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

08/24/2026

FRED LIND MANOR
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

RE: FRED LIND MANOR # 864

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 82137 (Completion Date 08/24/2026) and 78381 (Completion Date 06/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/24/2026 and found no deficiencies.

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

(iii) On-going assessments of the resident;

(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

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

federal law.

(5) Appropriate behavioral interventions, if needed;

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

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

The Department staff who did the On Site verification:

Alma Duran, Licensor
Keiko Kitano, Licensor

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 06/02/2026 of:
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 06/17/2026

The following sample was selected for review during the unannounced on-site visit: 5 of 80 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

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 # 864	Compliance Determination # 78381
Plan of Correction	FRED LIND MANOR	Completion Date
Page 2 of 7	Licensee: FRED LIND MANOR	06/17/2026

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

Jamie Singer
Residential Care Services

06/25/2026
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)

6/30/2026
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:

(iii) On-going assessments of the resident;

(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.

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) contained information necessary to meet the care needs for 1 of 1 sampled resident (Resident 1). This placed Resident 1 at risk for

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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-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:

(iii) On-going assessments of the resident;

(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.

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) contained information necessary to meet the care needs for 1 of 1 sampled resident (Resident 1). This placed Resident 1 at risk for

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not having their care needs met and at risk for compromising their health conditions.

Findings included…

Records review showed that the ALF admitted Resident 1 on [redacted]/2025 with multiple diagnoses. Review of Resident 1's Assessment, dated 02/06/2026, showed that Resident 1 had been receiving hospice (end-of-life care) services.

Review of Resident 1's Assessment, dated 02/06/2026, in the section on Bathing Assistance, showed that a hospice agency would provide an aide once a week for a bed bath. The Mobility and Transfers section in the Assessment showed that they required two-person assistance with mobility/transfer.

During observation and interview, on 06/02/2026 at 1:22 PM, an alternative air pressure mattress was observed on the bed. Staff E (Director of Health Services) stated that Resident 1 had been receiving hospice services since 10/21/2025. When asked whether Resident 1 was able to walk by themself, Staff E stated that Resident 1 had been so weak that they required two-person assistance with transfer to/from a bed to/from a wheelchair. Staff E stated that Resident 1 seldom got out of bed and required the air float mattress on the bed to release pressure and prevent skin breakdown.

Review of the Care Plan Report (CPR, equivalent to NSA), under the section on Bathing and Showering, dated 11/04/2025, showed that the hospice aide would provide a bed bath once a week. The CPR showed that no alternate plan was included if the hospice bath aide was not available to provide the bathing care. The CPR also showed that Resident 1 was mobile with a walker and would use a wheelchair for a longer distances with staff assistance. There was no plan for requiring two-person assistance with transfers from/to bed. Resident 1's CPR also had not included a plan for using an air float mattress to prevent skin breakdown.

In an interview, on 06/02/2026 at 2:30 PM, Staff E stated that they were aware the ALF needed to update Resident 1's CPR. Staff E confirmed that Resident 1's CPR did not meet their current needs.

This is an uncorrected deficiency, WAC 388-78A-2140 (1)(a)(iii)(2)(a)(b) previously cited on 04/06/2026.

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

Statement of Deficiencies	License # 864	Compliance Determination # 78381
Plan of Correction	FRED LIND MANOR	Completion Date
Page 4 of 7	Licensee FRED LIND MANOR	06/17/2026

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 7/31/2026

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

Administrator (or Representative) 6/30/2026 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 develop and implement systems that support and promote safe medication service for 1 of 3 sampled residents (Resident 5) who required assistance with medications. This failure resulted in Resident 5 receiving medication outside of parameters and placed them at risk for health complications.

Findings included...

Record review showed the ALF admitted Resident 5 on [redacted]2020 with multiple diagnoses including [redacted]. Review of the Assisted Living Resident Assessment (ALRA), dated 05/25/2026, showed Resident 5 required staff assistance with medication management.

Review of the April 2026 electronic Medication Administration Records (eMARs), showed Resident 5 received a routine dose of Lisinopril (used to lower high blood pressure (BP) to help reduce the risk of stroke, heart attack, and kidney damage) one tablet daily, hold for systolic (SBP – the top number is the pressure produced when the heart

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

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

(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 develop and implement systems that support and promote safe medication service for 1 of 3 sampled residents (Resident 5) who required assistance with medications. This failure resulted in Resident 5 receiving medication outside of parameters and placed them at risk for health complications.

Findings included…

Record review showed the ALF admitted Resident 5 on [redacted]/2020 with multiple diagnoses including [redacted]. Review of the Assisted Living Resident Assessment (ALRA), dated 05/25/2026, showed Resident 5 required staff assistance with medication management.

Review of the April 2026 electronic Medication Administration Records (eMARs), showed Resident 5 received a routine dose of Lisinopril (used to lower high blood pressure (BP) to help reduce the risk of stroke, heart attack, and kidney damage) one tablet daily, hold for systolic (SBP – the top number is the pressure produced when the heart

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

Statement of Deficiencies	License #: 864	Compliance Determination #: 78381
Plan of Correction	FRED LIND MANOR	Completion Date
Page 5 of 7	Licensee: FRED LIND MANOR	06/17/2026

contracts and pushes out blood) of less than (<) 110 or diastolic (DBP - is the pressure when the heart relaxes and fills with blood between heartbeats) of < 70.

Review of May and June 2026 eMARs, showed medication technicians (MTs) documented that Lisinopril was given when Resident 5's DBP were < 70 with BP readings of 117/62 on 05/23/2026, 136/69 on 05/26/2026, 145/69 on 05/28/2026, and 137/69 on 06/02/2026.

During an interview, on 06/11/2026 at 3:35 PM, Staff E (License Practical Nurse) stated that she would provide an in-service training on medication services to MTs. Staff E stated that there was an additional incident found on 05/17/2026, in which the MT gave lisinopril when Resident 5's DBP was below 70, contrary to the medication order.

This is an uncorrected deficiency previously cited on 04/06/2025

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 6/30/2026

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 8 sampled pets (Pets 1, 2, and 3) remained current with their required vaccinations and had certification to be free of diseases transmissible to humans. This placed 80 Assisted Living (AL) residents at risk for exposure to a pet disease and whose

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contracts and pushes out blood) of less than (<) 110 or diastolic (DBP - is the pressure when the heart relaxes and fills with blood between heartbeats) of < 70.

Review of May and June 2026 eMARs, showed medication technicians (MTs) documented that Lisinopril was given when Resident 5's DBP were < 70 with BP readings of 117/52 on 05/23/2026, 136/68 on 05/28/2026, 148/69 on 05/28/2026, and 137/69 on 06/02/2026.

During an interview, on 06/11/2026 at 3:35 PM, Staff E (License Practical Nurse) stated that she would provide an in-service training on medication services to MTs. Staff E stated that there was an additional incident found on 05/17/2026, in which the MT gave lisinopril when Resident 5's DBP was below 70, contrary to the medication order.

This is an uncorrected deficiency previously cited on 04/06/2026

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 9 sampled pets (Pets 1, 2, and 3) remained current with their required vaccinations and had certification to be free of diseases transmissible to humans. This placed 80 Assisted Living (AL) residents at risk for exposure to a pet disease and whose

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vaccination records were out of date.

Findings included…

Record review of the ALF's policy, "Guideline for Pet Owners", revised 01/01/2019, Item 5, showed, "Pets must be licensed, immunized and spayed/neutered, and resident must provide written confirmation. Immunizations must be current in accordance with city policy and certificate of good health".

Record review of an undated Resident Characteristics Roster (RCR) showed the ALF admitted Resident 6 on [redacted]/2025, Resident 7 on [redacted]/2026, and Resident 8 on [redacted]/2025.

A review of pet records showed Resident 6 owned a dog (Pet 1). The pet records showed Pet 1 did not have the required immunization records. Record showed Pet 1 had no record certified to be free of diseases transmittable to human.

