



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

PORT MADISON COMPANY, INC.
WYATT HOUSE RETIREMENT CENTER
186 WYATT WAY NW
BAINBRIDGE ISLAND, WA 98110

RE: WYATT HOUSE RETIREMENT CENTER # 1253

Dear Administrator:

This document references Compliance Determination 48745 (Completion Date 10/22/2024).

The Department completed a full inspection of your Assisted Living Facility on 10/22/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Cathleen Davis, ALF Licenser
Cory Myers, ALF Complaint Investigator

Consultation:

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(ii) The name, address and telephone number of:

(A) The department;

(B) Appropriate resident advocacy groups; and

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

(C) The state and local long-term care ombuds with a brief description of ombuds services.

Upon entry there were no signs of Ombudsman or Department Information posted for residents and family's to contact. These signs were removed during remodeling in February, 2024. Deficient practice corrected onsite. This was corrected while licensors were on-site.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

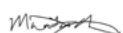
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,



Manfay Chan, Field Manager
Region 3, Unit D

WYATT HOUSE RETIREMENT CENTER # 1253

10/22/2024

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Residential Care Services

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