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

Cogir SL Washington II, LLC
Clearwater Springs Assisted Living
201 NW 78th St
Vancouver, WA 98665

RE: Clearwater Springs Assisted Living License # 2776

Dear Administrator:

This letter addresses Compliance Determination(s) 80369 (Completion Date 07/13/2026) and 77188 (Completion Date 05/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/13/2026 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-2462-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-3, WAC 388-78A-2210-1-b, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-c, WAC 388-78A-2130, WAC 388-78A-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-2, WAC 388-78A-2130-3, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-4, WAC 388-78A-2130-5, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, WAC 388-78A-2130-5-c, WAC 388-78A-2130-5-d, WAC 388-78A-2130-5-e, WAC 388-78A-2130-6, WAC 388-78A-2130-6-a, WAC 388-78A-2130-6-a-i, WAC 388-78A-2130-6-a-ii, WAC 388-78A-2130-6-b, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2090-6-e, WAC 388-78A-2290, WAC 388-78A-2290-1, WAC 388-78A-2290-2, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-5, WAC 388-78A-2290-6, WAC 388-78A-2290-7, WAC 388-78A-2480-1, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

The Department staff who did the on-site verification:

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

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

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
Residential Care Services

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

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 05/12/2026 and 05/21/2026 of:
Clearwater Springs Assisted Living
201 NW 78th St
Vancouver, WA 98665

The following sample was selected for review during the unannounced on-site visit: 10 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF 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 #: 2776	Compliance Determination #77186
Plan of Correction	Clearwater Springs Assisted Living	Completion Date
Page 2 of 22	Licensee: Cogir SL Washington II, LLC	05/21/2026

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

05/22/2026
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)

5/22/26
Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check, and

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to complete a Washington state name and date of birth background check upon or prior to hire for 3 o 3 sampled staff (Staff A, B and C). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included:

On 05/12/2026 at 11:30 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 11/17/2025. Review of Staff A's employee records showed a Washington State name and date of birth background check completed on 01/09/2026.

Staff B
Record review of Staff B, Health and Wellness Director, showed that Staff B was hired on 03/23/2026. Review of Staff A's employee records showed a Washington State name and date of birth background check

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.

Clinton Fridley, RN
Residential Care Services

05/22/2026
Date

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Administrator (or Representative)

Date

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Based on interview and record review, the assisted living facility (ALF) failed to complete a Washington state name and date of birth background check upon or prior to hire for 3 o 3 sampled staff (Staff A, B and C). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

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Record review for Staff A, Executive Director, showed that Staff A was hired on 11/17/2025. Review of Staff A's employee records showed a Washington State name and date of birth background check completed on 01/09/2026.

Staff B
Record review of Staff B, Health and Wellness Director, showed that Staff B was hired on 03/23/2026. Review of Staff A's employee records showed a Washington State name and date of birth background check

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

completed on 04/16/2026.

Staff C
Record review for Staff C, Lead Medication Technician, showed that Staff C was hired on 01/06/2026. Review of Staff A's employee records showed a Washington State name and date of birth background check completed on 04/30/2026.

No documentation was found to show that a Washington state name and date of birth background check had been completed upon or prior to hire for Staff A, B and C.

On 05/15/2026 at 12:30 PM, Staff A, acknowledged that the Washington State name and date of birth background checks for Staff A, B, and C were completed late.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

Administrator (or Representative) 5/22/26 Date

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;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure 3 of 3 sampled staff (Staff A, B, and C) had completed and/or had documentation of them completing their required training per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

On 05/12/2026 at 11:30 AM the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 11/17/2025. Review of Staff A's employee records showed no documentation that a facility orientation had been completed.

Staff B
Record review of Staff B, Health and Wellness Director, showed that Staff B was hired on 03/23/2026. Review of Staff B's employee records showed no documentation that a facility orientation had been completed.

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, Clearwater Springs Assisted 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

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

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure 3 of 3 sampled staff (Staff A, B, and C) had completed and/or had documentation of them completing their required training per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

On 05/12/2026 at 11:30 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 11/17/2025. Review of Staff A's employee records showed no documentation that a facility orientation had been completed.

Staff B
Record review of Staff B, Health and Wellness Director, showed that Staff B was hired on 03/23/2026. Review of Staff B's employee records showed no documentation that a facility orientation had been completed.