A review of pet records showed Resident 7 owned a cat (Pet 2). Record showed Pet 2 had no record certified to be free of diseases transmittable to human.

A review of pet records showed Resident 8 owned a dog (Pet 3). Record showed Pet 3 had no record certified to be free of diseases transmittable to human.

In an interview, on 06/02/2026 at 2:40 PM, Staff F (Administrator) acknowledged that the facility did not have the required immunization records and certifications to ensure that pets were free of diseases transmissible to humans.

This is an uncorrected deficiency previously cited on 04/06/2026 and recurring deficiency previously cited on 08/22/2024.

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

Statement of Deficiencies	License # 864	Compliance Determination # 78381
Plan of Correction	FRED LIND MANOR	Completion Date
Page 7 of 7	Licensee: FRED LIND MANOR	06/17/2026

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 7/31/2026

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

Administrator (or Representative) — Date: 6/30/2026

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, FRED LIND MANOR 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

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 and complaint investigation on 03/11/2026 and 03/16/2026 of:
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following complaint numbers: 212524.

The following sample was selected for review during the unannounced on-site visit: 10 of 83 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

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 #: 864	Compliance Determination # 74266
Plan of Correction	FRED LIND MANOR	Completion Date
Page 2 of 18	Licensee: FRED LIND MANOR	04/06/2026

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.

Jessica Seigler
Residential Care Services

4/13/2026
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)

4/16/2026
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:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to assess for safety considerations of a side bed rail (SBR) for 4 of 4 sampled residents (Residents 2, 3, 4, and 10). This failure placed Residents 2, 3, 4, and 10 at risk for serious bodily harm, including death from entrapment from a bed mobility device.

Findings included...

NOTE: The Food and Drug Administration (FDA) has issued safety alerts regarding the use of transfer poles in long-term care facilities, emphasizing the potential hazards associated with their use. Transfer poles, also known as grab bars, are designed to assist seniors with limited mobility, but they can pose risks if not used properly. The FDA has highlighted the dangers of entrapment hazards, particularly when bed rails are involved, and has provided guidelines for their assessment and use in healthcare settings. It is crucial for caregivers to assess the need for transfer poles and ensure they are used safely to prevent falls and injuries.

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NOTE: Review of the FDA website, on 05/30/2023, showed specific measurements for side bed rail safety titled, “Overview of the U.S. food and drug administration’s potential zones of bed entrapment.”

Review of the ALF’s policy on Use of Transfer Poles (TP) and Bed Rail (BR) Assistive Devices, revised 01/01/2026, showed that it was their policy to provide information to residents and perform a comprehensive assessment to promote independence, assist with mobility, provide positioning support, and safety. Bed rails would never be used for staff convenience or as a restraint, except in accordance with WAC regulations and the facility’s Restraint Reduction Program; to ensure the safe and appropriate use of bed rails in compliance with federal and state regulations, minimize risk of injury, and protect resident rights. The policy stated that all TP must be assessed, approved, installed, and monitored to ensure safety and compliance with WAC requirements. Nursing staff would use the Bed Rail Risk Assessment Form quarterly assessment for BR use and regular reassessment for TPs. The ALF’s policy referred to FDA Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment.

Resident 2
Record review, showed the ALF admitted Resident 2 on [redacted]/2021 with multiple disabling diagnoses. Review of the ALF’s Assisted Living Resident Assessment (ALRA – equivalent to Assessment), dated 01/29/2026, showed Resident 2 required maximum assistance with mobility and transfers with one or two-person staff assistance.

During observation and interview, on 03/16/2026 at 10:16 PM, two floor-to-ceiling TP with curved handlebars were observed on the left side of the bed and another TP beside a recliner in Resident 2’ apartment. Observation of Resident 2’s bed also showed a 1/3 size side BR. When questioned, Resident 2 stated the TP provided support during transfers and standing and grabbed onto the BR when repositioned in bed.

Review of Resident 2’s Assessment under the section of Mobility and Transfer, dated 01/29/2026, showed no documented evaluation of their ability to safely use the medical devices and no documented risks and benefits of their use. There was no Bed Rail Risk Assessment Form completed per ALF policy.

In an interview, on 03/12/2026 at 11:10 AM, Staff D (Licensed Nurse) and Staff H (Director of Health Services) acknowledged that there was no current assessment done for Resident 2’s medical devices.

RESIDENT 3
Record review showed that the ALF admitted Resident 3 on [redacted]/2024 with multiple diagnoses.

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

Observation and interview, on 03/16/2026 at 10:10 AM, showed a SBR on the right side of the bed in Resident 3's apartment. Observation showed an open space/gap within the SBR that measured 10" in length and 5.5" high. There was no protection from the SBR gap. Resident 3 stated that they had been using the SBR for getting in and out of bed.

Review of Resident 3's Assessment, dated 03/12/2026, showed that Resident 3 required one person assist for mobility/transfers on a routine basis. The Assessment did not indicate that Resident 3 required a SBR for getting in and out of bed.

In an interview, on 03/16/2026 at 2:30 PM, Staff H (Director of Health Services) stated that they were not aware that Resident 3 had a SBR attached to the bed. Staff H stated that there was no assessment for the SBR.

Resident 4
Record review, showed the ALF admitted Resident 4 on [redacted]/2025 with multiple disabling diagnosis including [redacted].

Observation and interview, on 03/16/2026 at 1:15 PM, showed a hospital bed with bilateral ½ - size side BR in Resident 4's apartment in "up" position. Resident 4 stated that they used the BRs during transfers and repositioning in bed.

Review of Resident 4's Assessment, dated 03/11/2026, showed no information or assessment related to the use of bilateral SBRs. There was no Bed Rail Risk Assessment Form completed per ALF policy.

RESIDENT 10
Record review, showed the ALF admitted Resident 10 on [redacted]/2020 with multiple diagnoses.

Observation and interview, on 03/16/2026 at 1:08 PM, showed a hospital bed with bilateral ½ size BRs positioned against the wall in Resident 10's apartment in "up" position. Resident 10 stated that the BRs helped them to get in and out of bed.

Review of Resident 10's Assessment, dated 01/13/2026, showed no information or assessment related to the use of bilateral SBRs. There was no Bed Rail Risk Assessment Form completed per ALF policy.

During an exit interview, on 03/16/2026 at 2:05 PM, Staff D and Staff H were not aware that Residents 4 and 10 had bilateral SBRs. Staff H acknowledged the lack of assessment to address Residents 2, 4, and 10's safe use of the medical devices.

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

Statement of Deficiencies	License #: 864	Compliance Determination # 74266
Plan of Correction	FRED LIND MANOR	Completion Date
Page 5 of 18	Licensee: FRED LIND MANOR	04/06/2026

This deficiency was previously cited on 08/22/2024.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 8/21/2026 .

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

Administrator (or Representative) 4/16/2026 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:

(iii) On-going assessments of the resident;

(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.

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) contained information necessary to meet the care needs for 6 of 6 sampled residents (Residents 1, 2, 4, 5, 9, and 10). This placed

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Residents 1, 2, 4, 5, 9, and 10 at risk for not having their care needs met and at risk for compromising their health conditions.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2022 Definitions. "Medication organizer" means a container with separate compartments for storing oral medications organized in daily doses.

Review of the ALF's undated Disclosure of Services showed that the ALF would permit family members to provide medication services to residents under the following conditions: "Must be designated as part of the resident care plan with a written back up plan."

Review of the ALF's policy titled Medication Management, under the section "Resident Arrives with a Medication and Self or Family Medication Involvement", showed, "For any resident whereby the family has involvement with medication management, the licensed nurse must complete the Medication Management: Family Involvement form."

RESIDENT 1
Records review showed that the ALF admitted Resident 1 on [redacted]/2024 with multiple diagnoses. Review of Resident 1's Assessment, dated 03/11/2026, showed that Resident 1's family had been setting up a medi-set (a medication organizer) weekly.

