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

Josephine Caring Community

Josephine Caring Community
9901 272nd Pl NW
Stanwood, WA 98292

RE: Josephine Caring Community License # 569

Dear Administrator:

This letter addresses Compliance Determination(s) 74547 (Completion Date 03/19/2026) and 71346 (Completion Date 01/26/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, 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-a, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-d

The Department staff who did the on-site verification:
Karen Glover, Nursing Consultant Institutional
Allison Nunn, 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

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 01/13/2026 of:

Josephine Caring Community
9901 272nd Pl NW
Stanwood, WA 98292

This document references the following SOD dated: 01/26/2026

The following sample was selected for review during the unannounced on-site visit: 3 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, 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

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.

For Jamie Singer

Residential Care Services

02/03/2026

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)

2-9-26

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(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 record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff B) had completed first aid training with hands-on skill development. This failure resulted in Staff B not having the necessary training related to their job duties and placed residents at risk of harm by being cared for by unqualified staff.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

CPR and First-aid training

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Record review showed the ALF hired Staff B (Medication Technician-MT) on 01/07/2025. Staff B completed an online first aid training course on 08/11/2025 but did not show documentation of hands-on skills training.

In an interview, on 01/13/2026 at 11:44 AM Staff B confirmed that they completed their first aid training online and the course did not include hands-on skills training.

This is an uncorrected deficiency for subsection (2)(d) previously cited on 11/21/2025.

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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) 3-12-26 .

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

Administrator (or Representative) 2-9-26 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;

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

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to address and support resident needs related to fall risks in the Negotiated Service Agreement (NSA) for 1 of 2 residents (Resident 1). This failure resulted in Resident 1 not having a plan for fall interventions and for staff assistance which placed the resident at risk for falls.

Findings included...

Review of the ALF's policy titled, "Negotiated Service Agreement", undated, showed the ALF would develop and document in the resident's record the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, and the care and services necessary to meet each resident's individual need and assistance with activities of daily living.

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

Record review of Resident 1's Assessment, dated [redacted]/2025, showed they needed supervision with mobility and used a walker and wheelchair.

Record review of Resident 1's Plan of Care (equivalent to an NSA), dated [redacted]/2025, did not identify Resident 1's ambulation status. The NSA showed Resident 1 was a moderate risk for falls and no interventions or directions for staff assistance were given for caregivers to follow.

In an interview, on 01/13/2026 at 12:28 PM Staff C (Manager), stated that they were not sure if Resident 1's Plan of Care had been updated to show fall risk interventions.

There was no updated Plan of Care available for review for Resident 1.

This is an uncorrected deficiency previously cited on 11/21/205 for subsections (1)(a)(ii)(b).

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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) 3-12-26.

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

Administrator (or Representative)

2-9-26
Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 the unannounced on-site full inspection on 11/17/2025 and 11/20/2025 of:

Josephine Caring Community
9901 272nd Pl NW
Stanwood, WA 98292

The following sample was selected for review during the unannounced on-site visit: 7 of 51 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 569	Compliance Determination # 68853
Plan of Correction	Josephine Caring Community	Completion Date
Page 2 of 10	Licensee: Josephine Caring Community	11/21/2025

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

Jamie Singer
Residential Care Services

11/28/2025
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)

1-5-26
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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(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 record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff E and F) met the Continuing Education (CE) training requirements, 2 of 5 staff (Staff B and F) had completed cardiopulmonary resuscitation (CPR)/first aid training requirements and 2 of 3 staff (Staff B and C) had completed facility orientation. These failures resulted in Staff B, C, E and F not having the necessary training related to their job duties and placed all residents at risk of harm by being cared for by unqualified staff.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C)

Cardiopulmonary resuscitation; (D) First aid;

CPR and First-aid training

NOTE: WAC 388-112A-0720 showed long-term care workers must obtain a CPR and first aid card or certificate within 30 days of hire and maintain their certification thereafter.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of the ALF's employee files showed the following:

Staff B (Medication Technician-MT) was hired on 01/07/2025. Staff B had a valid CPR certification but no documentation of taking first aid training.

In an interview, on 11/18/2025 at 10:24 AM, Staff B (MT) stated that they had taken a CPR class at the ALF, and it did not include first aid training.

Staff F (Caregiver) was hired on 11/07/2023. Staff F had documentation of a completed on-line CPR and first aid course. There was no documentation of hands-on skills training.

Continuing Education

NOTE: WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education (CE) by their birthday each year.

NOTE: WAC 388-112A-0600 (1) showed continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. Department of Social and Health Services (DSHS) must approve continuing education curricula and instructors.

Review of the ALF's employee files showed the following:

Staff E (MT) was hired on 10/21/2022. There was no documentation that Staff E had completed 12 hours of DSHS approved CE in the time period between their birthday in 2023 and 2024.

Staff F (Caregiver) was hired on 11/07/2023. There was no documentation that Staff F had completed 12 hours of DSHS approved CE in the time period between their birthday in 2024 and 2025.

In an interview on 11/20/2025 at 1:03 PM, Staff A (Administrator) confirmed they did not have CE's for Staff E and F.

Facility Orientation

NOTE: WAC 388-112A-0200 - What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of the ALF's employee files showed:

Staff B was hired 01/07/2025. There was no documentation that Staff B had completed facility orientation that was specific to their job duties as a MT.

In an interview, on 11/18/2025 at 10:21 AM, Staff B stated that they did not remember having a facility orientation.

Staff C (MT) was hired on 02/18/2025. There was no documentation that Staff C completed facility orientation.

In an interview, on 11/19/2025 at 3:22 PM, Staff G (Manager) stated that facility orientation was completed by the facility nurse and herself. All completed facility orientation forms would go in the employee file. Staff G did not know why the facility orientation forms were not in Staff B and C's employee file.

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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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) 1-5-26.

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

Administrator (or Representative) [signature] Date 12-11-25

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;

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

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to address and support resident needs in the Negotiated Service Agreement (NSA) for 2 of 7 residents (Resident 3 and 6). This failure placed Residents 3 and 6 at risk of not having their needs met.

Findings included...

Review of the ALF's policy titled, "Negotiated Service Agreement", undated, showed the ALF would develop and document in the resident's record the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, and the care and services necessary to meet each resident's individual need and assistance

with activities of daily living.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2025 with multiple diagnoses.

Resident 3's Preadmission Assessment, dated 06/12/2025, showed some assistance was needed for mobility, including transfers to/from bed, to/from chair, and to/from wheelchair.

Resident 3's Fall Risk Evaluation, dated [redacted]/2025, showed Resident 3 had a history of falls in the past 3 months, a balance problem when walking, required the use of a walker, and had a decrease in muscular coordination.

Resident 3's Assessment, dated [redacted]/2025, showed they needed supervision with mobility and used a walker and wheelchair.

Resident 3's Plan of Care (equivalent to an NSA), dated [redacted]/2025, did not identify Resident 3's ambulation status. The NSA showed Resident 3 was a moderate risk for falls and no interventions were identified for caregivers to follow.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2024 with multiple diagnoses.

Record review of an Assessment, dated 06/03/2025, showed Resident 6 had an ostomy (an opening in the body to allow waste to exit through a new pathway instead of the usual route) and a pacemaker (a small battery-operated device that is implanted under the skin to help the heart beat in a regular rhythm).

Record review of an Electronic Medication Administration Record (EMAR), dated 08/01/2025 through 11/15/2025, showed Resident 6 received warfarin sodium (a blood thinner to prevent and treat blood clots).

Record review of a Care Plan (equivalent to an NSA), dated 06/04/2024 and updated on 11/17/2025, showed no information related to Resident 6's ostomy, pacemaker or the possible side effects of a resident taking warfarin.

In an interview, on 11/20/2025 at 1:07 PM, Staff A (Administrator) confirmed that the assessment and care plan should have the same 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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) 1-5-26.

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

Administrator (or Representative) [signature] Date 12-11-25

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

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 at least annually for 2 of 7 residents (Resident 5 and 6). This failure resulted in resident assessments that had out-of-date information and placed them at risk of receiving care and services that were not assessed.

Findings included...

Resident 5

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2024 with multiple diagnoses. Resident 5's medical record showed an Assessment was completed on [redacted]/2024. There was no annual assessment for Resident 5 available for review.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2024 with multiple diagnoses. Resident 6's medical record showed an Assessment was completed on 06/03/2024. There was no annual assessment for Resident 6 available for review.

In an interview, on 11/19/2025 at 12:14 PM, Staff G (Manager) confirmed that Resident 5 and 6 did not have an annual assessment completed.

In an interview, on 11/20/2025 at 1:09 PM, Staff A (Administrator) confirmed that assessments should be completed annually.

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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) 1-5-26.

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

Administrator (or Representative) [signature] Date 12-11-25

WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

(1) Medical history;

(2) Necessary and contraindicated medications;

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

(4) Significant known behaviors or symptoms that may cause concern or require special care;

(5) Mental illness diagnosis, except where protected by confidentiality laws;

(6) Level of personal care needs;

(7) Activities and service preferences; and

(8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a Preadmission Assessment was completed for 3 of 3 residents (Resident 2, 3, and 4). This failure placed Resident 2, 3, and 4 at risk for unmet care and medical needs.

Findings included...

Resident 2

Record review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2025 with multiple diagnoses. Resident 2's medical record showed a Preadmission Assessment, undated, with the following sections incomplete; physical/chemical restraints, behavior/mental condition, transportation, medications, and activities.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2025 with multiple diagnoses. Resident 3's medical record showed a Preadmission Assessment, dated 06/12/2025, with the following sections incomplete; medications, physical/chemical restraints, and activities.

Resident 4

Record review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2025 with multiple diagnoses. Resident 4's medical record showed an Assessment was completed on [redacted]/2025 when Resident 4 moved to the ALF. There was no Preadmission Assessment for Resident 4 available for review.

In an interview, on 11/19/2025 at 3:22 PM, Staff G (Manager) stated that the previous nurse was completing the preadmission assessments and Staff G did not know why all the sections had not been completed.

In an interview, on 11/21/2025 at 1:15 PM, Staff G stated that they could not find the Preadmission Assessment for Resident 4.

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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, Josephine Caring Community is or will be in compliance with this law and / or regulation on (Date) 1-5-26 .

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

Administrator (or Representative)

12-11-25
Date