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

NORTHAVEN DEVELOPMENT
NORTHAVEN II ASSISTED LIVING
531 NE 112TH ST
SEATTLE, WA 98125

RE: NORTHAVEN II ASSISTED LIVING License # 980

Dear Administrator:

This letter addresses Compliance Determination(s) 81716 (Completion Date 09/01/2026) and 79273 (Completion Date 07/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/01/2026 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-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-1-c, WAC 388-78A-2230-2, WAC 388-78A-2230-2-a, WAC 388-78A-2230-2-b, WAC 388-78A-2230-2-c, WAC 388-78A-2410-8-a-iii

The Department staff who did the on-site verification:
Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

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

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 the unannounced on-site full inspection on 06/23/2026 and 06/25/2026 of:

NORTHAVEN II ASSISTED LIVING
531 NE 112TH ST
SEATTLE, WA 98125

The following sample was selected for review during the unannounced on-site visit: 7 of 39 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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.

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

7/20/2026
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)

7/28/2026
Date

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service.

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure a valid Certified Food Protection Manager (CFPM) certificate was held by any staff member within the facility and 1 of 5 sampled staff had a current food worker card (Staff D). This failure placed 39 of 39 residents at risk for food borne illnesses.

Findings included...

NOTE: Reference Washington Administrative Code (WAC): 246-215-02107 Certified food protection manager (Food and Drug Administration Food Code 2-102.12). (1) By March 1, 2023, FOOD ESTABLISHMENTS must have at least one CERTIFIED FOOD PROTECTION MANAGER on staff as evidenced by a valid certificate available from an ACCREDITED PROGRAM. The certificate must be available upon request. If the CERTIFIED FOOD PROTECTION MANAGER leaves employment for any reason, the FOOD ESTABLISHMENT must have another CERTIFIED FOOD PROTECTION MANAGER on staff within sixty days.

Record review of a Resident Characteristic Roster, dated 06/22/2026, showed the ALF provided care and services for 39 residents.

Review of staff records showed the facility hired Staff I on 04/04/2023 as a Director of

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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.

Jamie Singer
Residential Care Services

7/20/2026
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) Date

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Dietary Services. Staff I did not have a CFPM certificate.

Review of staff records showed the ALF did not have any designated CFPM.

In interview, on 06/24/2026 at 1:08 PM, Staff G (Director of Human Resources) confirmed Staff I did not have a CFPM certificate and in the process of completing the training course. Staff G reported the ALF did not have any current staff with a CFPM certificate and could not recall any past staff that had a CFPM certificate.

NOTE: Reference WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Review of staff records, on 06/24/2026, showed the ALF hired Staff D (Nurse Assistant Certified) on 01/14/2010. Staff D's record showed no food worker card.

During an interview, on 06/25/2026 at 1:05 PM, Staff G confirmed that Staff D did not have a current food worker card.

**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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 8/24/2026

SB confirmed amended POC date with Provider on 8/10/2026.

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

Administrator (or Representative) — Date: 7/28/2026

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

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

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

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

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

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

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

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

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

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

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

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

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

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

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

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

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

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

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(b) Developmental disability;

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

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

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

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

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

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

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

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

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

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

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

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

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

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

**This requirement was not met as evidenced by:**

Based on interview, observation and record review the Assisted Living Facility (ALF) failed to ensure a system was in place to complete an Assessment that included safety considerations and need for side bed rails (BSR) for 1 of 1 resident (Resident 2). This failure placed Resident 2 at risk for improper use of equipment, injury and entrapment.

Findings included...

Record review of a Facesheet showed the ALF admitted Resident 2 on [redacted]/2025 with multiple diagnosis to include [redacted] and [redacted]

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

[redacted].

Observation and interview, on 06/25/2026 at 9:03 AM, showed steel half BSR secured to both sides of Resident 2's hospital bed. Resident 2 stated she had the BSR since she admitted into the ALF. Resident 2 reported she used the BSR to help her transfer in and out of bed.

In interview, on 06/25/2026 at 11:06 AM, Staff F (Resident Care Manager) reported staff must complete a safety assessment before a resident received or used a BSR. An assessment and provider referral for BSR for Resident 2 was requested from Staff F.

Review of facility records showed a Bedrail Entrapment Assessment for Resident 2, provided by Staff F. The Assessment did not show Resident 2's name and was dated 05/05/2026 (more than five months from when Resident 2 admitted with the BSR). No prior BSR Assessments were found.

