STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

UNICARE HOMES INC
ORCHARD PARK ASSISTED LIVING
844 W ORCHARD DRIVE
BELLINGHAM, WA 98225

RE: ORCHARD PARK ASSISTED LIVING License # 1350

Dear Administrator:

This letter addresses Compliance Determination(s) 68073 (Completion Date 10/31/2025) and 64808 (Completion Date 08/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/31/2025 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-2240, WAC 388-78A-2210-1-b, WAC 388-78A-2090-2-a, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-24681, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-2480-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3

The Department staff who did the on-site verification:
Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 1350	Compliance Determination # 64808
Plan of Correction	ORCHARD PARK ASSISTED LIVING	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 08/25/2025 and 08/27/2025 of:
ORCHARD PARK ASSISTED LIVING
844 W ORCHARD DRIVE
BELLINGHAM, WA 98225

The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jennie Swigger
Residential Care Services

9/10/2025
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.

Ruth M Hall
Administrator (or Representative)

9-10-2025
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain physician prescribed medications in a timely manner for 2 of 7 residents (Resident 4 and 5). This failure resulted in Resident 4 not receiving 26 doses of their physician prescribed medication in a two-month period and Resident 5 not receiving 16 doses of their physician prescribed medications in a three-month period placing Resident 4 and 5 at risk for medical complications.

Findings included...

Review of the ALF's undated policy, titled "Medication Services", showed that if the ALF assumed responsibility for the resident's medications, the ALF would obtain resident medications in a correct and timely manner. The policy stated every effort should be made to obtain the medication within the appropriate time frame.

Resident 4

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

Review of an Assessment, dated 08/21/2025, showed staff would assist Resident 4 with their medications as ordered by the provider.

Review of an Electronic Medical Administration Record (EMAR), dated [redacted]/2025 through 08/25/2025, showed Resident 4 had physician's orders for amitriptyline (a medication used to treat depression) once a day; duloxetine (a medication used to treat depression) once a day; hydroxyzine (a medication used to relieve itching) twice a day; levothyroxine (a medication used to treat low thyroid levels) once a day; melatonin (a supplement used to help promote sleep) once a day; multivitamin with iron/folate/omega-3 (a supplement used to prevent vitamin deficiencies) once a day; and trazodone (a medication used to treat depression) once a day.

Review of an EMAR, dated [redacted]/2025 through 08/25/2025, identified the documentation code "Ø" meant "The order was missing at the time of administration". The EMAR showed that Resident 4's amitriptyline was marked as not given, with code "Ø", for a total of three doses from 07/22/2025 to 07/24/2025; the EMAR showed that Resident 4's duloxetine was marked as not given, with code "Ø", for a total of three doses from 07/22/2025 to 07/24/2025; the EMAR showed that Resident 4's hydroxyzine was marked as not given, with code "Ø", for a total for 12 doses from 07/22/2025 to 07/30/2025; the EMAR showed that Resident 4's levothyroxine was marked as not given, with code "Ø", for a total of two doses from 07/23/2025 to 07/24/2025; the EMAR showed that Resident 4's melatonin was marked as not given, with code "Ø", for a total of one dose on 07/19/2025; the EMAR showed that Resident 4's multivitamin with iron/folate/omega-3 was marked as not given, with code "Ø", for a total of two doses from 07/22/2025 to 07/23/2025; and the EMAR showed that Resident 4's trazodone was marked as not given, with code "Ø", for a total of three doses from 08/05/2025 to 08/07/2025.

Resident 5

Review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses including [redacted] and [redacted].

Review of an Assessment, dated 07/14/2025, showed staff would assist Resident 5 with medication administration including providing medications as ordered by the provider.

Review of the EMAR, dated 06/01/2025 through 08/25/2025, showed Resident 5 had physician's orders for metoprolol (a medication used to treat hypertension) once a day; neomycin polymyxin (a medication used to treat eye infections) four times a day; and pioglitazone (a medication used to regulate blood sugar levels in those with diabetes) once a day.