In an interview, on 03/16/2026 at 8:00 AM, Staff K (Medication Technician (MT)) stated that Resident 1 had been taking medications from the medi-set independently.

Review of Resident 1's Service Plan Report (SPR, equivalent to NSA), dated 03/11/2026, showed Resident 1 would take medications independently. There was no written plan for Resident 1's family assistance with medications, and no alternate plan for when the family member was unable to set up the medi-set weekly.

Review of Resident 1's active records showed no Family Involvement Form to indicate Resident 1's family had been assisting with medication management per the ALF's policy.

In an interview, on 03/16/2026 at 2:30 PM, Staff H (Director of Health Services) acknowledged there was no alternate plan for when Resident 1's family member could not provide setting up the medi-set.

Review of a follow-up email from Staff D (New Director of Health Services), dated 03/26/2026, showed that the ALF did not have any signed Family Involvement Form in

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Resident 1’s file.

RESIDENT 2
NOTE: Washington Administrative Code 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: (c) Other conditions that may require behavioral intervention strategies; (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.

Record review showed the ALF admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted].

Review of the undated Resident Characteristic Roster showed Resident 2 identified as a smoker. Review of the ALF’s Assisted Living Resident Assessment (ALRA – equivalent to Assessment), dated 01/29/2026, showed Resident 2 smoked, was aware of where the smoking area, required frequent reminders and was non-compliant with smoking behavior.

Review of the ALF’s Active Order Summary Report, dated 09/10/2025, showed, “[cigarette] Lighters in [medication] cart. Assist resident in lighting cigarettes in the smoking area. as needed for safety Resident should not have any lighters in her possession every shift for monitoring.”

Review of the Service Plan Report (SPR – equivalent to Negotiated Service Agreement) , dated 01/29/2026, showed no documented approaches or interventions to address Resident 2’s unsafe smoking behavior, and leaving the facility unsupervised.

In an interview, on 03/12/2026 at 3:46 PM, Staff H (Director of Health Services) and Staff G (Executive Director), confirmed that Resident 2 required supervision due to a prior incident in which she attempted to burn wood in the designated smoking area. Staff H stated that Resident 2’s lighter was stored in the medication cart. And when Resident 2 requested to smoke, caregivers escorted her outside and used the lighter to light her cigarette.

In a telephone interview, on 03/31/2026 at 12:15 PM, Staff D (Licensed Nurse), stated that when Resident 2 used her motorized wheelchair, she was able to go outside independently without signing out in the ALF’s logbook. Staff D stated that Resident 2 would leave the ALF unsupervised, especially at night, to buy cigarette and could obtain another lighter and smoke in the designated smoking area without staff knowledge.

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NOTE: According to Drugs.com, dated 12/11/2025, Clopidogrel (generic for Plavix) used to prevent blood clots and reduce the risk of heart attack and stroke. It works to prevent platelets (a type of blood cell responsible for clotting) from collecting and forming life-threatening clots. Adverse reactions may include serious bleeding, severe allergic reaction, and collection of blood under the skin, deep, dark purple bruise, itching, pain, redness, or swelling, bloody nose, black, or tarry stools, vomiting of blood or material that looks like coffee grounds. Pay attention to head injury.

Record review of electronic Medication Administration Records (eMARs) for January, February, and March 2026, showed Resident 2 took a daily dose of clopidogrel.

Review of the SPR, dated 01/29/2026, showed no interventions in place to alert staff of the side effects and risks of bruising or bleeding related to the use of blood thinners, or what to do if bleeding or bruising were present.

In an interview, on 03/16/2026 at 2:05 PM, Staff H confirmed there was no care plan or monitoring documentation to address Resident 2's use of a blood thinner, unsafe smoking behavior, and leaving the facility unsupervised.

RESIDENT 4
Records review showed that the ALF admitted Resident 4 on [redacted]/2025 with multiple diagnoses including[redacted]. Review of Resident 4's SPR, dated 03/11/2026, showed that a family member (spouse) provided medication service for Resident 4.

