STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

RED OAK MANAGEMENT AND DEVELOPMENT
RED OAK RESIDENCE OF NORTH BEND
650 E NORTH BEND WAY
NORTH BEND, WA 98045

RE: RED OAK RESIDENCE OF NORTH BEND License # 1158

Dear Administrator:

This letter addresses Compliance Determination(s) 72064 (Completion Date 02/26/2026) and 68862 (Completion Date 12/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/26/2026 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2130-3-a, WAC 388-78A-2481-1-a, WAC 388-78A-2483-2, WAC 388-78A-2320-1-a, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-24681

The Department staff who did the on-site verification:
Holly George, Nursing Consultant Institutional
Michelle Bentz, ALF Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 11/18/2025 and 11/20/2025 of:
RED OAK RESIDENCE OF NORTH BEND
650 E NORTH BEND WAY
NORTH BEND, WA 98045

The following sample was selected for review during the unannounced on-site visit: 4 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 12/05/2025 Date

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

Administrator (or Representative) — 1/20/2026 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.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview, and record review the facility failed to complete a Washington State name and date of birth background check (BGI) every two years for 1 of 2 sampled staff (Staff F) This failure placed residents at risk of abuse, neglect, or exploitation from staff persons with unknown backgrounds.

Findings included...

Review of the facility's undated Assisted Living Characteristics Roster showed that 14 residents received assisted living services.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F on 02/21/2019 as an administrative staff. Review of Staff F's employee records showed their previous Washington state name and date of birth BGI expired on 07/13/2025. The records showed that on 10/23/2025, the facility completed a BGI 102 days after the previous

BGI expired.

During an interview on 11/20/2025 at 1:30 PM, Staff J, Administrative Staff, stated that the BGI for Staff F was done late.

During an interview on 11/20/2025 at 2:48 PM, during the exit conference Staff H, Administrator, stated that Staff F worked approximately every three months for the facility which was why the BGI was done late.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) 1/19/2026 .

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

Administrator (or Representative) 1/19/2026 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to assess the [redacted] and update the service plan for 1 of 4 sampled residents (Resident 2). This failure placed Resident 2 at risk for their safety and care needs not being met.

Findings included...

Resident 2

Review of the facility's Characteristics Roster dated 09/19/2025, showed that the facility admitted Resident 2 in [redacted] 2023. The Characteristics Roster showed that Resident 2 received Hospice care services (end of life care). The Characteristics Roster

did not show that Resident 2 used medical devices.

During an interview on 11/20/2025 at 11:44 AM, Staff D, facility Registered Nurse, stated that the resident assessment and care plan document was a combined document.

Observations on 11/20/2025 at 9:15 AM showed a [redacted] with [redacted] and an [redacted] in Resident 2's bedroom. Observation showed an air pump that controlled the mattress air flow was located on the footboard of the bed. Observation showed two ¼ length [redacted] located at the head of the bed in the upright position.

Review of Resident 2's assessment/service plan dated 11/04/2023, and last reviewed and updated on 04/28/2025, did not show an assessment for Resident's 2's [redacted] that showed they were safe and did not have restraint-like qualities. The Assessment/service plan did not show Resident 2 used an [redacted]. The assessment/care plan did not provide instructions for the caregivers to ensure the air pump was turned on and the mattress was inflated to prevent skin breakdown whenever the resident was in the bed.

During an interview on 11/20/2025 at 9:15 AM, Staff J, Caregiver, stated that Hospice Services provided the [redacted], and [redacted] equipment. Staff J stated they would read Resident 2's assessment/care plan and the "24-hour book" to know what services Resident 2 required and for instructions about the medical equipment.

Review of the "24-hour book" for the month of November 2025 did not show documentation of the medical equipment used by Resident 2.

During an interview on 11/20/2025 at 3:30 PM Staff H, Administrator, stated that Hospice did not make the facility aware that [redacted] and the [redacted] were installed on Resident 2's [redacted]. Staff J stated that Hospice was difficult to work with and failed to communicate with the facility staff.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) 1/19/2026 .

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

Administrator (or Representative)

1/20/2026
Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the intradermal Tuberculosis (TB) tests were read within forty-eight to seventy-two hours after the tests were administered. This failure placed 14 residents at risk of contracting tuberculosis, a contagious respiratory illness resulting from improper test method.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2484, Tuberculosis—Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing: (1) An initial skin test within three days of employment.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 14 residents received assisted living services.

