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

Maple Ridge Assisted Living Community LLC
Maple Ridge Assisted Living Community
1767 Alliance Avenue
Freeland, WA 98249

RE: Maple Ridge Assisted Living Community License # 1966

Dear Administrator:

This letter addresses Compliance Determination(s) 66188 (Completion Date 09/25/2025) and 62875 (Completion Date 07/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/25/2025 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-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2, WAC 388-78A-2305-2, WAC 246-217-035-3, WAC 388-78A-2468-1, WAC 388-78A-2466-2, WAC 388-78A-2484-1, WAC 388-78A-24701-1

The Department staff who did the on-site verification:
Steven Kindle, Nursing Consultant Institutional
Jodi Condyles, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

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 #: 1966	Compliance Determination # 62875
Plan of Correction	Maple Ridge Assisted Living Community	Completion Date
Page 1 of 13	Licensee: Maple Ridge Assisted Living Community LLC	07/31/2025

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 07/22/2025 and 07/24/2025 of:
Maple Ridge Assisted Living Community
1767 Alliance Avenue
Freeland, WA 98249

The following sample was selected for review during the unannounced on-site visit: 7 of 54 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 J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jessica Siegel
Residential Care Services

8/11/2025
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.

Brenda K Chamberlain
Administrator (or Representative)

8/12/2025
Date

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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(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 staff completed orientation and safety training prior to providing care to residents for 1 of 6 Staff (Staff C), 70-hour basic training within 120 days from their date of hire for 2 of 6 Staff (Staff B and D), dementia and mental health specialty training for 2 of 6 Staff (Staff B and D), cardiopulmonary resuscitation (CPR) and first aid training for 5 of 6 Staff (Staff A, B, D, E, and F), Department of Social and Health Services (DSHS) approved annual continuing education (CE) for 3 of 5 Staff (Staff D, E and F), and received credentials through the Department of Health (DOH) within 200 days of hire for 1 of 6 Staff (Staff D). These failures resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 54 residents at risk for compromised care and safety.

Findings included...

Orientation and Safety Training (ORSA)

Review of Washington Administrative Code (WAC) 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-122A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

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

Staff C, Caregiver, was hired 12/23/2024. Staff C's file showed ORSA training was completed on 01/28/2025, 36 days after their date of hire.

On 07/24/2025 at 2:47 PM, Staff H, Regional Director of Operations, stated that orientation training should be done as soon as a new staff person is hired.

On 07/24/2025 at 2:53 PM, Staff A, Executive Director (ED), stated that they did not know why Staff C's ORSA training was not done timely. Staff A stated that orientation is supposed to be done before a staff person works on the floor.

70-Hour Basic Training

Review of WAC 388-112A- 0800(5) showed long-term care workers in assisted living facilities must complete the 70-Hour Basic training within 120 days of their date of hire.

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

Staff B, Caregiver, was hired 01/19/2025. Staff B's file showed no record of a completed 70-hour basic training course, 186 days after their date of hire.

Staff D, Medication Aide (MA), was hired 12/23/2023. Staff D's file showed no record of a completed 70-hour basic training course, 720 days after their date of hire.

On 07/24/2025 at 3:00 PM, Staff A stated that Staff B and D were told they needed to complete the training, and they did not do it.

Specialty Training

Review of the ALF's Resident Characteristic Roster, dated 07/22/2025, showed 25 residents living in the ALF had a [redacted] diagnosis.

Review of the ALF's undated Disclosure of Services showed ALF's that choose to serve residents with dementia or mental health issues must provide their staff with specialized training in these areas.

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

Staff B, Caregiver, was hired 01/19/2025. Staff B's files showed no record of a completed dementia and mental health specialty training, 193 days after their hire date.

Staff D, MA, was hired 08/04/2023. Staff D's file showed no record of a completed dementia and mental health specialty training, 718 days after their hire date.

On 07/23/2025 at 1:26 PM, Staff A stated that dementia and mental health specialty training was scheduled for the end of July and the beginning of August.

CPR and First Aid Training

Review of WAC 388-122A0720(2)(a) showed all long-term care workers must have and maintain a valid first aid card or certificate within 30 days of their hire date.

Review of WAC 388-112A-0710 showed CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

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

Staff A, ED, was hired 07/02/2024. Staff A's file showed a CPR certificate that was obtained from National CPR Foundation (an online CPR certification course). Staff A's file had no documentation of completed first aid training.

Staff B, Caregiver, was hired 01/19/2025. Staff B's file showed a CPR certificate that was obtained from National CPR foundation. Staff B's file had no documentation of completed first aid training.

Staff D, MA, was hired 08/04/2023. Staff D's file showed a CPR certificate that was obtained from National CPR foundation. Staff D's file had no documentation of completed first aid training.

Staff E, MA, was hired 04/30/2020. Staff F's file showed a CPR certificate that was obtained from National CPR foundation. Staff D's file had no documentation of completed first aid training.

Staff F, Caregiver, was hired 04/13/2020. Staff F's file showed a CPR certificate that was obtained from National CPR foundation. Staff D's file had no documentation of completed first aid training.

On 07/24/2025 at 3:44 PM, Staff F stated that they completed the CPR certification online and there was no skills demonstration with the course.

On 07/24/2025 at 3:12 PM, Staff A stated that they were not aware that CPR/first aid training could not be done online because it did not have a hands-on demonstration.

Continuing Education (CE)

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, MA, was hired 08/04/2023. Staff D's file showed no documentation of CE completed for the timeframe of April 2024 through April 2025.

Staff E, MA, was hired 04/30/2020. Staff E's file showed no documentation of CE completed for the timeframe of December 2023 through December 2024.

Staff F, Caregiver, was hired 04/13/2020. Staff F's file showed no documentation of CE completed for the timeframe of June 2024 through June 2025.

On 07/24/2025 at 3:37 PM, Staff F stated that they thought they completed CE through Relias but they did not have documentation of the completed CE's.

DOH Credentials

Review of WAC 246-980-040(3) showed a home care aid must become certified within 200 days of date of hire, or 260 days if granted a provisional certificate under RCW 18.88B.041

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

Staff D, MA, was hired 08/04/2023. Staff D's file showed no record of obtaining certification as a home care aide, 718 days after their hire date.

Review of the DOH's Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed Staff D did not have any health care provider credentials in the State of Washington.

On 07/24/2025 at 3:00 PM, Staff H, Regional Director of Operations, stated that Staff D would not work at the ALF until they had their DOH credentials.

Review of the ALF's monthly work schedule dated July 2025 showed Staff D worked 12 shifts.

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, Maple Ridge Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 9/14/2025

SB confirmed amended POC date with Provider on 8/26/2025.

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

Linda K Chambers 8/12/2025

Administrator (or Representative) Date

WAC 246-217-035 Validity and form of food worker cards.

(3) Any legally issued food worker card shall be valid throughout Washington state.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff A) obtained a food worker card within 14 days of their date of hire and 2 of 6 staff (Staff A and C) obtained a food worker card that was issued by the local health jurisdiction. These failures resulted in Staff A and C handling food for residents while not being trained and certified on safe food handling practices and placed all 57 residents at an increased risk for foodborne illnesses.

Findings included...

Review of Washington Administrative Code (WAC) 246-217-010 Definitions showed:

(5) "Food service worker" means an individual who works (or intends to work) with or without pay in a food service establishment and handles unwrapped or unpackaged food or who may contribute to the transmission of infectious diseases through the nature of his/her contact with food products and/or equipment and facilities. This does not include persons who simply assist residents or patients in institutional facilities with meals, or students in K-12 schools who periodically assist with school meal service.

Review of WAC 246-217-015 Applicability showed:

(1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section.

Review of WAC 246-217-025 Validity and form of food worker cards showed;

(9) All food worker cards must be issued and signed by the local health officer. The local health officer may contract with persons to provide the required training or testing within his/her jurisdiction. The contracts must include test security provisions so that test questions, scoring keys and other examination data are exempt from public disclosure to the same extent as records maintained by state or local government agencies.

Review of the Food Handler Solutions website (https://foodhandlersolutions.com/washington-food-handler-card) showed the Food Handler Solutions Program is currently not approved in the state of Washington. This program is only intended to be used for personal development and preparation for the state provided training.

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

Staff A, Executive Director (ED), was hired 07/02/2024. Staff A's file had a food worker card that was obtained from FoodHandlerSolutions.com (an online platform that offers food handler training courses) and dated 07/23/2025. Staff A's file had no documentation of a valid food worker card, 386 days after Staff A's date of hire.

Staff C, Caregiver, was hired 12/23/2024. Staff C's file had a food worker card that was obtained from FoodHandlerSolutions.com and dated 11/09/2024. Staff C's file had no documentation of a valid food worker card, 373 days after Staff C's date of hire.

On 07/23/2025 at 11:49 AM, Staff G, Dining Services Manager, stated that when the kitchen was short staffed, a caregiver would help to serve in the dining room.

