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

BRITTANY PARK LLC
FAIRWINDS BRITTANY PARK
17143 133RD AVE NE
WOODINVILLE, WA 98072

RE: FAIRWINDS BRITTANY PARK License # 1172

Dear Administrator:

This letter addresses Compliance Determination(s) 73758 (Completion Date 03/03/2026) and 70999 (Completion Date 01/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/03/2026 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-2474-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-v, WAC 388-112A-0720-2-a, WAC 388-78A-2480-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2070-1

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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

Statement of Deficiencies	License #: 1172	Compliance Determination # 70999
Plan of Correction	FAIRWINDS BRITTANY PARK	Completion Date
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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 01/06/2026 and 01/08/2026 of:
FAIRWINDS BRITTANY PARK
17143 133RD AVE NE
WOODINVILLE, WA 98072

The following sample was selected for review during the unannounced on-site visit: 7 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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

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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.

Jim Sharman
Residential Care Services

01-16-2026
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)

1/20/26
Date

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?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(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;

(v) An assisted living facility administrator or the administrator designee as provided under WAC 388-112A-0060 .

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.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(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 3 of 6 staff (Staff A, E, and F) completed the training requirements within the required timeframes. This failure resulted in Staff A and Staff F not completing at least 12 hours of continuing education by their birthday each year and Staff E not completing and/or maintaining first aid training. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included...

Continuing Education

Review of the ALF's employee files showed the following:

Staff A, General Manager (ALF administrator), was hired on 01/06/2014. No continuing education records were available for review.

Staff F, Resident Aide (RA), was hired on 06/25/2019. Staff F's file showed 6.5 hours of Department of Social and Health Services (DSHS) approved education completed for the timeframe of their birthday each year from 02/08/2024 – 02/08/2025.

On 01/07/2026 at 9:31 AM, Staff H, Business Office Manager, stated that Staff A had not completed any continuing education for the period of Staff A's birthday from 12/15/2024 – 12/15/2025.

On 01/07/2026 at 9:37 AM, Staff H stated that Staff F had only completed 6.5 hours of Department of Social and Health Services (DSHS) approved continuing education for the period of their birthday from 02/08/2024 – 02/08/2025.

First Aid Training

Review of WAC 388-122A-0720(2)(a) showed all long-term care workers must have and maintain a valid first aid card or certificate within 30 days of their hire date.

Staff E, RA, was hired on 10/19/2023. Staff E's file showed no documentation of current First Aid training.

Review of the December 2025 caregiver schedule showed Staff E, RA, was scheduled to work 12/15/2025, 12/16/2025 and 12/17/2025.

On 01/07/2026 at 3:05 PM, Staff J, Assisted Living Manager, stated that they did not have a current first aide card for Staff E.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Administrator (or Representative) — Date 1/20/26

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 3 of 3 staff (Staff B, C, and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of hire. This failure placed the residents at risk for exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Resident Aide (RA), was hired on 07/25/2025. There was no documentation showing TB screening had been completed within three days of hire.

Staff C, RA, was hired on 01/07/2025. There was no documentation showing TB screening had been completed within three days of hire.

Staff D, RA, was hired on 01/20/2025. There was no documentation showing TB screening had been completed within three days of hire.

On 01/06/2026 at 3:48 PM, Staff H, Business Office Manager, stated that they had not required TB testing at time of hire due to the applicants stating that they had previously tested positive for TB in the past.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 1/20/26

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 Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff E) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff E not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff E, Resident Aide, was hired on 10/19/2023. Staff E had a Washington State name and date of birth background check dated 10/19/2023, that was valid until 10/19/2025. Review of a Washington State name and date of birth background check showed it was not completed until 01/07/2026, which was 80 days with no valid background check.

On 01/07/2026 at 9:26 AM, Staff H, Business Office Manager, stated that the last Washington State name and date of birth background check for Staff E had been completed on 10/19/2023 and no additional background check had been completed.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Administrator (or Representative) — Date 1/20/26

WAC 388-78A-2070 Timing of preadmission assessment.

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a pre-admission assessment for 1 of 7 residents (Resident 4) prior to admission. This failure resulted in Resident 4 not having a comprehensive pre-admission assessment to determine Resident 4's capabilities, needs, and preferences and placed Resident 4 at risk of compromised care and safety.

Findings included...

Review of the ALF's policy titled "Assessment Policy" with a revised date of September 2025, showed the facility will complete an assessment for prospective residents of licensed apartments using the Eldermark1 platform not more than 30 days prior to his or her physical occupancy.

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Review of an undated ALF face sheet showed Resident 4 was admitted on [redacted]/2025 with multiple diagnoses including [redacted], and [redacted].

Review of Resident 4's clinical record showed there was no pre-admission assessment available for review.

On 01/08/2026 at 10:09 AM, Staff I, Director of Nursing Services, stated that they were unable to provide the preadmission assessment for Resident 4.

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, FAIRWINDS BRITTANY PARK is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Administrator (or Representative) — Date 1/20/26