STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***

COMMUNITY HOUSE MENTAL HEALTH AGENCY
SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

RE: SPRING MANOR License # 1150

Dear Administrator:

This letter addresses Compliance Determination(s) 65830 (Completion Date 09/23/2025) and 62398 (Completion Date 07/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/23/2025 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-2202-1, WAC 388-78A-2202-2

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

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

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# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** SPRING MANOR
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 1150
**Compliance Determination #:** 62398
**Intake ID:** 185855
**Investigator:** Lisa Hauk
**Region/Unit #:** RCS Region 2 / Unit J
**Investigation Date(s):** 07/10/2025 through 07/23/2025
**Complainant Contact Date(s):** 07/23/2025

**Allegation(s):**

1. The Assisted Living Facility (ALF) admitted the Named Resident (NR) as a respite resident and called the King County Designated Crisis Responders (DCR) multiple times for assistance to find alternate housing for the NR.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 47<br>Resident sample size: 2<br>Closed records sample size: 1 |
| **Observations:** | Residents<br>Activities<br>Dining<br>Staff to resident interactions<br>Resident to resident interactions |
| **Interviews:** | Nursing staff<br>Residents<br>Social services staff |
| **Record Reviews:** | Medical records<br>Facility policies |

**Investigation Summary:**

1. Interview and record review showed the ALF admitted the NR as a respite resident and the NR lived at the ALF as respite for 6 months. The ALF attempted to assist the NR to sign up for State benefits, find alternate housing and assist with medications. The NR repeatedly refused assistance. The ALF contacted King County DCR multiple times in an attempt to find housing placement and get the NR signed up for benefits. The ALF issued a discharge letter. The King County DRC transported the NR to the hospital the day of discharge. Violation of Respite regulations. See written citation WAC 388-78A-2202.

**Conclusion / Action:**

☒ Failed Provider Practice Identified / Citation(s) Written

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☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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| | | |
|---|---|---|
| Statement of Deficiencies | License #: 1150 | Compliance Determination # 62398 |
| Plan of Correction | SPRING MANOR | Completion Date |
| Page 1 of 3 | Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY | 07/23/2025 |

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 complaint investigation on 07/10/2025 of:

SPRING MANOR
1103 16TH AVE
SEATTLE, WA 98122

This document references the following complaint number(s): 184631, 185855

The following sample was selected for review during the unannounced on-site visit: 2 of 47 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

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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.

Jennie Siegel
Residential Care Services

7/23/2025
Date

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

Administrator (or Representative)

07/31/2025
Date

**WAC 388-78A-2202 Respite General. An assisted living facility:**

(1) May provide short term respite care;

(2) Must limit the length of stay for an individual on respite to thirty calendar days or less; and

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to limit the respite stay of 1 of 2 residents (Resident 1) to 30 days or less. This failure resulted in admission documents, a Full Assessment and a Negotiated Service Agreement not being completed for Resident 1.

Findings included...

In interview, on 07/10/2025 at 11:40 AM, Staff A (Administrator) stated that the ALF admitted Resident 1 for a respite stay on [redacted]/2025.

Record review of a pre-admission assessment, dated [redacted]/2025, showed Resident 1 was admitted with a diagnosis of [redacted], and required prompting from ALF staff for activities of daily living (ADL - a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.).

Record review of the ALF's Respite Room Rules and Responsibilities, dated [redacted]/2025, showed Resident 1 signed the document on [redacted]/2025 stating he agreed to move into

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the ALF for a respite stay up to ten business days.

Record review of a Progress Note, dated [redacted]/2025, showed was discharged on [redacted]/2025.

Record review showed the ALF did not complete admission documents, a Full Assessment or a Negotiated Service Agreement after Resident 1 had stayed past the 30 day respite limit.

In interview, on 07/10/2025 at 11:40 am, Staff A stated that Resident 1 was supposed to stay at the ALF for thirty days only, but he lived at the ALF for a lot of months.

**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, SPRING MANOR is or will be in compliance with this law and / or regulation on (Date) ~~07/08/2025~~ 9/6/2025

SB confirmed amended POC with Provider on 7/31/2025.

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

Administrator (or Representative) — Date: 07/31/2025

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