Review of the EMAR, dated 06/01/2025 through 08/25/2025, identified the documentation code "Ø" meant "The order was missing at the time of administration".

The EMAR showed that Resident 5's metoprolol was marked as not given, with code "Ø", for a total of nine doses from 07/17/2025 to 07/25/2025; the EMAR showed that Resident 5's neomycin polymyxin was marked as not given, with code "Ø", for a total of three doses from 07/23/2025 to 07/24/2025; the EMAR showed that Resident 5's pioglitazone was marked as not given, with code "Ø", for a total for four doses from 07/12/2025 to 07/16/2025.

In an interview, on 08/26/2025 at 4:08 PM, Staff G, Registered Nurse, stated that code "Ø" in the EMAR meant the resident did not receive their medication because it was not available in the ALF to give. Staff G stated that medications were supposed to be reordered when there were eight doses left to ensure the resident did not run out of pills. Staff G stated they were not sure why Residents 4 and 5 medications were not given or ordered to ensure the residents had a sufficient supply.

In an interview, on 08/26/2025 at 4:48 PM, Staff A, Executive Director, stated that medication technicians were responsible for reordering medications, that were not on a cycle fill, a good amount of time before the medication card was completed so that if any issues arose, they could be addressed before the medication ran out.

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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) Oct 8, 2025

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

Administrator (or Representative) — Date: 9-10-2025

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 4 of 7 residents (Resident 1, 3, 4, and 5). This failure resulted in Residents 1, 3, 4, and 5 not receiving medications as prescribed and placed them at risk for harm.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2410 - Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following: (8) Medical and nursing services provided by the assisted living facility for a resident, including: (a) A record of providing medication assistance and medication administration (iii) The signature or initials of the person providing any medication assistance or administration; and (b) A record of any nursing treatments, including the signature or initials of the person providing them.

Review of the ALF's undated policy titled "Medication Services", showed staff would document when medications had been taken on the Medication Administration Record (MAR). If a medication was not taken, staff would document the explanation why the medication was not administered.

Resident 1

Review of an undated face sheet showed the ALF admitted Resident 1 on [redacted]/2021 with multiple medical diagnoses.

Review of an Assessment, dated 05/06/2025, showed ALF staff would administer medications for Resident 1.

Review of the MAR, dated 06/01/2025 through 08/25/2025, showed 60 blank spaces in the place of where there should have been staff initials or an abbreviation of the status of the medication. There was no documentation if Resident 1 received their medication, refused their medication, or was unable to take their medication.

Review of the MAR, dated 06/01/2025 through 08/25/2025, showed Resident 1 had physician's orders for betamethasone (a medication used to treat skin conditions by reducing inflammation, itching, and redness) twice a day with no parameters for holding; cephalexin (a medication used to treat infections) once daily with no parameters for holding; and potassium (a supplement used prevent or treat low levels of potassium in the blood) with no parameters for holding.

Review of the MAR, dated 06/07/2025 through 8/19/2025, identified the documentation code "-X-" meant "The order was held". The EMAR showed that Resident 1's betamethasone was marked as held, with code "-X-", for a total of 12 doses from 06/07/2025 to 08/19/2025; the EMAR showed that Resident 1's cephalexin was marked as not given, with code "-X-", for a total of one dose on 07/14/2025; and the EMAR showed that Resident 1's potassium was marked as not given, with code "-X-", for a

total of five doses on 07/16/2025 to 07/22/2025.

Resident 3

Review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2021 with multiple medical diagnoses.

Review of an Assessment, dated 10/29/2024, showed ALF staff would assist Resident 3 with their medications.

Review of the MAR, dated 06/01/2025 to 08/25/2025, showed 54 blank spaces in the place of where there should have been staff initials or an abbreviation of the status of the medication. There was no documentation if Resident 3 received their medication, refused their medication, or was unable to take their medication.

