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

WARM BEACH HEALTH CARE CENTER INC
WARM BEACH HEALTH CARE CENTER
20420 Marine Dr
Stanwood, WA 98292

RE: WARM BEACH HEALTH CARE CENTER License # 362

Dear Administrator:

This letter addresses Compliance Determination(s) 79355 (Completion Date 06/23/2026) and 77479 (Completion Date 05/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/23/2026 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-2210-2-a, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

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

Sincerely,

Jamie Singer

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

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

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 follow-up on 05/19/2026 of:
WARM BEACH HEALTH CARE CENTER
20420 Marine Dr NW
Stanwood, WA 98292

This document references the following SOD dated: 05/21/2026

The following sample was selected for review during the unannounced on-site visit: 7 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Statement of Deficiencies	License #: 362	Compliance Determination # 77479
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
Page 2 of 4	Licensee: WARM BEACH HEALTH CARE CENTER INC	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.

Jennie Seigree
Residential Care Services

6/4/2026
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.

Victoria
Administrator (or Representative)

6/8/2026
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.

(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 Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 2 of 4 residents (Resident 2 and 4). This failure resulted in Resident 2 and 4 not receiving their medication as prescribed and placed them at risk of harm when they received medication outside of parameters (physician's orders on when to give or hold a medication based on vital signs) or without monitoring parameters.

Findings included...

Resident 2

Review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2026 with multiple medical diagnoses including [redacted].

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.

Residential Care Services | Date

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

Administrator (or Representative) | Date

WAC 388-78A-2210 Medication services.

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

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(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 Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 2 of 4 residents (Resident 2 and 4). This failure resulted in Resident 2 and 4 not receiving their medication as prescribed and placed them at risk of harm when they received medication outside of parameters (physician's orders on when to give or hold a medication based on vital signs) or without monitoring parameters.

Findings included…

Resident 2

Review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2026 with multiple medical diagnoses including [redacted].

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

Review of a Service Plan, dated 03/09/2026, showed Resident 2 required assistance with receiving medications from ALF staff. The Service Plan showed Resident 2 would be supported to take all medications safely and as ordered.

Review of the Electronic Medication Administration Record (EMAR), dated 05/04/2026 to 05/19/2026, showed Resident 2 was prescribed metoprolol (a medication used to lower blood pressure and heart rate) once daily, with parameters to hold if their heart rate (HR) was less than or equal to 70 and their systolic (the top number in a blood pressure reading) blood pressure (SBP) was less than 110.

Review of an EMAR, dated 05/04/2026 to 05/19/2026, showed that in this 15-day period Resident 2 was given two doses of their metoprolol when their vitals were outside of parameters. The EMAR showed Resident 2 received this medication when their HR was recorded at 60 on 05/11/2026 and when their SBP was recorded at 89 on 05/18/2026.

Resident 4

Review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2026 with multiple medication diagnoses including [redacted].

Review of an Assessment, dated 05/08/2026, showed Resident 4 required ALF staff assistance with medication administration.

Review of an EMAR, dated 05/04/2026 to 05/19/2026, showed Resident 4 was prescribed metoprolol three times daily with parameters to hold if their BP was 100/60 or below.

Review of an EMAR, dated 05/04/2026 to 05/19/2026, showed Resident 4 was given their dose of metoprolol four of four times when their diastolic (the bottom number in a blood pressure reading) blood pressure (DBP) was recorded at 60 or less. The EMAR showed Resident 4 received their metoprolol when their DBP was recorded at 60 on 05/05/2026; 60 on 05/06/2026; 60 on 05/07/2026; and 60 on 05/10/2026.

Review of an EMAR and Resident 4’s Weights and Vitals Summary, dated 05/04/2026 to 05/19/2026, showed Resident 4 was given their metoprolol without their blood pressure being taken prior to medication assistance on 05/11/2026, 05/17/2026, and 05/18/2026.

In an interview, on 05/19/2026 at 1:54 PM, Staff A, Director of Health Care Services, confirmed that Resident 4's medication was given outside of parameters.

In an interview, on 05/21/2026 at 3:08 PM, Staff B, Administrator, acknowledged that

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Statement of Deficiencies	License #: 362	Compliance Determination # 77479
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
Page 4 of 4	Licensee: WARM BEACH HEALTH CARE CENTER INC	05/21/2026

Resident 2's medication was given outside of parameters.

This is an uncorrected deficiency previously cited on 03/20/2026.

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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date) 6/8/2026 .

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

Victoria

Administrator (or Representative)

6/8/2026

Date

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

Resident 2's medication was given outside of parameters.

This is an uncorrected deficiency previously cited on 03/20/2026.

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, WARM BEACH HEALTH CARE CENTER 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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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 362	Compliance Determination # 74494
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
Page 1 of 10	Licensee: WARM BEACH HEALTH CARE CENTER INC	03/20/2026

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

The department completed data collection for the unannounced on-site full inspection on 03/18/2026, 03/19/2026 and 03/20/2026 of:
WARM BEACH HEALTH CARE CENTER
20420 Marine Dr NW
Stanwood, WA 98292

The following sample was selected for review during the unannounced on-site visit: 9 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Statement of Deficiencies	License #: 362	Compliance Determination # 74494
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
Page 2 of 10	Licensee: WARM BEACH HEALTH CARE CENTER INC	03/20/2026

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.

Jeanie Seigen
Residential Care Services

3/26/2026
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.

Victoria
Administrator (or Representative)

4/1/2026
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:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 4 staff (Staff B and D) had completed a national fingerprint background check. This placed residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Record review of employee files showed the ALF hired Staff B, Caregiver, on 11/13/2025. Staff B's file showed no record of a completed fingerprint background check as of 126 days after being hired.

