STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

08/19/2025

EVERETT PLAZA ASSISTED LIVING COMMUNITY LLC
EVERETT PLAZA
2204 12th St
Everett, WA 98201

RE: EVERETT PLAZA # 1921

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 64335 (Completion Date 08/19/2025) and 60892 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/19/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(e) Continuing education.

WAC 388-78A-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

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.

The Department staff who did the On Site verification:

Steven Kindle, Nursing Consultant Institutional
Jodi Condyles, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 and complaint investigation on 06/10/2025, 06/12/2025 and 06/13/2025 of:

EVERETT PLAZA
2204 12th St
Everett, WA 98201

This document references the following complaint numbers: 182377.

The following sample was selected for review during the unannounced on-site visit: 10 of 97 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

06/26/2025
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.

Laura Williams
Administrator (or Representative)

07/09/25
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to keep 2 of 2 floors (First Floor and Second Floor) safe and sanitary. These failures resulted in all residents living in an unsafe and unsanitary environment and placed all 97 residents at risk of injury and a decreased quality of life.

Findings included...

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

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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

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This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to keep 2 of 2 floors (First Floor and Second Floor) safe and sanitary. These failures resulted in all residents living in an unsafe and unsanitary environment and placed all 97 residents at risk of injury and a decreased quality of life.

Findings included…

On 06/10/2025 at 9:10 AM, an ALF facility tour was completed with Staff H, Maintenance Director. The ALF consisted of two floors. The following was observed:

At 9:15 AM, the first-floor common bathroom #1 next to the lobby had a large smear of a brown substance on the top of the toilet bowl and on the bottom of the toilet seat. The trash can was overflowing with used paper towels.

At 9:17 AM, the first-floor common bathroom #2 had a very strong odor of urine.

On 06/13/2025 at 6:05PM, Staff A, Executive Director stated that the common area bathrooms are to be cleaned twice a day.

At 9:19 AM, the upper landing of the stairwell, between the two floors had a smear of a brown substance.

At 9:30 AM, the dining room ceiling had a large brown stained area approximately 8x1 foot where the drywall had peeled away.

At 9:30 AM, Staff H, Maintenance Director, stated that they were going to be patching that ceiling area in the dining room.

At 9:31 AM, the top electrical outlet on the southeast wall was missing the right side of the socket.

At 9:37 AM, the ceiling vent, directly above the beverage station had a build up of dust.

At 10:01 AM, in the resident laundry room, there was a build up of lint behind the dryer.

At 10:11 AM, the first-floor drinking fountain had a coating of dust and a piece of dried lettuce.

At 10:20 AM, the entrance lobby/living room carpet had blackish brown stains directly in front of the two easy chairs facing the east window and multiple smaller stains throughout the area.

At 10:20 AM, Staff H stated that they were going to clean the carpet.

At 10:38 AM, the second-floor library had a light beige easy chair with smeared brown matter at the base of the back cushion. On the floor to the left of the easy chair were empty beverage containers stacked up.

At 10:38 AM, Staff H stated that they would throw the beige chair away.

At 11:02 AM, the outside stairwell on the south side of the ALF had a 3x2 foot hole with wood that had dry rot. The area would not support a persons weight.

At 11:02 AM, Staff H stated that repairing the hole would be their priority.

At 11:07 AM, the window screen in apartment 145 was torn and repaired with duct tape.

At 2:55 PM, the janitor's closet next to the activity office had a large area on the wall above the floor sink that had peeling paint and wet sheetrock.

The following observation was made on 06/12/2025:

At 1:47 PM, the sink in apartment 219 had a 0.5 x 0.5 hole in the basin of the sink. There was a white substance and rust surrounding the hole.

The following observations/interviews were made on 06/13/2025:

At 10:44 AM, the exit at the end of the hallway by room 125 had a broken grey recliner and a seat from a motor vehicle was partially blocking the exit and stairwell.

At 10:46 AM, the stairs located next to the first-floor common bathroom was missing the facing on the third step, creating a trip hazard.

At 11:12 AM, the transition strip between the activity rooms floor and the sliding door was not secured to the floor.

At 11:14 AM, the hallway tiles in front of room 112, 121, 204, 206, 210 and 235 were cracked, loose and partially covered with blue painters tape.

At 11:19 AM, the base board heater outside of room 213 had a missing cover with exposed wires.

At 11:32 AM, the floor tiles at the front of the elevator exit was cracked and exposed a white flooring underneath.