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

Staff C
Record review for Staff C, Lead Medication Technician, showed that Staff C was hired on 01/06/2026. Review of Staff C's employee records showed no documentation that a facility orientation was completed and no documentation of mental health and/or dementia specialty training had been completed.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that the orientations and/or trainings had not been completed for Staff A, B, and C.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

Administrator (or Representative) — Date: 5/22/26

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to develop and implement systems that support and promote safe medication services when 4 of 9 residents (Resident 2, 4, 5 and 9) had medications that were not given as prescribed and had no corresponding documentation. This failure placed these residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 2 (R2)
On 05/13/2026 at 10:15 AM, R2's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]

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

Staff C
Record review for Staff C, Lead Medication Technician, showed that Staff C was hired on 01/06/2026. Review of Staff C's employee records showed no documentation that a facility orientation was completed and no documentation of mental health and/or dementia specialty training had been completed.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that the orientations and/or trainings had not been completed for Staff A, B, and C.

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, Clearwater Springs Assisted 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

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to develop and implement systems that support and promote safe medication services when 4 of 9 residents (Resident 2, 4, 5 and 9) had medications that were not given as prescribed and had no corresponding documentation. This failure placed these residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 2 (R2)
On 05/13/2026 at 10:15 AM, R2's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

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

Record review of the ALF's resident characteristic roster (RCR) documented that R2 receives assistance with medication management.

Record review of R2's assessment dated 04/22/2026, documented that persons responsible for purchasing medications are qualified staff.

Record review of R2's negotiated service agreement (NSA) dated 04/22/2026, documented that "staff performs medication management. R2 is assessed as requiring medication assistance. Med aide to assist R2 with medication administration per MD (medical doctor) order."

Record review of R2's Medication Administration Records (MAR) dated 03/01/2026 through 05/12/2026, documented that R2 did not receive their Diltiazem (blood pressure medication) from 03/14/2026 – 03/21/2026 using the code DNA (drug not available). All evening medications on 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026, and 04/28/2026 were also not documented as given.

Record review of R2's order administration record for exceptions to the MAR, documented that R2's Diltiazem was not available because they were waiting on the family to pick up and bring in the medication. No documentation was found to show the reason R2 did not receive their evening medications in April for the dates that were not documented.

During review of R2's records, no family assistance with medication plan was found to show who would be responsible for picking up and bringing in medications when the primary person is unavailable to do so.

Resident 4 (R4)
On 05/13/2026 at 12:30 PM, R4's records showed that they admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Record review of the ALF's RCR documented that R4 receives assistance with medication management.

Record review of R4's MAR, dated 03/01/2026 through 05/12/2026, was not documented that R4 had received the following medications numerous times in the month of April:

- Acetaminophen (pain reliever) - 04/07/2026, 04/07/2026, 04/14/2026, 04/15/2026
- Clonazepam (anti-seizure medication) - 04/05/2026, 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026, 04/19/2026.
- Cyclobenzaprine (muscle relaxer) – 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026.

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

- Duloxetine (depression medication) – 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026.
- Gabapentin (anti-seizure medication) – 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026, 04/29/2026.
- Melatonin (sleep aide) – 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026.
- Omeprazole (anti-acid) – 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026, 04/19/2026.
- Trazadone (sleep aide) – 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026.
- Ziprasidone (antipsychotic medication) – 04/05/2026, 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026.

No other documentation was found to show the reason why the medications were not administered to R4 on the given dates.

Resident 5 (R5)
On 05/13/2026 at 10:45 AM, R5's records showed that they admitted to the facility on [redacted] 2024 with various diagnoses including [redacted].

Record review of the ALF's RCR documented that R5 receives medication administration.

Record review of R5's assessment and NSA dated 03/29/2026, documented that staff performs medication management.

Record review of R5's MARs, dated 03/01/2026 through 05/12/2026, was not documented that R5 had received the following medications numerous times in the month of April:

- Dabigatran (anticoagulant or blood thinner) – 04/04/2026, 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026
- Magnesium Oxide (supplement) – 04/04/2026, 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026
- Potassium Chloride (electrolyte supplement) – 04/04/2026, 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026
- Pravastatin Sodium (cholesterol medication) – 04/04/2026, 04/07/2026, 04/08/2026, 04/14/2026, 04/15/2026
- Levothyroxine Sodium (hormone replacement therapy) – 04/16/2026, 0416/2026, 04/21/2026, and 04/25/2026

During record review of R5's order administration record for exceptions to the MAR, no documentation was found to show the reason R5 did not receive their medications in April for the dates that were not documented.

