been notified and should have been.

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Statement of Deficiencies	License #: 2784	Compliance Determination # 79545
Plan of Correction	Cottages of Lynnwood	Completion Date
Page 4 of 4	Licensee: Lynnwood ALC LLC	07/02/2026

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, Cottages of Lynnwood is or will be in compliance with this law and / or regulation on (Date) 8/16/2026

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

Administrator (or Representative) [signature] Date 7/8/2026

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