In an interview, on 03/16/2026 at 1:15 PM, Resident 4's spouse stated that they were responsible for ordering medications, setting up weekly medication organizers, and assisted Resident 4 with their daily medications.

Review of Resident 4's SPR, dated 03/11/2026, showed no alternate plan for when Resident 4's spouse was unable to manage their medications.

In an interview, on 03/16/2026 at 2:05 PM, Staff H acknowledged there was no alternate plan for when Resident 4's spouse was unable to provide medication services.

RESIDENT 5
Review of the undated Residents' Characteristics Roster showed that Resident 5 was identified as showing or having behaviors such as those requiring special training or assistance, thereby increasing the amount of time staff needs to assist the resident.

Records review showed that the ALF admitted Resident 5 on [redacted]/2022 with multiple diagnoses, including [redacted]

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[redacted].

Review of the Assisted Living Facility Dementia Screening Tools (ALFDST), dated 01/26/2026, showed that Resident 5 had short-term memory loss and had been exhibiting behaviors or symptoms of: being resistive to care, seeking/demanding constant attention and reassurance, and having unrealistic fears or suspicions. The ALFDST showed that Resident 5's ability to make daily life decisions was poor; requiring reminders, cues, and supervision in planning daily routines.

In an interview, on 03/16/2026 at 8:30 AM, Staff J (MT) stated that Resident 5 had been exhibiting behavioral issues such as complaining that staff did not provide care or had been rude and yelled at them. Staff J stated that caregivers were recommended to have a second person when entering Resident 5's apartment.

In an interview, on 03/16/2026 at 8:40 AM, Staff H stated that Resident 5 had significant memory loss, and constantly accused care staff of not providing care, although the care had been provided. Staff H said that they told caregivers if anyone felt uncomfortable providing care and services for Resident 5, they could ask for a second person, but it was not required.

In an interview, on 03/16/2026 at 9:43 AM, Staff A (Caregiver) stated that Resident 5 had short-term memory loss and had been making allegations that staff did not provide care and services. Staff A stated that they usually provided care and services for Resident 5 with two people.

Review of an Assessment, dated 03/11/2026, under the Orientation/Cognition section, showed that Resident 5 had significant memory loss, needed instructions/reorientation constantly, needed supervision outside of the residence, and needed daily reminders/assistance regarding decisions/care and safety. The Assessment, under the Behavior section, showed that Resident 5 had been exhibiting verbal aggression, agitation, refusing care/medications, and anxiety. Resident 5 required additional staff time to manage resident requests (Requiring continual monitoring for aggressive or abusive behavior towards residents or staff).

Review of Resident 5's SPR, dated 03/11/2026, under the cognitive section, showed that Resident 5 was able to make safe judgements and functions appropriately in social situations. The SPR showed that Resident 5 was oriented and able to recall or retain information and would respond well to prompts and cues. The behavior section in the SPR showed that caregivers would report changes from baseline behaviors to a nurse. There was no information about what Resident 5's baseline behaviors were. The SPR did not contain any plans or interventions for identifying cognitive and behavioral issues.

In an interview, on 03/16/2026 at 2:30 PM, Staff H acknowledged Resident 5's SPR did not have plans for their behavioral issues.

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RESIDENT 9
Records review showed that the ALF admitted Resident 9 on [redacted]/2020 with multiple diagnoses, including [redacted]

Review of an Assessment, dated 03/03/2026, under the Orientation/ Cognition section, showed that Resident 9 had significant memory loss.

Review of Resident 9's SPR, dated 03/03/2026, under the Cognitive section, showed Resident 9 displayed deficits of judgment. There was no plan for how to address Resident 9's cognitive impairment.

In an interview, on 03/16/2026 at 2:30 PM, Staff H acknowledged that Resident 9's SPR did not include care plan for their cognitive issue.

RESIDENT 10
Record review showed the ALF admitted Resident 10 on [redacted]/2021 with multiple diagnoses including [redacted].
Review of SPR, dated 03/11/2026, showed Resident 10 required staff assistance with medication management.

Record review of January, February, and March 2026 eMARs, showed Resident 10 took Farxiga (is an oral medication for diabetes, heart disease, or kidney disease that works by preventing glucose reabsorption in the kidneys.) daily, and Metformin (is a common treatment for diabetes) twice daily.

Review of Resident 10's SPR, dated 03/11/2026, showed no documentation of any plans for diabetic management or parameters to alert staff on monitoring signs and symptoms of high or low blood sugar levels.

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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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/21/2026 .

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

Administrator (or Representative) 4/16/2026 Date

WAC 388-78A-2230 Medication refusal.

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

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

(i) Conducts an evaluation; and

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

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician or evaluate 1 of 1 sampled resident (Resident 5) after they refused medications. This placed Resident 5 at risk for a compromised medical condition.

Findings included...

Review of the ALF's policy titled Medication Management, under the section of "Medication Refusal and/or Missed Doses or Errors", showed that missed/refused medications were to be documented in the resident's medication record and the

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[redacted]

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prescribing physician was to be notified if the resident consistently was not taking their medications. Physician parameters must be retained in writing and kept on file.

Records review showed that the ALF admitted Resident 5 on [redacted]/2022 with multiple diagnoses.

Review of Resident 5's Service Plan Reports (SPR, equivalent to a Negotiated Service Agreement), dated 03/11/2026, showed that Resident 5 required staff assistance with medication services.

Review of the January, February, and March 2026 electronic Medication Administration Records (eMARs) showed that Resident 5 was prescribed to apply a lidocaine patch for lower back pain. The eMARs showed that Resident 5 refused the lidocaine patch eight days in January 2026, seven days in February 2026, and two days by 03/11/2026.

In an interview, on 03/16/2026 at 10:40 AM, Staff J (Medication Technician (MT)) stated that when a resident refused a medication, MTs were required to document the resident's medication refusal in the eMARs and report it to a nurse.

Review of Resident 5's active records showed no documentation to indicate that the ALF evaluated Resident 5's condition or notified the physician about Resident 5's continued pattern of refusing the lidocaine patches. There were no physician's directions for how to address Resident 5's medication refusal.

In an interview, on 03/16/2026 at 2:30 PM, Staff H (Director of Health Services) acknowledged that the ALF had not notified the physician about Resident 5's pattern of refusing the lidocaine patches, and had not evaluated Resident 5's condition after the medication refusals.

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, FRED LIND MANOR 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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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 5 sampled staff members (Staff C and F) had completed the required national fingerprint background check (NFBGC) within the required timeframe. This placed 83 of 83 residents at risk from staff members whose criminal histories were unknown.

Findings included...

Review of the undated Residents Characteristics Roster showed the ALF was providing care and services for 83 residents.

Review of staff records showed that the ALF hired Staff C (Certified Nursing Assistant (C-NA)/Caregiver) on 11/03/2025. There was no documentation showing Staff C completed a NFBGC.

Review of staff records showed that the ALF hired Staff F (C-NA) on 05/15/2024. There was no documentation showing Staff F completed a NFBGC.

In an interview, on 03/16/2026 at 10:18 AM, Staff I (Operations Director) confirmed the ALF had not done a NFBGC for Staff C or Staff F.

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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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/21/2026 .

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

Administrator (or Representative) 4/16/2026 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 that 2 of 3 sampled newly hired staff members (Staff B and C) received a tuberculosis skin test (TST) within three days of being hired. This placed 83 of 83 residents in the ALF at risk for exposure to a communicable disease.

Findings included...

Review of the undated Residents Characteristics Roster showed the ALF was providing care and services for 83 residents.

Review of staff records showed that the ALF hired Staff B (Director of Life Enrichment) on 09/17/2025. Review of Staff B's record showed that Staff B received a TST on 10/20/2025, 33 days after being hired.

Review of staff records showed that the ALF hired Staff C (Certified Nursing Assistant) on 11/03/2025. Staff C's records showed that Staff C had received a TST on 11/23/2025, 20 days after being hired.

In an interview, on 03/16/2026 at 3:15 PM, Staff I (Operations Director) confirmed that Staff B and C were late in having their TST.

