



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

BELLEVUE GARDENS MANAGER LLC
THE GARDENS AT TOWN SQUARE
933 111th Ave NE
Bellevue, WA 98004

RE: THE GARDENS AT TOWN SQUARE License # 1604

Dear Administrator:

This letter addresses Compliance Determination(s) 75364 (Completion Date 04/03/2026) and 71226 (Completion Date 02/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/03/2026 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-2240

The Department staff who did the on-site verification:
Deborah Corlis, Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

Sincerely,

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: THE GARDENS AT TOWN SQUARE **Provider Type:** Assisted Living Facility

License/Cert.#: 1604

Intake ID: 206804

Compliance Determination #: 71226

Region/Unit #: RCS Region 2 / Unit D

Investigator: Deborah Corlis

Investigation Date(s): 01/09/2026 through 02/03/2026

Complainant Contact Date(s): 02/03/2026

Allegation(s):

Delayed medication orders and administration of eye drops for named resident.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: 3 Closed records sample size: 0
Observations:	Facility environment, common areas, residents engaged in playing cards, resident and staff interactions, residents conversing with each other in the lobby area.
Interviews:	Reporter, Executive Director, Health Services Director, Resident Assistant, Licensed Practical Nurse, Named Resident (NR), sample resident, family contact/Power of Attorney.
Record Reviews:	Characteristic Roster, face sheets, individual service plans, electronic medication administration records, progress notes, physician communication/faxes, Abuse and Neglect Policy, Medication Policy and Procedures, Medication Not Available Policy.

Investigation Summary:

Facility failed practice identified. The Assisted Living Facility failed to obtain prescription medication in a timely manner, causing delayed eye drop administration for the named resident.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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

Statement of Deficiencies	License #: 1604	Compliance Determination # 71226
Plan of Correction	THE GARDENS AT TOWN SQUARE	Completion Date
Page 1 of 3	Licensee: BELLEVUE GARDENS MANAGER LLC	02/03/2026

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 an unannounced on-site complaint investigation on 01/09/2026 of:

THE GARDENS AT TOWN SQUARE
933 111TH AVE NE
BELLEVUE, WA 98004

This document references the following complaint number(s): 206804

The following sample was selected for review during the unannounced on-site visit: 3 of 43 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2, Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 1604	Compliance Determination # 71226
Plan of Correction	THE GARDENS AT TOWN SQUARE	Completion Date
Page 2 of 3	Licensee: BELLEVUE GARDENS MANAGER LLC	02/03/2026

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 Sherman

Residential Care Services

02-05-2026

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.

Sh Betz

Administrator (or Representative)

2/11/2026

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:

This requirement was not met evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to obtain prescribed medication in a timely manner for 1 of 3 sample residents (Resident 1). This failure resulted in Resident 1 not receiving timely prescribed eye drops and placed them at risk for medical complications.

Findings included...

Review of ALF's policy titled "If Medications Are Not Available" dated 04/02/2013 showed staff will contact preferred providers and the pharmacy to ensure availability of all prescribed medications when the ALF has assumed responsibility for medication management.

Review of Resident 1's Face Sheet showed the resident was admitted on [REDACTED] /2025 with a diagnosis of [REDACTED].

Review of Resident 1's service plan dated 11/10/2025 showed the ALF staff assisted with ordering medications and provided assistance with eye drop administration.

Statement of Deficiencies	License #: 1604	Compliance Determination # 71226
Plan of Correction	THE GARDENS AT TOWN SQUARE	Completion Date
Page 3 of 3	Licensee: BELLEVUE GARDENS MANAGER LLC	02/03/2026

Review of Resident 1's Medication Administration Record (MAR) showed staff administered two separate eye drops, prescribed by the resident's Primary Care Physician after admission on 11/15/2025.

In interview on 01/13/2026 at 3:25 PM collateral contact 1 stated the facility staff removed the [compound] eye drop medication from Resident 1's apartment around 12/15/2025. The compound eye drop medication was prescribed by resident's eye doctor.

Review of a fax dated 12/19/2025 showed that the facility faxed the eye doctor (specialist) for eye drop compound orders and clarification of orders. The facility received discontinuation orders for the two eye drops and received new orders for the compound eye drops via fax on 12/30/2025.

Review of Resident 1's MAR dated January 2026 showed Resident 1 received the eye drop compound, two times daily, beginning 01/05/2026.

On 01/09/2026 at 10:05 AM, Staff A, Health Services Director stated that they were aware of the conflicting eye drop orders and had sent faxes to the prescriber for clarification.

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, THE GARDENS AT TOWN SQUARE is or will be in compliance with this law and / or regulation on (Date) 2/25/2026

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

Administrator (or Representative)

Date