At 11:07 AM, the window screen in apartment 145 was torn and repaired with duct tape.

At 2:55 PM, the janitor's closet next to the activity office had a large area on the wall above the floor sink that had peeling paint and wet sheetrock.

The following observation was made on 06/12/2025:

At 1:47 PM, the sink in apartment 219 had a 0.5 x 0.5 hole in the basin of the sink. There was a white substance and rust surrounding the hole.

The following observations/interviews were made on 06/13/2025:

At 10:44 AM, the exit at the end of the hallway by room 125 had a broken grey recliner and a seat from a motor vehicle was partially blocking the exit and stairwell.

At 10:46 AM, the stairs located next to the first-floor common bathroom was missing the facing on the third step, creating a trip hazard.

At 11:12 AM, the transition strip between the activity rooms floor and the sliding door was not secured to the floor.

At 11:14 AM, the hallway tiles in front of room 112, 121, 204, 206, 210 and 235 were cracked, loose and partially covered with blue painters tape.

At 11:19 AM, the base board heater outside of room 213 had a missing cover with exposed wires.

At 11:32 AM, the floor tiles at the front of the elevator exit was cracked and exposed a white flooring underneath.

At 11:45 AM, the fluorescent lighting over the kitchen food preparation table had lint. The fluorescent lighting in the dishwashing area had lint hanging with dead bug carcasses on the plastic light cover.

At 12:01 PM, Staff I stated that they didn’t know of a cleaning schedule for the kitchen overhead lights.

At 12:05 PM, there was a rolling 3-shelf cart with hamburger buns sitting on the top shelf, with an accumulation of food particles and staining.

At 12:05 PM, Staff I was unable to state how often the rolling 3-shelf cart was cleaned

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, EVERETT PLAZA is or will be in compliance with this law and / or regulation on (Date) 8/9/25 .

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

Laura Williams — Administrator (or Representative)

07/09/25 — Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(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 2 of 6 Staff (Staff D and E), completed 12 hours of Department of Social and Health Services (DSHS) approved continuing education (CE). This failure resulted in Staff D and E not having the required amount of annual training and placed all 97 residents at risk of not having their care needs met.

At 12:05 PM, there was a rolling 3-shelf cart with hamburger buns sitting on the top shelf, will an accumulation of food particles and staining.

At 12:05 PM, Staff I was unable to state how often the rolling 3-shelf cart was cleaned

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Administrator (or Representative) Date

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(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:

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 Staff (Staff D and E), completed 12 hours of Department of Social and Health Services (DSHS) approved continuing education (CE). This failure resulted in Staff D and E not having the required amount of annual training and placed all 97 residents at risk of not having their care needs met.

Findings included…

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of continuing education by their birthday each year.

Review of the ALF's employee files showed the following:

Staff D, Medication Technician (MT), was hired 12/16/2023. Staff D's file showed they had completed 10 hours of CE for the dates of January 2024 through January 2025.

Staff E, MT, was hired 03/22/2022. Staff E's file showed they had completed 6.25 hours of CE for the dates of October 2023 through October 2024.

On 06/12/2025 at 4:10 PM, Staff A, Executive Director, stated that they assign CE to the staff through an online training program every month. Staff A stated that they remind staff to complete their CE every month. Staff A stated that Staff D and E did not complete their assigned CE training.

On 06/13/2025 at 1:24 PM, Staff D stated that Staff A assigns CE classes every month. Staff D stated that they thought they had completed 12 hours of CE.

Staff D's file had no additional CE training hours available for review.

Plan/Attestation Statement

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

Laura Williams
Administrator (or Representative)

7/9/25
Date

Review of the ALF's employee files showed the following:

Staff D, Medication Technician (MT), was hired 12/16/2023. Staff D's file showed they had completed 10 hours of CE for the dates of January 2024 through January 2025.

Staff E, MT, was hired 03/22/2022. Staff E's file showed they had completed 6.25 hours of CE for the dates of October 2023 through October 2024.

On 06/12/2025 at 4:10 PM, Staff A, Executive Director, stated that they assign CE to the staff through an online training program every month. Staff A stated that they remind staff to complete their CE every month. Staff A stated that Staff D and E did not complete their assigned CE training.

On 06/13/2025 at 1:24 PM, Staff D stated that Staff A assigns CE classes every month. Staff D stated that they thought they had completed 12 hours of CE.

