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

07/21/2025

PATRIOTS LANDING OPERATIONS LLC
Patriots Landing-Operations, LLC
1600 MARSHALL CIRCLE
DUPONT, WA 98327

RE: Patriots Landing-Operations, LLC # 1762

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 62864 (Completion Date 07/21/2025) and 58451 (Completion Date 04/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/21/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

The Department staff who did the On Site verification:
Woodetta Maulana,

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Patriots Landing-Operations, LLC
Provider Type: Assisted Living Facility
License/Cert.#: 1762
Intake ID: 171895
Compliance Determination #: 58451
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 04/23/2025 through 04/23/2025
Complainant Contact Date(s):

Allegation(s):
Fall with injury

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 3 Closed records sample size: 1
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records

Investigation Summary:
The facility failed to maintain a safe environment by not addressing assessed fall risks for named resident

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 04/23/2025 of:

Patriots Landing-Operations, LLC
1600 MARSHALL CIRCLE
DUPONT, WA 98327

This document references the following complaint number(s): 171895, 176190

The following sample was selected for review during the unannounced on-site visit: 3 of 68 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana,

From:
DSHS, Aging and Long-Term Support 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.

Residential Care Services — Date: 05/06/2025

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

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and records review, the facility failed to maintain the residents' health and safety by not addressing the fall risks for 3 of 3 sampled residents (Residents 1, 2, and 3 [R1, 2, & 3]). This failure placed residents at risk of further falls and injury.

Findings included...

RESIDENT 1
Review of R1's Face Sheet printed on 04/23/2025 showed R1 was admitted to the facility on [redacted]/2018 and had multiple diagnoses to include [redacted] ([redacted]).

Review of the facility's "incident/accident" report dated 12/22/2024 showed R1 was

found in their bedroom sitting on the floor on 12/22/2024. Review of the facility's "incident/accident" report dated 12/25/2024 showed another fall in a common area bathroom where R2 was found lying on her side with bleeding from their forehead on 12/25/2024. Further record review showed the fall risk assessment dated 05/28/2024 documented the resident was a fall risk and documentation did not show that fall interventions were included in the care plan.

RESIDENT 2
Record review of the Face Sheet for R2 with a print date of 04/23/2025 showed that R2 was admitted to the facility on [redacted]/2025 and had multiple diagnoses to include [redacted] ([redacted]).

Review of the facility's "incident/accident" reports dated 03/15/2025 and 03/28/2025 showed R2 had falls on 03/15/2025 and 03/28/2025. Further review of the record showed the assessment dated 3/25/2025 documented the resident was at risk for falls. Review of the care plan documented "family reports frequency of falls of 1 per week without a mobility device. Will reassess after PT/OT evaluations are completed." Record reviews did not show that fall interventions were included in the care plan.

RESIDENT 3
Review of the face sheet printed on 04/23/2025 showed that R3 was admitted to the facility on [redacted]/2023, with multiple diagnoses to include [redacted] ([redacted]).

Review of the facility's "incident/accident" report dated on 03/16/2025 and 03/19/2025 showed R3 had falls on 3/16/2025 and 3/19/2025. Further record reviews showed the fall risk assessment dated 02/10/2025 documented the resident was at risk for falls. Review of the record did not show that fall interventions were included in the care plan.

On 04/29/2025 at 2:40 p.m., during an interview with Staff A, the Director of Nursing stated R1, R2 and R3 were assessed to be at risk for falls and confirmed the care plans did not include interventions for falls.

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, Patriots Landing-Operations, LLC 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