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

Resident 9 (R9)
On 05/14/2026 at 10:30 AM, R9's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted]

Record review of the ALF's RCR documented that R9 receives assistance with medication management.

Record review of R9's MARs dated 03/01/2026 through 05/12/2026, was not documented that R5 had received the following medications numerous times in the month of April:

- Atorvastatin (cholesterol medication) – 04/11/2026, 04/12/2026, 04/19/2026.
- Empagliflozin (diabetic medication) – 04/11/2026, 04/12/2026.
- Latanoprost (eye drop for glaucoma) – 04/11/2026, 04/12/2026, 04/19/2026.
- Levothyroxine – 04/21/2026 through 04/23/2026.
- Metoprolol (blood pressure) – 04/12/2026 and 04/19/2026.
- Trazodone (sleep aide) – 04/11/2026, 04/12/2026, and 04/19/2026.

No other documentation was found to show the reason why the medications were administered to R9 on the given dates.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

Administrator (or Representative) — Date: 5/22/26

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

Resident 9 (R9)
On 05/14/2026 at 10:30 AM, R9's records showed that they admitted to the facility on [redacted] 2026 with various diagnoses including [redacted].

Record review of the ALF's RCR documented that R9 receives assistance with medication management.

Record review of R9's MARs dated 03/01/2026 through 05/12/2026, was not documented that R5 had received the following medications numerous times in the month of April:

- Atorvastatin (cholesterol medication) – 04/11/2026, 04/12/2026, 04/19/2026.
- Empagliflozin (diabetic medication) – 04/11/2026, 04/12/2026.
- Latanoprost (eye drop for glaucoma) – 04/11/2026, 04/12/2026, 04/19/2026.
- Levothyroxine – 04/21/2026 through 04/23/2026.
- Metoprolol (blood pressure) – 04/12/2026 and 04/19/2026.
- Trazodone (sleep aide) – 04/11/2026, 04/12/2026, and 04/19/2026.

No other documentation was found to show the reason why the medications were administered to R9 on the given dates.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Clearwater Springs Assisted 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

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on interviews and observation, the assisted living facility (ALF) failed to provide a safe, sanitary and well-maintained environment for residents when 2 of 2 licensed rooms where residents reside had significant loose and broken flooring, causing a major tripping hazard. This failure placed the residents residing in these rooms along with staff and visitors who enter these rooms at risk for harm or injury due to the unsafe flooring.

Findings included:

On 05/12/2026 at 1:00 PM, the department was informed of flooring in disrepair in a resident's room. The department then observed and photographed the flooring in question. The floorboards were observed to be loose and coming up off the floor causing a serious tripping hazard.

On 05/14/2026 at 11:37 AM, Staff F, Care Partner, stated that the flooring is "a very dangerous situation. It's scary. [The flooring] has been this way for a while." Staff F stated that the issue has been reported but that nothing has been done about it.

On 05/14/2026 at 12:10 PM, Staff G, Housekeeper, stated that the floors feel unsafe and mopping or sweeping them breaks more pieces off and makes it worse.

On 05/14/2026 at 12:40 PM, the Department observed the flooring with Staff A, Executive Director, and Staff H, Maintenance Director, who acknowledged the flooring was unsafe and needed to be repaired.

Plan/Attestation Statement

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

[signature] 5/22/26

Administrator (or Representative) Date

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

(a) Provide a safe, sanitary and well-maintained environment for residents;

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This requirement was not met as evidenced by:

Based on interviews and observation, the assisted living facility (ALF) failed to provide a safe, sanitary and well-maintained environment for residents when 2 of 2 licensed rooms where residents reside had significant loose and broken flooring, causing a major tripping hazard. This failure placed the residents residing in these rooms along with staff and visitors who enter these rooms at risk for harm or injury due to the unsafe flooring.

Findings included...

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On 05/14/2026 at 12:10 PM, Staff G, Housekeeper, stated that the floors feel unsafe and mopping or sweeping them breaks more pieces off and makes it worse.

On 05/14/2026 at 12:40 PM, the Department observed the flooring with Staff A, Executive Director, and Staff H, Maintenance Director, who acknowledged the flooring was unsafe and needed to be repaired.

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, Clearwater Springs Assisted 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.

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

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(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.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

(b) Staff persons document in the resident's record the agreed upon plan for services.

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

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility for 4 of 4 sampled residents (Resident 3, 6, 7 and 9) and failed to document the involvement of the resident and/or their representative in the planning of care during the time the NSA went into effect for 3 of 10 sampled residents (Resident 3, 6 and 7). These failures placed these three residents at risk for proper care needs being unmet.