Staff D's file had no additional CE training hours available for review.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-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

This requirement was not met as evidenced by:

Based on
interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff E and F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff E and F not having a cleared background check and placed all 97 residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings
included…

Review of the
ALF's employee files showed the following:

Staff E,
Medication Technician (MT), was hired on 03/22/2022. Staff E had a Washington State name and date of birth background check dated 03/11/2022 and was valid until 03/11/2024. Review of another Washington State name and date of birth background check showed it was not done until 03/18/2024, which was seven days late.

Staff F, MT, was
hired on 09/26/2022. Staff F had a Washington State name and date of birth background check dated 09/27/2022 and was valid until 09/27/2024. Review of another Washington State name and date of birth background check showed it was not done until 12/05/2024, which was 69 days late.

On 06/12/2025
at 3:43 PM, Staff G, Activities Director, stated that they had a spreadsheet that they keep track of the due dates, but they were not able to utilize it because they were doing their other job in activities.

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

Laura Williams
Administrator (or Representative)

7/9/25
Date

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 4 of 6 staff members (Staff A, B, C, and D) were screened for tuberculosis (TB) (a potentially infectious disease that mainly affects the lungs) within three days of hire. This failure resulted in Staff A, B, C, and D not being screened for TB and placed the safety of 97 residents at risk for potentially being exposed to an infectious respiratory disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired 04/11/2022. Staff A completed their first step of a TB test on 04/27/2022, 16 days after hire.

Staff B, Medication Technician (MT), was hired 01/10/2025. The facility failed to ...

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, EVERETT PLAZA is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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(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 4 of 6 staff members (Staff A, B, C, and D) were screened for tuberculosis (TB) (a potentially infectious disease that mainly affects the lungs) within three days of hire. This failure resulted in Staff A, B, C, and D not being screened for TB and placed the safety of 97 residents at risk for potentially being exposed to an infectious respiratory disease.

Findings included…

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired 04/11/2022. Staff A completed their first step of a TB test on 04/27/2022,16 days after hire.

Staff B, Medication Technician (MT), was hired on 01/13/2025. The facility failed to show documentation that a TB test was completed within 3 days of hire.

Staff C, MT, was hired on 01/29/2024. The facility failed to show documentation that a TB test was completed within 3 days of hire

Staff D, MT, was hired on 12/16/2023. The facility failed to show documentation that a TB test was completed within 3 days of hire.

On 06/11/2025 at 10:46 AM, Staff A stated that they could not remember why their TB test was late, but believe it had something to do with Covid.

On 06/12/2025 at 1:48 PM, Staff B stated that they did not have a TB test at the time of hire.

On 06/13/2025 at 6:10 PM, Staff J. Director of Nursing, stated that they need to have a better system in place to start TB testing within 3 days of hire.

Plan/Attestation Statement

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Laura Williams
Administrator (or Representative)

7/4/25
Date

On 06/11/2025 at 10:46 AM, Staff A stated that they could not remember why their TB test was late, but believe it had something to do with Covid.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

EVERETT
PLAZA
ASSISTED LIVING

July 4, 2025

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

RE: EVERETT PLAZA ASSISTED LIVING SOD 60892 PLAN OF CORRECTION

Dear Ms. Ripley,

Please find the plan of correction for the full inspection/investigation and citations:

WAC 388-78B-3090 Maintenance and Housekeeping

- Date of Correction 08/09/25
- Responsible persons, Administrator and Maintenance Director
  - New Cleaning Daily Check List
  - New Daily Maintenance Check List

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

- Date of Correction 08/09/25
- Responsible persons, Administrator, Business Office Manager, Administrator Assistant
  - New Tracking Form for monthly assigned CEUs

WAC 388-78B Background checks Washington state name and date of background check Valid for two years National fingerprint background check Valid indefinitely.

- Date of Correction 08/09/25
- Responsible persons, Administrator, Business Office Manager, Administrator Assistant
  - In-Service Training

WAC 388-78A-2480 Tuberculosis Testing Required

- Date of Correction 08/09/25
- Responsible persons, Administrator, Director of Nursing, Administrator Assistant
  - New Onboarding Procedure
  - Onboarding Training
  - TB Testing by LPN on day 1

If you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

Laura Williams

Laura Williams
Executive Director
Everett Plaza 425-258-6408
ExecDir@EverettPlazaAssistedLiving.com