STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

MADISON AVENUE LIMITED PARTNERSHIP
MADISON AVENUE RETIREMENT CENTER
285 MADISON AVE S
BAINBRIDGE ISLAND, WA 98110

RE: MADISON AVENUE RETIREMENT CENTER License # 922

Dear Administrator:

This letter addresses Compliance Determination(s) 81498 (Completion Date 08/04/2026) and 80432 (Completion Date 07/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2026 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-2466-2

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 922	Compliance Determination # 80432
Plan of Correction	MADISON AVENUE RETIREMENT CENTER	Completion Date
Page 1 of 3	Licensee: MADISON AVENUE LIMITED PARTNERSHIP	07/17/2026

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 07/14/2026 and 07/17/2026 of:
MADISON AVENUE RETIREMENT CENTER
285 MADISON AVENUE SOUTH
BAINBRIDGE ISLAND, WA 98110

The following sample was selected for review during the unannounced on-site visit: 5 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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Statement of Deficiencies	License #: 922	Compliance Determination # 80432
Plan of Correction	MADISON AVENUE RETIREMENT CENTER	Completion Date
Page 2 of 3	Licensee: MADISON AVENUE LIMITED PARTNERSHIP	07/17/2026

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.

Laurie Anderson
Residential Care Services

07/22/2026
Date

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

Kori Duncan
Administrator (or Representative)

7/24/26
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a final fingerprint background check for 1 of 5 sampled staff (Staff B). This failure placed all 30 residents at risk of abuse, neglect, or exploitation from a caregiver with unknown background.

Findings included...

Review of the facility's personnel records for Staff B, Residential Care Team Manager (RCTM), showed that the facility initially hired Staff B on 05/24/2016 and rehired Staff B on 04/09/2023. There was no documentation in Staff B's personnel file that showed the facility completed a final fingerprint background check within 120 days of the date of hire.

In an interview on 07/16/2026 at 2:32 PM, Staff A, Executive Director, said that Staff B's initial transfer date to the facility was 01/19/2021. Staff A said that there was no final fingerprint check result in Staff B's personnel file.

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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a final fingerprint background check for 1 of 5 sampled staff (Staff B). This failure placed all 30 residents at risk of abuse, neglect, or exploitation from a caregiver with unknown background.

Findings included…

Review of the facility's personnel records for Staff B, Residential Care Team Manager (RCTM), showed that the facility initially hired Staff B on 05/24/2015 and rehired Staff B on 04/09/2023. There was no documentation in Staff B's personnel file that showed the facility completed a final fingerprint background check within 120 days of the date of hire.

In an interview on 07/16/2026 at 2:32 PM, Staff A, Executive Director, said that Staff B's initial transfer date to the facility was 01/19/2021. Staff A said that there was no final fingerprint check result in Staff B's personnel file.

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

Statement of Deficiencies	License #: 922	Compliance Determination # 80432
Plan of Correction	MADISON AVENUE RETIREMENT CENTER	Completion Date
Page 3 of 3	Licensee: MADISON AVENUE LIMITED PARTNERSHIP	07/17/2026

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, MADISON AVENUE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 7/29/2026

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

Kri Dunn — Administrator (or Representative)

7/28/2026 — Date

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, MADISON AVENUE RETIREMENT 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
PO Box 99250, Lakewood, WA 98496

07/22/2026

MADISON AVENUE LIMITED PARTNERSHIP
MADISON AVENUE RETIREMENT CENTER
285 MADISON AVE S
BAINBRIDGE ISLAND, WA 98110

RE: MADISON AVENUE RETIREMENT CENTER # 922

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/17/2026 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:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

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

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/17/2026), no later than 08/31/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan of correction available for review upon request from 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-2700 Emergency and disaster preparedness.

(3) The assisted living facility's emergency preparedness plan must include procedures for:

(f) Provision of essential resident needs and supplies, including water, food, medications, and personal care items; and

The facility did not have a plan in place for natural disaster preparedness of provisions for food. Prior to the exit meeting, the facility prepared a plan and menu, in the event of a natural disaster, which included food rations in the event of a natural disaster to correct the deficiency.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department; and

During the full inspection, the most recent licensing inspections and citation reports were not placed in a conspicuous spot for anyone to review. Before completion of the full inspection, the facility placed a binder will past inspection reports and citations in the lobby that was easily accessible to all to correct the deficiency.

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.

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

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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

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

If You Have Any Questions:

• Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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