Findings included...

Resident 3 (R3)
On 05/13/2026 at 12:00 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R3's NSA's, showed an NSA dated [redacted]/2025 with no resident signature. No documentation was found to show that R3 and/or their representative had been involved in the process of developing the initial NSA. During initial review of R3's NSA's, no other NSAs were found to show that an NSA was completed within 30 days of R3 moving into the facility.

On 05/14/2026 at 1:20 PM, Staff A, Executive Director, provided an NSA dated 01/06/2026 and signed by the resident four months later, on 05/02/2026. No documentation was found to show that R3 and/or their representative had been involved in the process of developing and updating the NSA at the time it was created on 01/06/2026.

Resident 6 (R6)
On 05/14/2026 at 9:30 AM, R6's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted].

Record review of R6's NSA's, showed an NSA dated 04/05/2026. R6's signature had no date to show when they had been involved in the process of creating the NSA. No other documentation was found to show that R6 had been involved in the process of developing the NSA at the time it was created on 04/05/2026. No other NSAs were found to show that an NSA was completed within 30 days of R6 moving into the facility.

Resident 7 (R7)
On 05/13/2026 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses [redacted].

Record review of R7's NSAs, showed an NSA dated 02/23/2026 with a signature made

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on 05/12/2026 by the resident. No documentation was found to show that R7 and/or their representative had been involved in the process of developing and updating the NSA at the time it was created on 02/23/2026. No other NSAs were found to show that an NSA was completed within 30 days of R7 moving into the facility.

Resident 9 (R9)
On 05/14/2026 at 10:30 AM, R9's records showed that they admitted to the facility on [redacted]2026 with various diagnoses including [redacted]

Record review of R9's NSAs, showed an intial NSA dated [redacted]2026. No other NSAs were found to show that an NSA was completed within 30 days of R9 moving into the facility.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged the department's findings for R3, 6, 7 and 9.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

[signature] 5/22/26

Administrator (or Representative) Date

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

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

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

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

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on 05/12/2026 by the resident. No documentation was found to show that R7 and/or their representative had been involved in the process of developing and updating the NSA at the time it was created on 02/23/2026. No other NSAs were found to show that an NSA was completed within 30 days of R7 moving into the facility.

Resident 9 (R9)
On 05/14/2026 at 10:30 AM, R9's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted].

Record review of R9's NSAs, showed an initial NSA dated [redacted]/2026. No other NSAs were found to show that an NSA was completed within 30 days of R9 moving into the facility.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged the department's findings for R3, 6, 7 and 9.

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, Clearwater Springs Assisted 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

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

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

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

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

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(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

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

(a) Exclusively for the individual resident; or

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

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

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 4 of 9 sampled residents (Residents 2, 5, 6, and 7). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 2 (R2)
On 05/13/2026 at 10:15 AM, R2's records showed that they admitted to the facility on

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

[redacted]/2023 with various diagnoses including [redacted].

Review of the ALF's resident characteristics roster (RCR) documented that R2 has urinary incontinence.

Review of R2's assessment dated 04/22/2026 documented that R2 is incontinent of bladder.

Review of R2's NSA dated 04/22/2026 showed no documentation that R2 has urinary incontinence.

Resident 5 (R5)
On 05/13/2026 at 10:45 AM, R5's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the ALF's RCR documented that R5 requires nurse delegation.

Review of R5's nurse delegation records showed documentation that R5 has nurse delegation for oral administration of medication, administration of insulin, blood glucose monitoring, and application of topical medication due to functional and cognitive inability to safely administer.

Review of R5's NSA dated 03/29/2026 showed no documentation that R5 requires nurse delegation.

Resident 6 (R6)
On 05/14/2026 at 9:30 AM, R6's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted].
Review of the ALF's RCR documented that R6 has a catheter, special dietary needs, and is receiving home health services.

Review of R6's assessment dated 04/22/2026 showed documentation that R6 is independent with diabetic management, that their catheter is managed by home health, and that they require a special diet.

Review of R6's progress notes dated 04/08/2026 documented that R6 arrived with a chronic folly catheter being managed by home health.

Review of R6's NSA dated 04/05/2026 showed no documentation that R6 has a catheter, requires a special diet, has diabetes, or receives home health services.

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

Resident 7 (R7)
On 05/13/2026 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the ALF's RCR documented that R7 utilizes a medical device and has wounds.

Review of R7's progress notes dated 03/01/2026 through 05/12/2026 showed documentation that R7 has wounds.

Review of R7's NSA dated 02/23/2026 showed no documentation that R7 utilizes a medical device, has wounds, and does not document their diet.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that the NSAs for R2, 5, 6, and 7 were missing pertinent medical information.

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, Clearwater Springs Assisted 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

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

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

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

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

Based on interview and record review, the assisted living facility (ALF) failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices for 1 of 1 sampled resident (Resident 7). This failure placed this resident at risk of their care needs not being met.

Findings included...

On 05/13/2026 at 11:45 AM, Resident 7's (R7) records showed that they admitted to the facility on [redacted] 2024with various diagnoses including [redacted]

Record review of the ALF's resident characteristics roster showed documentation that R7 utilizes a medical device.

Record review of R7's assessment dated 02/09/2026 showed documentation that R7 utilized bed rails.

Review of R7's records showed no medical device assessment for bed rails for R7.

On 05/14/2026 at 12:30 PM, Staff A, Executive Director, confirmed that R7 had bed rails.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that R7 had bed rails and that the facility did not have an assessment.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

Administrator (or Representative) — Date: 5/22/26

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

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

Based on interview and record review, the assisted living facility (ALF) failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices for 1 of 1 sampled resident (Resident 7). This failure placed this resident at risk of their care needs not being met.

Findings included...

On 05/13/2026 at 11:45 AM, Resident 7's (R7) records showed that they admitted to the facility on [redacted]/2024with various diagnoses including [redacted].

Record review of the ALF's resident characteristics roster showed documentation that R7 utilizes a medical device.

Record review of R7's assessment dated 02/09/2026 showed documentation that R7 utilized bed rails.

Review of R7's records showed no medical device assessment for bed rails for R7.

On 05/14/2026 at 12:30 PM, Staff A, Executive Director, confirmed that R7 had bed rails.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that R7 had bed rails and that the facility did not have an assessment.

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, Clearwater Springs Assisted 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

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

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

(2) The assisted living facility must disclose to the department, residents, the residents' legal representatives, if any, and if not the residents' representative if any, and to interested consumers upon request, information describing whether the assisted living facility permits such family administration or assistance and, if so, the extent of any limitations or conditions.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(5) The assisted living facility may, through policy or procedure, require the resident's family member to immediately notify the assisted living facility of any changes in the medication or treatment plans for family assistance or administration.

(6) The assisted living facility must require that whenever a resident's family provides medication assistance or medication administration services, the resident's significant medications remain on the assisted living facility premises whenever the resident is on the assisted living facility premises.

(7) The assisted living facility's duty of care shall be limited to: Observation of the resident for changes in overall functioning consistent with RCW 18.20.280 ; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition, or when the assisted living facility is aware that both the primary and alternate plan are not implemented; and appropriately responding to obtain needed assistance when there are observable or reported changes in the resident's physical or mental functioning.

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

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure a written plan was submitted including the minimum information required when 2 of 2 sampled residents (Resident 2 and 3) had family assisting with medications. This failure placed this resident at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

Resident 2 (R2)
On 05/13/2026 at 10:15 AM, R2's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted].

Record review of R2's progress notes dated 03/01/2026 through 05/12/2026 showed documentation that R2's daughter picks up medications from the pharmacy and brings them to the facility for R2.

Review of R2's records showed no family assistance with medication plan.

Resident 3 (R3)
On 05/13/2026 at 12:00 PM, R3's records showed that they admitted to the facility on [redacted]2025 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster showed documentation that R3 has family assisting with medication.

Record review of R3's negotiated service agreements (NSA) dated [redacted]2025 and 01/06/2026 documents that R3's son assists with filling medication pill organizer and picks up medications.

Review of R3's records showed no family assistance with medication plan.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that R2 and R3 did not have a family assistance with medication plan completed

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

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure a written plan was submitted including the minimum information required when 2 of 2 sampled residents (Resident 2 and 3) had family assisting with medications. This failure placed this resident at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

Resident 2 (R2)
On 05/13/2026 at 10:15 AM, R2's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of R2's progress notes dated 03/01/2026 through 05/12/2026 showed documentation that R2's daughter picks up medications from the pharmacy and brings them to the facility for R2.

Review of R2's records showed no family assistance with medication plan.

Resident 3 (R3)
On 05/13/2026 at 12:00 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster showed documentation that R3 has family assisting with medication.