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, Maple Ridge Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 09-15-2025 9/14/2025

SB confirmed amended POC date with Provider on 8/26/2025.

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

Brenda K Chambers 8/12/25

Administrator (or Representative) Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

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 (Staff C, D, E, and F) had a Washington State name and date of birth background check that was submitted within one business day after their date of hire. This failure placed all 54 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 C, Caregiver, was hired on 12/23/2024. Staff C had an interim national fingerprint background check, dated 12/30/2024, which was seven days after their date of hire.

Staff D, Medication Aide (MA), was hired on 08/04/2023. Staff D had an interim fingerprint background check, dated 08/09/2023, which was five days after their date of hire.

Staff E, MA, was hired on 04/30/2020, there was no documentation of a completed Washington State name and date of birth background check at time of hire. ✓

Staff F, Caregiver, was hired on 04/13/2020, there was no documentation of a completed Washington State name and date of birth background check at time of hire.

On 07/24/2025 at 3:26 PM, Staff A, Executive Director, stated that they were responsible for the ALF's background check system. Staff A stated that when the background checks were completed and returned to the ALF, the results were sent to them for review.

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, Maple Ridge Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) ~~9-16-2025~~ 9/14/2025.

SB confirmed amended POC date with Provider on 8/26/2025.

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

Brenda K Chambers 8-12-2025

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7,

2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 4 Staff (Staff A, B, C, and D) had a national fingerprint background check completed. This failure resulted in Staff A, B, C, and D not having cleared background checks and placed all 54 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 A, Executive Director (ED), was hired on 07/02/2024. Staff A did not have a national fingerprint background check available for review.

Staff B, Caregiver, was hired on 01/19/2025. Staff B did not have a national fingerprint background check available for review.

Staff C, Caregiver, was hired on 12/23/2024. Staff C did not have a national fingerprint background check available for review.

Staff D, Medication Aide, was hired on 08/04/2023. Staff D did not have a national fingerprint background check available for review.

On 07/23/2025 at 4:02 PM, Staff C, Caregiver, stated that they got their fingerprints done two to three weeks after the first of this year.

On 07/24/2025 at 3:26 PM, Staff A, ED, stated that they were responsible for the ALF's background checks system and after the background checks were completed and returned to the ALF, they were sent to them for review.

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, Maple Ridge Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 9-15-2025 9/14/2025

SB confirmed amended POC date with Provider on 8/26/2025.

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

Brenda K Chambers 8/12/2025

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff A, B, and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure placed all 54 residents at risk for possible exposure to a communicable disease.

Findings included...

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

Staff A, Executive Director, was hired on 07/02/2024. Staff A's first of a two-step TB test was completed on 03/11/2025, 249 days late.

Staff B, Caregiver, was hired on 01/19/2025. Staff B's first of a two-step TB test was completed on 03/11/2025, 49 days late.

Staff D, Medication Aide, was hired on 08/04/2023. Staff D's first of a two-step TB test was completed on 05/02/2025, 634 days late.

On 07/23/2025 at 11:22AM, Staff A stated that they did not have a two-step TB test when they were hired on 07/02/2024.

On 07/24/2025 at 3:34PM, Staff H, Regional Director of Operations, stated that when a new staff member comes in for orientation, TB testing should be done on the first day.

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, Maple Ridge Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 9/14/2025

SB confirmed amended POC date with Provider on 8/26/2025.

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

Brenda K Chambers 8-12-2025

Administrator (or Representative) Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff D and E) had a required character, competence and suitability (CCS) review. This placed all 54 residents at risk of being cared for by staff members with a potentially disqualifying crime.

Findings included...

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

Staff D, Medication Aide (MA), was hired on 08/04/2023. Staff D completed a name and date of birth background check on 08/09/2023 requiring a CCS review prior to Staff D providing unsupervised access to vulnerable adults. The CCS review was completed on 05/08/2025, 638 days after the name and date of birth background check was completed.

Staff E, MA, was hired on 04/30/2020. Staff E completed a Name and Date of Birth

Background check on 12/23/2023 requiring a CCS review prior to Staff E providing unsupervised access to vulnerable adults. The CCS review was completed on 04/04/2025, 468 days after the name and date of birth background check was completed.

On 07/23/2025 at 11:24AM, Staff A, Executive Director, stated that the former Assistant Executive Director, that was no longer employed by the ALF, did not complete a CCS review for Staff D or Staff E.

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, Maple Ridge Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) ~~9-15-2025~~ 9/14/2025

SB confirmed amended POC date with Provider on 8/26/2025.

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

Brenda K Chambers 8/12/2025

Administrator (or Representative) Date