Review of the facility's Employee List, updated on 11/20/2025, showed that the facility hired Staff B, Care Extender/Activity Aide, on 12/13/2024. Review of the facility's Staff Schedule showed that Staff B worked at the facility in November 2025.

Review of Staff B's employee record showed that Staff B completed a two-step TB skin test. The TB records showed the administration date of the initial TB test was

12/20/2024 and the result read date was illegible. The TB records showed the administration date of the second step TB test was 01/05/2025 and the result read date was 01/12/2025.

During an interview on 11/19/2025 at 09:40 AM, Staff D, Registered Nurse, stated that they were familiar with the intradermal TB testing. Staff D stated that they administered two-step TB tests for Staff B and documented the TB test dates and results in the records. Staff D, while reading Staff B's TB records, stated that they administered the initial TB test on 12/20/2024 and they were unable to recognize the read date of the initial TB test from the documentation. Staff D stated that they administered the second step TB test for Staff B on 01/05/2025 and read the test result on 01/12/2025.

Review of the facility email document titled "Request for Staff Records", dated 11/19/2025, showed that the facility completed two-step TB tests for Staff B. The document showed that the facility stated Staff B's initial TB test was administered on 12/20/2024 and the TB result was read on 12/26/2024, six days after the test was administered. The document showed that the facility stated Staff B's second TB test was administered on 01/05/2025 and the TB result was read on 01/12/2025, seven days after the test was administered.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) 1/19/2026 .

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

Administrator (or Representative) 1/20/2026 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 1 sampled staff (Staff A) with a documented negative result from a previous blood test, completed one Tuberculosis (TB) test within three days of hire. This failure placed 14 Assisted Living Residents at risk of contracting tuberculosis, a contagious respiratory illness.

Findings included...

NOTE: Washington Administrative Code (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.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 14 residents received assisted living services.

Review of the facility's Employee List, updated 11/20/2025, showed the facility hired Staff A, Caregiver, on 09/11/2024. Review of the facility's Staff Schedule showed that Staff A provided care and services every week in November 2025.

Review of Staff A's employee records showed Staff A completed a Quantiferon-TB Gold Plus test (a blood test for TB), with a negative result on 03/22/2024, 173 days prior to hire. The records showed no documentation that Staff A completed a one-step TB test within three days of hire.

During an interview on 11/19/2025 at 3:10 PM, Staff G, Assistant Administrator, stated that Staff A completed a TB blood test with a negative result in March 2024. Staff G stated that they thought Staff A did not require a TB test at hire because Staff A's previous TB blood test was completed within the last one year. Staff G stated that they did not complete a TB test for Staff within three days of hire.

During an interview on 11/20/2025 at 9:40 AM, Staff D, Registered Nurse, stated that they were responsible for performing TB tests for newly hired staff. Staff D stated that they were unaware of the TB testing requirements for staff with a previous negative TB blood test. Staff D stated they did not know that a one-step TB test was still required when an employee showed a documented negative blood test result completed within the previous 12 months before being hired. Staff D stated that they did not administer TB test for Staff A.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) 1/9/2026 .

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

Administrator (or Representative) 1/20/2026 Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to ensure safe wound management was provided by a licensed nurse or nurse delegated care staff for 1 of 1 sampled resident (Resident 2). This failure placed Resident 2 at risk for improper medical treatments and procedures administered by unlicensed care staff.

Findings included...

Review of the facility's Disclosure of Services showed the facility did not use nursing assistants to provide treatments, administered drops, oral, and topical medications under delegation of a Registered Nurse. The Disclosure of Services showed that "Nursing staff is available for intermittent services – dates/times vary". The Disclosure of Services showed that there would be an additional charge for intermittent nursing services.

During the entrance conference on 11/18/2025 at 10:15 AM, Staff H, Administrator, stated that the facility did not provide Nurse delegation services to the assisted living residents. During the entrance conference, Resident 2 was identified as having wounds.

RESIDENT 2
Review of the facility's Assisted Living Facility Resident Characteristic Roster dated 09/19/2025, showed the facility admitted Resident 2 in [redacted] of 2023 with the diagnosis of [redacted].

The Resident Characteristic Roster showed that Resident 2 received Hospice Services (end of life care).

Observation on 11/19/2025 at 1:00 PM showed bandages on Resident 2's left hand and on both Resident 2's lower legs.

Review of Resident 2's records showed that Hospice nurses provided wound care twice a week. Review of Resident 2's records showed no documentation that Resident 2 received wound management through nurse delegation.