Record review of R3's negotiated service agreements (NSA) dated [redacted]/2025 and 01/06/2026 documents that R3's son assists with filling medication pill organizer and picks up medications.

Review of R3's records showed no family assistance with medication plan.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that R2 and R3 did not have a family assistance with medication plan completed.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

Administrator (or Representative) 5/22/26 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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 2 of 3 sampled staff (Staff A and C). This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included:

On 05/12/2026 at 11:30 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 11/17/2025. Review of Staff A's TB test records showed documentation of a first step of the TB skin test was initiated on 01/14/2026 and read on 01/16/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation.

Staff C
Record review for Staff C, Lead Medication Technician, showed that Staff C was hired on 01/06/2026. Review of Staff C's TB test records showed documentation of a first step of the TB skin test was initiated on 04/03/2026 and read on 04/06/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation.

On 05/15/2026 at 12:30 PM, Staff A acknowledged that the TB tests for Staff A and C were completed late per regulation.

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, Clearwater Springs Assisted 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

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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 2 of 3 sampled staff (Staff A and C).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

On 05/12/2026 at 11:30 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 11/17/2025. Review of Staff A's TB test records showed documentation of a first step of the TB skin test was initiated on 01/14/2026 and read on 01/16/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation.

Staff C
Record review for Staff C, Lead Medication Technician, showed that Staff C was hired on 01/06/2026. Review of Staff C's TB test records showed documentation of a first step of the TB skin test was initiated on 04/03/2026 and read on 04/06/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation.

On 05/15/2026 at 12:30 PM, Staff A acknowledged that the TB tests for Staff A and C were completed late per regulation.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on (Date) 07/05/2026

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

Administrator (or Representative) — Date: 5/22/26

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure a Medicaid policy was completed and/or documented for 9 of 9 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7, 8 and 9). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included:

Resident 1 (R1)
On 05/13/2026 at 10:15 AM, R1's records showed that they admitted to the facility on [redacted]2022 with various diagnoses including [redacted]

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, Clearwater Springs Assisted 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

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure a Medicaid policy was completed and/or documented for 9 of 9 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7, 8 and 9). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

Resident 1 (R1)

On 05/13/2026 at 10:15 AM, R1's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

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

During review of R1's records, no Medicaid policy was found.

Resident 2 (R2)
On 05/13/2026 at 10:15 AM, R2's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

During review of R2's records, no Medicaid policy was found.

Resident 3 (R3)
On 05/13/2026 at 12:00 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

During review of R3's records, no Medicaid policy was found.

Resident 4 (R4)
On 05/13/2026 at 12;30 PM, R4's records showed that they admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

During review of R4's records, no Medicaid policy was found.

Resident 5 (R5)
On 05/13/2026 at 10:45 AM, R5's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

During review of R5's records, no Medicaid policy was found.

Resident 6 (R6)
On 05/14/2026 at 9:30 AM, R6's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted].

During review of R6's records, no Medicaid policy was found.

Resident 7 (R7)
On 05/13/2026 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].
During review of R7's records, no Medicaid policy was found.

Resident 8 (R8)
On 05/13/2026 at 10:50 AM, R8's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted]

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

[redacted]

During review of R9's records, no Medicaid policy was found.

Resident 9 (R9)
On 05/14/2026 at 10:30 AM, R9's records showed that they admitted to the facility on [redacted]2026 with various diagnoses including [redacted]

During review of R9's records, no Medicaid policy was found.

On 05/18/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that a Medicaid policy was not completed and signed by R1, 2, 3, 4, 5, 6, 7, 8, and 9 and stated that they didn't know they needed the Medicaid policies because they accept Medicaid.

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, Clearwater Springs Assisted Living is or will be in compliance with this law and / or regulation on
(Date) 07/05/2026

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

Administrator (or Representative) — Date: 5/22/26

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

[redacted]

During review of R8's records, no Medicaid policy was found.

Resident 9 (R9)
On 05/14/2026 at 10:30 AM, R9's records showed that they admitted to the facility on [redacted]/2026 with various diagnoses including [redacted].

During review of R9's records, no Medicaid policy was found.

On 05/15/2026 at 12:30 PM, Staff A, Executive Director, acknowledged that a Medicaid policy was not completed and signed by R1, 2, 3, 4, 5, 6, 7, 8, and 9 and stated that they didn't know they needed the Medicaid policies because they accept Medicaid.

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, Clearwater Springs Assisted 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.