STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 License # 1253

Dear Administrator:

This letter addresses Compliance Determination(s) 76398 (Completion Date 04/28/2026) and 74889 (Completion Date 04/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/28/2026 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-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e

The Department staff who did the on-site verification:
Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 1253	Compliance Determination #74889
Plan of Correction	WYATT HOUSE RETIREMENT CENTER	Completion Date
Page 1 of 6	Licensee: PORT MADISON COMPANY, INC.	04/09/2026

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 03/30/2026 and 03/31/2026 of:
WYATT HOUSE RETIREMENT CENTER
186 WYATT WAY NW
BAINBRIDGE ISLAND, WA 98110

The following sample was selected for review during the unannounced on-site visit: 5 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Laurie Anderson
Residential Care Services

04/10/2026
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)

4/16/26
Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point, and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 sampled Residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) signed the facility policy on accepting Medicaid as a payment source. This failure placed all five residents at risk of being uninformed that the facility does not accept Medicaid as a payment source and potentially unable to reside in the facility.

Findings included...

Review of Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5's records showed that no signed copy of the facility's Medicaid policy for any of these residents.

During an interview on 03/30/2026 at 1:00 PM, Staff A, Administrator, acknowledged that there was no Medicaid policy signed by these residents. Staff A stated that they were unaware they needed that policy.

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.

Laurie Anderson
Residential Care Services

04/10/2026
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)

Date

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Findings included...

Review of Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5's records showed that no signed copy of the facility's Medicaid policy for any of these residents.

During an interview on 03/30/2026 at 1:00 PM, Staff A, Administrator, acknowledged that there was no Medicaid policy signed by these residents. Staff A stated that they were unaware they needed that policy.

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, WYATT HOUSE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 4/10/26

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

Administrator (or Representative) — Date 4/16/26

WAC 388-76A-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 2 of 5 staff (Staff C and Staff D) completed a Washington State Name and Date of Birth (WSNDOB) background check (BGC) every two years. This failure placed all 25 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

WSNDOB BACKGROUND CHECK

Review of the facility's personnel records showed the facility hired Staff C, Med Aide, on 02/13/2024 and Staff D, Med Aide, on 06/03/2016.

Review of Staff C records showed that the initial BGC expired on 02/13/2026. There was no documentation that showed the facility completed a new BGC for Staff C

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, WYATT HOUSE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff C and Staff D) completed a Washington State Name and Date of Birth (WSNDOB) background check (BGC) every two years. This failure placed all 25 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

WSNDOB BACKGROUND CHECK

Review of the facility's personnel records showed the facility hired Staff C, Med Aide, on 02/13/2024 and Staff D, Med Aide, on 06/03/2016.

Review of Staff C records showed that the initial BGC expired on 02/13/2026. There was no documentation that showed the facility completed a new BGC for Staff C.

Review of Staff D's records showed that the initial BGC expired on 04/10/2025. There was no documentation that showed the facility completed a new BGC for Staff D.

During an interview on 03/31/2026 at 1:00 PM, Staff A, Administrator, reported that they used a new system for tracking employee files. Staff A stated that this caused a delay in updating records.

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, WYATT HOUSE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 4/12/26.

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

Administrator (or Representative) — Date: 4/16/26

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

(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:

(b) Basic;

(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 4 of 5 sampled staff (Staff A, Staff B, Staff C, and Staff D) met all the training requirements for long-term care workers. This failure placed all 25 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of facility's personnel files showed the facility hired Staff A, as the Administrator, on 07/12/2025; Staff B, Caregiver, on 01/07/2026; Staff C, Med Aide, on 02/13/2024;

Review of Staff D's records showed that the initial BGC expired on 04/10/2025. There was no documentation that showed the facility completed a new BGC for Staff D.

During an interview on 03/31/2026 at 1:00 PM, Staff A, Administrator, reported that they used a new system for tracking employee files. Staff A stated that this caused a delay in updating records.

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, WYATT HOUSE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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(b) Basic;

(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 4 of 5 sampled staff (Staff A, Staff B, Staff C, and Staff D) met all the training requirements for long-term care workers. This failure placed all 25 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of facility's personnel files showed the facility hired Staff A, as the Administrator, on 07/12/2025; Staff B, Caregiver, on 01/07/2026; Staff C, Med Aide, on 02/13/2024;

and Staff D, Med Aide, on 06/03/2016.

70 -HOUR LONG -TERM CARE WORKERS BASIC TRAINING
Review of the facility personnel files showed no documentation that Staff A completed the 70-hour long-term care workers' basic training within 120 days of hire, as required.

CARDIOPULMONARY RESUSITATION (CPR) AND FIRST AID (FA)
Review of the facility personnel files showed no documentation that staff B completed CPR and FA within 30 days of hire, as required.

Review of the facility personnel files showed Staff C's CPR and FA expired on 03/15/2025.

Review of the facility personnel files showed Staff D's CPR and FA expired on 07/31/2025.

CONTINUING EDUCATION
Review of the facility's personnel files showed no documentation that Staff C completed 12 hours of continuing education hours between their May 2024 and May 2025 birthdays, as required.

Review of the facility's personnel files showed no documentation that Staff D completed 12 hours of continuing education hours between their October 2024 and October 2025 birthdays, as required.

During an interview on 03/31/2026 at 1:00 PM, Staff A, Administrator, reported that they used a new system for tracking employee files. Staff A stated that this caused a delay in updating records.

Statement of Deficiencies	License #: 1253	Compliance Determination #74589
Plan of Correction	WYATT HOUSE RETIREMENT CENTER	Completion Date
Page 6 of 6	Licensee: PORT MADISON COMPANY, INC.	04/09/2026

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, WYATT HOUSE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 4/10/26

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

Administrator (or Representative) — Date 4/16/26

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, WYATT HOUSE RETIREMENT CENTER is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

04/10/2026

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

RE: WYATT HOUSE RETIREMENT CENTER # 1253

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/09/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/09/2026), no later than 05/24/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to ensure the water temperature in the laundry room sinks measured within 105 degrees Fahrenheit (F) and 120 degrees F. This deficiency was corrected prior to the completion of the full inspection.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:
• Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure