STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

12/06/2024

ANACORTES SENIOR HOUSING LLC
CHANDLER'S SQUARE
1300 O AVE
ANACORTES, WA 98221

RE: CHANDLER'S SQUARE License # 1190

Dear Administrator:

This letter addresses Compliance Determination(s) 51347 (Completion Date 12/06/2024) and 48584 (Completion Date 10/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/06/2024 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-2462-3-c

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: CHANDLER'S SQUARE **Provider Type:** Assisted Living Facility
License/Cert.#: 1190
Compliance Determination #: 48584 **Intake ID:** 149310
Investigator: Allison Nunn **Region/Unit #:** RCS Region 2 / Unit A
Investigation Date(s): 10/10/2024 through 10/22/2024
Complainant Contact Date(s):

Allegation(s):
The Named Staff (NS) did not complete a background check.

Investigation Methods:

Sample:	Total residents: 27 Resident sample size: 0 Closed records sample size: 0
Observations:	General Tour
Interviews:	Executive Director Business Office Manager
Record Reviews:	Background Check Authorization Background Check Central Unit Entity Notification

Investigation Summary:
Record review of the Named Staff's, (NS) background check showed the Background Check Central Unit needed additional information from the NS to finish processing the Washington state name and date of birth background check. The Assisted Living Facility (ALF) Executive Director stated that the NS did not have unsupervised access to residents. The ALF was not able to provide documentation of a completed Washington state name and date of birth background check. Failed practice was identified, and a citation was issued for Washington Administrative Code 388-78A-2462(3)(a) Background checks – Who is required to have.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 1190	Compliance Determination # 48584
Plan of Correction	CHANDLER'S SQUARE	Completion Date
Page 1 of 3	Licensee: ANACORTES SENIOR HOUSING LLC	10/22/2024

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 10/10/2024 and 10/10/2024 of:

CHANDLER'S SQUARE
1300 O AVE
ANACORTES, WA 98221

This document references the following complaint number(s): 149310

The following sample was selected for review during the unannounced on-site visit: 0 of 27 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

11/05/2024
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.

Statement of Deficiencies	License #: 1190	Compliance Determination # 48584
Plan of Correction	CHANDLER'S SQUARE	Completion Date
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Administrator (or Representative) MAbwlett Date 11/14/24

WAC 388-78A-2462 Background checks Who is required to have.

(3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check:

(c) Managers who do not provide direct care to residents; and

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to complete a Washington state name and date of birth background check for 1 of 4 staff, (Staff A). This failure resulted in Staff A not having cleared a criminal background check and placed all 27 residents at risk for harm by allowing staff with possible disqualifying convictions access to them.

Findings included...

Review of the ALF's employee files showed Staff A, Director of Culinary Services, was hired on February 6, 2024. Staff A's Washington state name and date of birth background check dated 02/07/2024 and 04/03/2024 was returned to the ALF because the Background Check Central Unit (BCCU) needed additional information from Staff A.

On 10/10/2024 at 4:03 PM, Staff B, Executive Director, stated that Staff A received paperwork from the BCCU but Staff B did not know what needed to be done next in order to complete the background check. Staff B stated that Staff A did not have a completed name and date of birth background check on file.

An email received on 10/18/2024 from Staff B verified Staff A's schedule was Monday through Friday, 9:00am to 5:00pm.

The ALF did not have a completed Washington state name and date of birth background check available for review which was 247 days after Staff A was hired.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1190	Compliance Determination # 48584
Plan of Correction	CHANDLER'S SQUARE	Completion Date
Page 3 of 3	Licensee: ANACORTES SENIOR HOUSING LLC	10/22/2024

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, CHANDLER'S SQUARE is or will be in compliance with this law and / or regulation on (Date) 10/22/24 .

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

MPowell — Administrator (or Representative)

11/13/24 — Date