Review of Resident 3's Chart Notes from June-August 2025 had no documentation of why a medication was not given.

Resident 4

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

Review of an Assessment, dated 08/21/2025, showed staff would assist Resident 4 with their medications as ordered by the provider.

Review of the MAR, dated [redacted]2025 through 08/25/2025, showed Resident 4 had physician's orders for hydroxyzine (a medication used to relieve itching) twice a day with no parameters for holding; levothyroxine (a medication used to treat low thyroid levels) once a day with no parameters for holding; melatonin (a supplement used to help promote sleep) once a day with no parameters for holding; and trazodone (a medication used to treat depression) once a day with no parameters for holding.

Review of the MAR, dated 06/01/2025 through 8/25/2025, identified the documentation code "-X-" meant "The order was held". The EMAR showed that Resident 4's hydroxyzine was marked as held, with code "-X-", for a total of three doses from 07/25/2025 to 07/27/2025; the EMAR showed that Resident 4's melatonin was marked as not given, with code "-X-", for a total of two doses on 07/20/2025 to 07/21/2025; the EMAR showed that Resident 4's levothyroxine was marked as not given, with code "-X-", for a total of one dose on 08/05/2025, and the EMAR showed that Resident 4's trazodone was marked as not given, with code "-X-", for a total of one dose on 08/05/2025.

Resident 5

Review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses.

Review of an Assessment, dated 07/14/2025, showed staff would assist Resident 5 with medication administration including providing medications as ordered by the provider.

Review of the MAR, dated 06/01/2025 to 08/25/2025, showed 38 blank spaces in the place of where there should have been staff initials or an abbreviation of the status of the medication. There was no documentation if Resident 5 received their medication, refused their medication, or was unable to take their medication.

Review of the MAR, dated 06/01/2025 through 08/25/2025, showed Resident 5 had physician's orders for Lantus Solostar (a medication used to regulate blood sugar levels) once a day with no parameters for holding; pioglitazone (a medication used to regulate blood sugar levels) once a day with no parameters for holding; and neomycin polymyxin (a medication used to treat eye infections) four times a day with no parameters for holding.

Review of the MAR, dated 07/01/2025 through 8/25/2025, identified the documentation code "-X-" meant "The order was held". The EMAR showed that Resident 5's Lantus Solostar was marked as held, with code "-X-", for a total of one dose on 06/05/2025; the EMAR showed that Resident 5's pioglitazone was marked as not given, with code "-X-", for a total of one dose on 06/15/2025; and the EMAR showed that Resident 5's neomycin polymyxin was marked as not given, with code "-X-", for a total of two doses on 07/19/2025 to 07/22/2025.

In an interview, on 08/26/2025 at 1:58 PM, Staff H, Licensed Practical Nurse, stated that medications could be held if the doctor ordered the medication with parameters for holding. Staff H stated that the parameter information would be in the order on the MAR. Staff H stated that they were not sure if Medication Technicians (MTs) were taught about what each symbol, like the "hold" symbol, in the MAR really meant so there could have been some misinterpretation on what holding a medication meant.

In an interview, on 08/26/2025 at 2:12 PM, Staff H stated that their MAR system had the ability to check if any resident medications were not signed off by the MTs. Staff H stated that MTs were taught to check if all their charting was completed at the end of their shift to prevent missed medication administration or missed charting.

In an interview, on 08/26/2025 at 3:57 PM, Staff G, Registered Nurse, stated that MTs were responsible to get all their MAR charting completed before they end their shift. Staff G stated that medications were only supposed to be marked as "held" if there was

a direct doctor's order or if the medication had ordered parameters which would be found in the MAR.

In an interview, on 08/27/2025 at 1:30 PM, Staff F, MT, stated that MTs were able to mark a medication down as on hold if there were parameters in the order or if it was coming in soon from the pharmacy. Staff F stated that if the medication did not come the night it was marked as held then the next dose should be marked as missing, as medications should never be on hold for more than a day unless it was based on parameters.