In interview, on 06/25/2026 at 11:43 AM, Staff F acknowledged the assessment lacked Resident 2's name and was performed over five months after Resident 2 began using the BSR. Staff F confirmed the BSR assessment should have been completed prior when Resident 2 admitted with the BSR.

In interview, on 06/25/2026 at 11:54 AM, Staff J (Director of Operations) reported the ALF did not have a policy in place at this time regarding the use of BSR to ensure resident safety.

**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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) [redacted], 8/24/2026

SB confirmed amended POC date with Provider on 8/10/2026.

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

Administrator (or Representative) 7/28/2026 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:

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(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff D) completed the required cardiopulmonary resuscitation (CPR) training and 2 of 6 sampled staff (Staff D and Staff E) completed the required annual 12 hours of continuing education. This failure placed 39 residents at risk of harm and injury from improper CPR technique in the event of an emergency and untrained and unqualified staff.

Findings included...

CPR

NOTE: Washington Administrative Code (WAC) 388-112A-0720 What are the CPR and first-aid training requirements?
(2) Assisted living facilities.
(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.
(b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

Review of staff records showed the ALF hired Staff D (Nurse Assistant Certified-NAC) on 01/14/2010. Record review showed a CPR training certificate with an expiration date of 10/05/2025. Further review showed no current CPR certificate for Staff D.

During an interview, on 06/24/2026 at 1:05 PM, Staff G (Director of Human Resources) confirmed Staff D did not have a current CPR certificate and had scheduled a class.

Continuing Education

WAC 388-112A-0611
Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

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

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section.
(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(i) A certified home care aide;
(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);
(iii) A certified nursing assistant;
(i) Must complete 12 hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

Review of staff records showed the ALF hired Staff D (NAC) on 01/14/2010. Record review showed Staff D did not have the required annual 12 hours of continuing education between the years 2025 and 2026 of Staff D's month and day of birth as required for a credential NAC.

Review of staff records showed the ALF hired Staff E (NAC) on 04/23/2022. Record review showed Staff E did not have the required annual 12 hours of continuing education between the years 2025 and 2026 of Staff E's month and day of birth as required for a credential NAC.

During an interview, on 06/24/2026 at 1:05 PM, Staff G stated the ALF was unable to provide proof Staff D or Staff E had completed the required 12 hours of continuing education within the last year of their employment.

**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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/28/2026. 8/24/2026

SB confirmed amended POC date with Provider on 8/10/2026.

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

Administrator (or Representative) — Date: 7/28/2026

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(iii) A certified nursing assistant;
(i) Must complete 12 hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

Review of staff records showed the ALF hired Staff D (NAC) on 01/14/2010. Record review showed Staff D did not have the required annual 12 hours of continuing education between the years 2025 and 2026 of Staff D's month and day of birth as required for a credential NAC.

Review of staff records showed the ALF hired Staff E (NAC) on 04/23/2022. Record review showed Staff E did not have the required annual 12 hours of continuing education between the years 2025 and 2026 of Staff E's month and day of birth as required for a credential NAC.

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_____ _____
Administrator (or Representative) Date

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**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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff members (Staff A and Staff B) completed the required two-step tuberculin skin test (TST) within three days of employment. This placed 39 residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records showed the ALF hired Staff A (Nurse Assistant Certified-NAC) on 06/08/2026. Record review showed Staff A did not have a TST completed after date of hire.

Review of staff records showed the ALF hired Staff B (NAC) on 06/02/2026. Review showed Staff B did not have a TST completed after date of hire.

In an interview, on 06/24/2026 at 12:15 PM, Staff G (Director of Human Resources) stated both Staff A and Staff B had previous TST records but did not have completed TST after date of hire and would get them scheduled.

This deficiency was previously cited on 08/09/2023.

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**Plan/Attestation Statement**

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SB confirmed amended POC date with Provider on 8/10/2026.

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

Administrator (or Representative) — Date: 7/28/2026

**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

(c) The assisted living facility is able to fully comply with such directions.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify a resident's physician of a consistent pattern of medication refusal for 1 of 1 resident (Resident 5). This failure placed Resident 5 at risk for an untreated medical condition and poor health outcome.

Findings included:

Review of a Face Sheet showed the ALF admitted Resident 5 on [redacted]/2024 with

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Findings included...

Review of a Face Sheet showed the ALF admitted Resident 5 on [redacted]/2024 with

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multiple diagnoses. Review of an Assessment, dated 03/31/2026, showed Resident 5 required staff assistance with medication management.

Record review of Resident 5's April 2026 Medication Administration Records (MAR) showed an order for estradiol cream (a prescription topical medication containing a form of estrogen hormone) to be administered twice weekly. Record review of Resident 5's April MAR showed five of the nine scheduled doses, 04/05/2026, 04/09/2026, 04/12/2026, 04/16/2026 and 04/19/2026, to be documented as refused by the resident.

Record review of Resident 5's May 2026 MAR showed six of the nine scheduled estradiol cream doses, 05/03/2026, 05/10/2026, 05/17/2026, 05/21/2026, 05/24/2026 and 05/28/2026, to be documented as refused by the resident.

Record review of Resident 5's June 2026 MAR showed three of the six scheduled estradiol doses, 06/04/2026, 06/11/2026 and 06/18/2026, to be documented as refused by the resident.

Record review showed no documentation the ALF had notified Resident 5's physician or the pattern of refusing estradiol cream.

In an interview, on 06/25/2026 at 10:25 AM, Staff F (Resident Care Manager) confirmed that the medication technicians had not informed the nurse of Resident 5's medication refusals and the physician had not been notified. Staff F stated if three or more days are refused, the doctor should be notified and that this had not been done.

**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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 7/28/2026, 8/24/2026

SB confirmed amended POC date with Provider on 8/10/2026.

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

Administrator (or Representative) — Date: 7/28/2026

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**WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:**

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(iii) The signature or initials of the person providing any medication assistance or administration; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff consistently and accurately documented information in the residents Medication Administration Records (MARs) for 2 of 7 sampled residents (Resident 5 and Resident 6). This failure resulted in Residents 5 and 6 not having accurate medication records and placed them at risk for potential medical complications.

Findings included...

RESIDENT 5

Review of a Face Sheet showed the ALF admitted Resident 5 on [redacted]/2024 with multiple diagnoses to include [redacted].
Review of an Assessment, dated 03/31/2026, showed Resident 5 required staff assistance with medication management to include Lantus insulin (a long-acting insulin) injections.

Record review of Resident 5's April 2026 MAR showed on 04/19/2026 Lantus insulin medication was not initialed as given by staff. Review of Resident 5's June 2026 MAR showed no staff initials on 06/18/2026 and 06/19/2026 for Lantus insulin.

In interview, on 06/25/2026 at 9:15 AM, when shown the unsigned section on Resident 5's April and June MARs, Staff F (Resident Care Manager) stated he was not sure why the dates were unsigned and would follow up. In a follow up interview, on 06/25/2026 at 10:25 AM, Staff F confirmed Resident 5 had received the insulin as ordered but the nurse had not signed the MAR. Staff F stated there is no procedure in place at this time to audit the MARS for missed documentation.

RESIDENT 6

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

Review of a Face Sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple diagnoses to include [redacted]. Review of an Assessment, dated 03/06/2026, showed Resident 6 required staff assistance with medication administration.

Review of Resident 6's April 2026 MAR showed no staff initials on 04/28/2026 at 4:00 PM, for one medication, Carbidopa/Levodopa (a medication used to treat Parkinson's disease and related symptoms).

In interview, Staff H (Medication Technician) stated "we have to document, initial and select a reason why the medication wasn't given. You need to document in each box, can't leave it unsigned."
In interview, on 06/25/2026 at 10:35 AM, Staff F stated Resident 6 had been out of the community at the time the medication was due and staff failed to document the medication was not given. Staff F stated for a medication administration exception, staff should initial and make a note, it should have been marked and not left blank.

**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, NORTHAVEN II ASSISTED LIVING is or will be in compliance with this law and / or regulation on
(Date) 8/24/2026

SB confirmed amended POC date with Provider on 8/10/2026.

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

Administrator (or Representative) 7/28/2026 Date

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

Review of a Face Sheet showed the ALF admitted Resident 6 on [redacted]/2023 with multiple diagnoses to include [redacted]. Review of an Assessment, dated 03/06/2026, showed Resident 6 required staff assistance with medication administration.

Review of Resident 6's April 2026 MAR showed no staff initials on 04/28/2026 at 4:00 PM, for one medication, Carbidopa/Levodopa (a medication used to treat Parkinson's disease and related symptoms).

In interview, Staff H (Medication Technician) stated "we have to document, initial and select a reason why the medication wasn't given. You need to document in each box, can't leave it unsigned."
In interview, on 06/25/2026 at 10:35 AM, Staff F stated Resident 6 had been out of the community at the time the medication was due and staff failed to document the medication was not given. Staff F stated for a medication administration exception, staff should initial and make a note, it should have been marked and not left blank.

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