During an interview on 11/20/2025 at 9:15 AM, Staff J, Caregiver (Unlicensed care staff), stated that the caregivers changed the dressings on Resident 2's leg wounds twice a day, once at night and once in the morning due to the continual oozing of fluid from the wounds. Staff J stated that they removed the old "bandages" "from the back of both legs", cleaned the areas, and applied a "non-adhesive bandage" and then wrapped with a Kerlix (a sterile gauze) gauze bandage rolled over the non-adhesive bandage. Staff J stated that they would not change the bandages that morning since the Hospice nurse would be in to change the bandages. Staff J stated that for the past two months the caregivers have changed wound dressings. Staff J stated there was a wound to Resident 2's coccyx (tailbone) area which was managed by the Hospice nurse.

During an interview on 11/20/2025 at 1:30 PM, Staff A, Caregiver, (unlicensed care staff), stated that they changed Resident 2's leg dressings at 10:00 PM. Staff A stated that the Hospice nurse was not scheduled to be there that day. Staff A stated that they removed the "bandages" from Resident 2's leg wounds, cleaned the wound with a spray, covered the wounds with a non-adhesive bandage and wrapped the wounds with a Kerlix gauze and/or an ace wrap.

Review of a tracker sheet for Resident 2's "leg wrapping change tracker" for the month of November 2025 showed that facility Caregivers changed the wound dressings twice a day once in the AM and once in the PM except when the Hospice nurse visited and changed the wound dressings. The tracker sheet showed that between 11/01/2025 and 11/19/2025 Staff A changed the leg wound dressing 10 times during the month of November, Staff J changed the dressing eight times.

Review of Resident 2's electronic Medication Administration Record (eMAR) dated November 2025, showed a physician order for Hydrogel Amorphous dressing (moist gel-like dressing designed to rehydrate dry wounds), "use as directed on right and left sural (the calf) and pretibial region (the front part of the lower leg) wounds after cleaning the wounds with wound cleanser, apply topically and cover with an 'ABD' (Army Battle Dressings) bandage and wrap with kerlix or other wrap daily." The eMAR showed that between 11/01/2025 and 11/19/2025, Staff A administered and signed off the wound treatment one time, Staff J administered and signed off the wound treatment six times, and Staff K, Caregiver/CNA, administered and signed off the wound treatment six times.

Review of an electronic communication dated 11/25/2025, Collateral Contact, CC1, Nurse Delegation Program Manager, stated that Resident 2's wound treatment order was a nursing service task that was required to be performed by a licensed nurse, or an unlicensed care staff through nurse delegation.

During an interview on 11/20/2025 at 11:44 AM, Staff D, Facility Registered Nurse, stated that the Hospice managed all of Resident 2's wound care. Staff D stated that there were ulcer wounds to the back of both Resident 2's legs. Staff D stated they were aware unlicensed care staff changed the wound dressings. Staff D stated that they were not a registered nurse delegator, and they did not delegate Resident 2's wound care to the Caregivers.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) 1/19/2026 .

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

Administrator (or Representative)

1/20/2026
Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled care staff (Staff A) complete the National Fingerprint background check within 120 days during provisional hire. This failure placed 14 residents at risk for receiving care from a staff with unknown background check results.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 14 residents received assisted living services.

Review of the facility's "Staff List - October 2025", updated 11/20/2025, showed that the facility hired Staff A, Caregiver, on 09/11/2024. Review of Staff A's employee

records showed Staff A's National Fingerprint background check was completed on 03/04/2025, 174 days after hire.

During an interview on 12/04/2025 at 11:44 AM, Staff H, Administrator, stated that Staff A's national fingerprint was completed in March 2025. Staff H stated that Staff A went for their fingerprint appointment, and Staff A was unable to complete the fingerprint in the first attempt because the equipment at the fingerprint center was down, so Staff A rescheduled their appointment. Staff H stated that they did not locate any documentation that showed the dates Staff A went for their fingerprint appointment.

Review of the facility's email document titled "Documents – Staff A", dated 12/04/2025, showed that between 01/09/2025 and 03/04/2025, after 120 days of the provisional hire period, Staff A worked as a caregiver and Staff A provided unsupervised care to the assisted living residents in the facility.

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, RED OAK RESIDENCE OF NORTH BEND is or will be in compliance with this law and / or regulation on (Date) 1/19/2026.

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

Administrator (or Representative) — Date: 1/20/2026