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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) Oct 8, 2025.

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

Ruth Moller — Administrator (or Representative)

9-10-2025 — Date

information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an Assessment was completed to show that 2 of 2 sampled residents (Resident 2 and 7) were able to independently self-administer medications. This failure placed Resident 2 and 7 at risk of medical complications.

Findings included...

Review of the ALF's undated policy, titled "Medication Program for Self-Medicators",

showed that residents who self-medicate required the ALF's nurse to complete a self-medication assessment quarterly and the self-administered medication would be listed on the assessment.

RESIDENT 2

Review of an undated face sheet showed that the ALF admitted Resident 2 on [redacted]/2019 with multiple medical diagnoses.

Review of Resident 2's June, July, and August 2025 Medication Administration Records (MARs) showed they had been taking artificial tear ophthalmic eye drops (used to relieve dry eyes) three times daily and Flonase Allergy Relief nasal spray (used to relieve allergies) two times daily. Both medications were documented as self-managed.

On 08/26/2025, review of Resident 2's active record showed no documentation of a quarterly Self-Medication Assessment.

In an interview on 08/26/2025 at 4:20 PM, Staff G, Registered Nurse, acknowledged that they had not completed Resident 2's quarterly Self-Medication Assessment.

RESIDENT 7

Record review showed that the ALF admitted Resident 7 on [redacted]/2023 with multiple diagnoses, and that Resident 7 had been prescribed multiple medications.

Review of Resident 7's Chart Notes, dated August 2025, showed that on 08/07/2025 Resident 7 had requested to have sumatriptan (used to treat migraines) available to self-administer at night. On 08/15/2025 a task was added to Resident 7's MAR authorizing them to keep one sumatriptan 100 milligram tablet bedside.

On 08/26/2025, review of Resident 7's active record showed no documentation of a Self-Medication Assessment.

In an interview on 08/26/2025 at 4:20 PM, Staff G acknowledged that they did not have documentation of a Self-Medication Assessment for Resident 7.

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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) Oct 8 2025

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

Administrator (or Representative) Date 9-10-2025

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by 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 ensure that a written plan was in place for the family assistance with medications for 2 of 2 sampled residents (Residents 2 and 7). This placed Residents 2 and 7 at risk for not receiving medications when their family members were unavailable, thereby compromising health conditions.

Findings included...

Review of the ALF's undated policy titled, "Medication Services," showed that the ALF

may allow family assistance with medications when the resident and family agree to the arrangement. The ALF would ensure the family had a back-up plan if they failed to provide the assistance; and document each party's respective responsibilities in detail.

RESIDENT 2

Record review showed that the ALF admitted Resident 2 on [redacted]/2019 with multiple medical diagnoses.

Review of Resident 2's June, July and August 2025 Medication Administration Records (MARs) showed they had been taking acetaminophen (used to treat mild and moderate pain) 650 milligram (mg) twice daily and PreserVision AREDS-2 twice daily (used to promote good eye health) and that these medications were provided by the family.

On 08/26/2025, review of Resident 2's active record showed no documentation of an agreement by the resident or resident's family, including a back-up plan should the family fail to provide the assistance.

In an interview on 08/26/2025 at 4:20 PM, Staff G, Registered Nurse, acknowledged that there was no documented plan for Resident 2's family provided medications.

RESIDENT 7

Record review showed that the ALF admitted Resident 7 on [redacted]/2023 with multiple diagnoses, and that Resident 7 had been prescribed multiple medications.

Review of Resident 7's June, July and August 2025 MARs showed the resident's family provided all over the counter medications.

On 08/26/2025, review of Resident 7's active record showed no documentation of an agreement by the resident or resident's family, including a back-up plan should the family fail to provide the assistance.

In an interview on 08/26/2025 at 4:20 PM, Staff G acknowledged that there was no documented plan for Resident 7's family provided medications.