Record review of employee files showed the ALF hired Staff D, Caregiver, on 03/10/2025. Staff D's file showed no record of a completed fingerprint background check as of 370 days after being hired.

In an interview, on 03/18/2026 at 4:29 PM, Staff A, Administrator, stated Staff B and D had not yet gone to their national fingerprint background check appointments.

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Statement of Deficiencies	License #: 362	Compliance Determination # 74494
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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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date) 5/4/2026 .

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

Administrator (or Representative) 4/1/2026 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and G) initiated tuberculosis (TB) screening within three days of employment. This placed residents at risk of exposure to a communicable disease.

Findings included...

Record review of employee files showed the ALF hired Staff B, Caregiver, on 11/13/2025. Staff B's TB screening was initiated on 11/23/2025, 10 days after their hire date.

Record review of employee files showed the ALF hired Staff G, Caregiver, on 03/11/2026. Staff G had no record of TB testing as of eight days after their hire date.

In an interview, on 03/19/2026 at 4:33 PM, Staff H, Healthcare Services Director, stated that Staff G had not been tested for TB yet and that they had not realized Staff B's TB test was completed late.

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Statement of Deficiencies	License #: 362	Compliance Determination # 74494
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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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date) 5/4/2026 .

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

Victoria [signature] 4/1/2026

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.

(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 Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 1 of 9 residents (Resident 3). This failure resulted in Resident 3 not receiving their medication as prescribed and placed Resident 3 at risk of harm when they received medication outside of parameters (physician's orders on when to give or hold a medication based on vital signs).

Findings included...

Review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2024 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 12/24/2025, showed Resident 3 required assistance with receiving medications from ALF staff. The Assessment showed Resident 3 would be supported to take all medications safely and as ordered.

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

Review of the Electronic Medication Administration Record (EMAR), dated 12/01/2025 to 03/18/2026, showed Resident 3 was prescribed losartan (a medication used to lower blood pressure) once daily with parameters to hold if their systolic (the top number in a blood pressure reading) blood pressure (SBP) was equal to or less than 100 and/or if their heart rate (HR) was less than 60; and metoprolol (a medication used to lower blood pressure and heart rate) once daily with instructions to hold if their SBP was equal to or less than 100 and/or if their HR was less than 60.

Review of an EMAR, dated 12/01/2025 to 03/18/2025, showed Resident 3 was given their dose of losartan and metoprolol six of six times when their HR was recorded at less than 60. The EMAR showed Resident 3 received these medications when their HR was recorded at 56 on 12/09/2025; 57 on 01/26/2026; 59 on 02/03/2026; 58 on 02/10/2026; 58 on 02/13/2026; and 57 on 03/11/2026.

In an interview, on 03/19/2026 at 4:28 PM, Staff H, Healthcare Services Director, confirmed that the medications should not have been given outside of parameters.

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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date) 5/4/2026.

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

Victoria [signature] 4/1/2026

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

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

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

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

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 4 of 4 newly admitted residents (Resident 1, 4, 7 and 9) within 14 days of admission. These failures resulted in Residents 1, 4, 7 and 9 not having an assessment to determine their capabilities, needs and preferences and placed their care needs at risk of being unmet.

Findings included...

Resident 1

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple diagnoses.

Review of Resident 1's records showed no 14-day assessment was available for review.

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

Resident 4

Review of an undated face sheet showed Resident 4 was admitted to the ALF on [redacted]/2025 with multiple diagnoses.

Review of Resident 4's records showed no 14-day assessment was available for review.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2026 with multiple diagnoses.

Review of Resident 7's records showed no 14-day assessment was available for review.

Resident 9

Review of an undated face sheet showed Resident 9 was admitted to the ALF on [redacted]/2025 with multiple diagnoses.

Review of Resident 9's records showed no 14-day assessment was available for review.

On 03/20/2026 at 10:12 AM, Staff A, Administrator, confirmed that the ALF had not been completing an initial assessment for newly admitted residents within 14 days.

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

Statement of Deficiencies	License #: 362	Compliance Determination # 74494
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
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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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date) 5/1/2026 .

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

Victoria 4/1/2026

Administrator (or Representative) Date

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

(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.

This requirement was not met as evidenced by:

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Statement of Deficiencies	License #: 362	Compliance Determination # 74494
Plan of Correction	WARM BEACH HEALTH CARE CENTER	Completion Date
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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 1 of 1 residents (Resident 6) received family assistance with medications. This failure placed Resident 6 at risk for compromised health conditions if their family member was unavailable to assist.

Findings included...

Review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple medical diagnoses.

Review of a Service Plan Report, dated 01/11/2026, showed that the ALF was providing Resident 6 with medication assistance.

Review of Electronic Medication Administration Records (EMARs), dated 12/01/2025 to 03/18/2026, showed Resident 6's Immenuti Advanced Immune Defense Supplement (a dietary supplement), was provided by the resident's family.

Review of EMARs, dated 02/17/2025 to 03/18/2026, showed Resident 6's Senna Plus 8.6-50 MG (a stool softener), administered by the ALF twice daily, was provided by the resident's family.

Record review showed there was no written plan that detailed which family members were responsible for obtaining the medications, which medications would be provided, an alternate plan should the family member be unavailable and no signed documents that indicated family or ALF agreement with the plan.

In an interview, on 03/19/2026 at 11:15 AM, Staff A, Administrator, stated that they had not been completing a written plan for residents whose family provides medications.

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, WARM BEACH HEALTH CARE CENTER is or will be in compliance with this law and / or regulation on (Date) 5/4/2026.

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

Victoria F

Administrator (or Representative) Date 4/1/2026

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