This is a deficiency previously cited on 08/22/2024.

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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, FRED LIND MANOR 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.

(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 develop and implement systems that support and promote safe medication service for 1 of 5 sampled residents (Resident 10) who required staff assistance with medications. This failure resulted in Resident 10 not receiving their medications as prescribed potentially causing health complications.

Findings included…

NOTE: Washington Administrative Code 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Record review showed the ALF admitted Resident 10 on [redacted]/2020 with multiple diagnoses including [redacted].
Review of the Service Plan Report (SPR – equivalent to Negotiated Service Agreement), dated 03/11/2026, showed Resident 10 required staff

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assistance with medication management.

Review of the January, February, and March 2026 electronic Medication Administration Records (eMARs), showed Resident 10 received routine dose of Kerendia (used to reduce the risk of kidney and cardiovascular complications in adults with chronic kidney disease associated with type 2 diabetes).

Review of February and March 2026 eMARs, showed ALF staff documented code 9 for Resident 10's Kerendia, indicating, "Other / See Progress Notes" from 02/28/2026 through 03/10/2026.

Review of a Progress Notes (PN), dated 03/10/2026, showed Resident 10 did not receive Kerendia medication from 02/28/2026 through 03/10/2026 due to non-availability of the medication for 11 days. The PN showed that the medication was reordered through the wrong pharmacy.

In an interview, on 03/16/2026 at 1:15 PM, Staff H (Director of Health Services) acknowledged Resident 10 did not receive Kerendia as ordered by the physician.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/21/2026 .

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

Administrator (or Representative) — Date: 4/16/2026

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 4 of 4 sampled pets (Pets 1, 2, 3, and 4) remained current with their required vaccinations and certified to be free of diseases transmittable to human. This placed 83 Assisted Living (AL) residents at risk for exposure to a pet disease and whose vaccination records were out of date.

Findings included…

Record review of the ALF's policy, "Guideline for Pet Owners", revised January 1st 2019, Item 5, showed, "Pets must be licensed, immunized and spayed/neutered, and resident must provide written confirmation. Immunizations must be current in accordance with city policy and certificate of good health".

Record review of an undated Resident Characteristics Roster (RCR) showed the ALF admitted Resident 11 on [redacted]/2023, Resident 12 on [redacted]/2020, and Resident 13 on [redacted]/2025.

A review of pet records showed Resident 11 owned two cats (Pets 1 and 2). The pet records showed no records that Pets 1 and 2 were certified to be free of diseases transmittable to human.

A review of pet records showed Resident 12 owned a cat (Pet 3). The pet records showed Pet 3's rabies vaccine and other immunization expired on 10/08/2025. Record showed Pet 3 had no record certified to be free of diseases transmittable to human.

A review of pet records showed Resident 13 owned a dog (Pet 4). The pet records showed Pet 4's rabies vaccine and other immunization expired on 02/18/2026. Record showed Pet 4 had no record certified to be free of diseases transmittable to human.

In an interview, on 03/11/2026 at 3:15 PM, Staff G (Executive Director) acknowledged the lack of oversight related to pets' immunizations and annual exam. Staff G stated, "I should have checked the pets' records before I gave you."

This deficiency was previously cited on 08/22/2024.

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Statement of Deficiencies	License #: 864	Compliance Determination # 74266
Plan of Correction	FRED LIND MANOR	Completion Date
Page 18 of 18	Licensee: FRED LIND MANOR	04/06/2026

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) 5/21/2026 .

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

Administrator (or Representative) 4/16/2026 Date

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

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

FRED LIND MANOR
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

RE: FRED LIND MANOR # 864

Dear Administrator:

This document references the following complaint numbers 212524.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 04/06/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jamie Singer, Field Manager
Residential Care Services

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

Region 2, Unit J
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/06/2026), no later than 05/21/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

The Assisted Living Facility failed to maintain safe, sanitary, and well-maintained exterior grounds. This placed 83 residents at risk for health hazards and a diminished quality of life.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,



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

Enclosure

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