Plan/Attestation Statement

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

Rick Hoole 9-10-25

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 Assisted Living Facility (ALF) failed to ensure that 2 of 6 sampled staff (Staff B and D), whose positions required a national fingerprint background check, completed it within 120 days of their date of hire. This placed 56 of 56 residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Review of staff records showed that the ALF hired Staff B, Caregiver, on 03/31/2025. Staff B's fingerprint-based check (FBC) had not yet been completed and was scheduled for 08/28/2025, 150 days after the hire date.

Review of staff records showed that the ALF hired Staff D, Caregiver, on 12/02/2024. Staff D's FBC was completed on 05/12/2025, 161 days after the hire date.

In an interview, on 08/26/2025 at 2:30 PM, Staff I, Office Manager, stated that they had not realized Staff B's FBC had not been completed until Staff B's record had been requested for the licensing inspection. Staff I was unsure why Staff D's FBC had not been completed within 120 days of hire.

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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) Oct 8, 2025

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

Administrator (or Representative) Rachel Stolz Date 9-10-2025

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 1 of 3 sampled staff (Staff B) initiated tuberculosis (TB) screening within three days of employment. This placed 56 of 56 residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records showed that the ALF hired Staff B, Caregiver, on 03/31/2025. A review of Staff B's record showed a TB screening was completed on 05/13/2025, 43 days after date of hire.

In an interview, on 08/26/2025 at 3:00 PM, Staff I, Office Manager, confirmed Staff B's TB screening was not completed within three days of employment. Staff I stated that they were unsure of who was responsible for tracking the timely completion of TB testing and that they gave the paperwork to the nurse after it was filled out on the first date of hire.

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

Administrator (or Representative) [signature] Date 9-10-25

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 6 sampled staff members (Staff A, B, C, D and E) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed 56 residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: WAC 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

Review of staff records showed that the ALF hired Staff B, Caregiver, on 03/31/2025. Review of Staff B's record showed no CPR and first aid certificates.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 12/30/2024. Review of Staff C's record showed no valid CPR and first aid certificates.

Review of staff records showed that the ALF hired Staff D, Caregiver, on 12/02/2024. Review of Staff D's record showed a CPR and first aid certificate that expired on 04/30/2025.

Review of staff records showed that the ALF hired Staff E, Medication Technician, on 08/16/2017. Review of Staff E's record showed a CPR and first aid certificate that expired on 04/30/2025.

In an interview, on 08/26/2025 at 3:09 PM, Staff I, Office Manager, stated that they were behind on getting staff into CPR and first aid training.

In an interview, on 08/27/2025 at 10:40 AM, Staff B stated that they did not have CPR and first aid training.

In an interview, on 08/27/2025 at 2:43 PM, Staff E acknowledged that their CPR and first aid certification had expired.

In an interview, on 08/27/2025 at 3:55 PM, Staff C stated that they did not know where their CPR and first aid certification was and that they thought it was likely expired.

12 HOURS CONTINUING EDUCATION (CE)

NOTE: WAC 388-112A-0611 Who is 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 in this section. (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 (HCA); (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

Review of staff records showed that the ALF hired Staff E, Medication Technician, on 08/16/2017. Review of Staff E's record showed that they had not completed the 12 hours of the CE credits between their birthdates, 10/09/2023 and 10/09/2024.

Review of staff records showed that the ALF hired Staff F, Medication Technician, on 11/01/2013. Review of Staff F's record showed that they had not completed the 12 hours of the CE credits between their birthdates, 06/07/2024 and 06/07/2025.

In an interview, on 08/26/2025 at 4:37 PM, Staff A, Administrator, acknowledged that they did not have a good system for tracking staff completion of CEs.

In an interview, on 08/27/2025 at 10:30 AM, Staff F confirmed that they did not have CEs for the indicated CE time period.

In an interview, on 08/27/2025 at 2:43 PM, Staff E confirmed that they did not have CEs for the indicated CE time period.

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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10-3-2025.

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

Administrator (or Representative) [signature] Date 9-10-2025