



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

Providence Health & Services - Washington
Providence Mount St. Vincent
4831 35th Ave SW
Seattle, WA 98126

RE: Providence Mount St. Vincent License # 198

Dear Administrator:

This letter addresses Compliance Determination(s) 70006 (Completion Date 12/11/2025) and 68291 (Completion Date 11/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/11/2025 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-2466-1-a

The Department staff who did the off-site verification:
Sunny Kent, Licensors
Scottie Sindora, ALF Licensors

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

Sincerely,



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



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Statement of Deficiencies	License #: 198	Compliance Determination #68291
Plan of Correction	Providence Mount St. Vincent	Completion Date
Page 1 of 3	Licensee: Providence Health & Services - Washington	11/10/2025

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 11/05/2025 and 11/07/2025 of:

Providence Mount St. Vincent
4831 35th Ave SW
Seattle, WA 98126

The following sample was selected for review during the unannounced on-site visit: 9 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licenser
Scottie Sindora, ALF Licenser

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

This document was prepared by Residential Care Services for the Locator website.

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

11/13/2025
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.


Administrator (or Representative)

11/18/2025
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 a system was in place to submit a background check for 4 of 9 volunteers (Volunteers 1, 2, 3, and 4) every 2 years. This failure placed 66 residents at risk for being assisted by unqualified volunteers.

Findings included...

Record review of the ALF's volunteers list, undated, showed the following: Volunteer 1's most recent background check was on 10/27/2023, Volunteer 2's most recent background check was on 06/05/2023, Volunteer 3's most recent background check was on 08/07/2023, and Volunteer 4's most recent background check was on 05/10/2023.

In an interview, on 11/05/2025 at 3:20 PM, Staff F (Administrator) stated that these individuals were all still volunteering at the ALF. Staff F stated that volunteer background checks were conducted in-house, not by the corporate management, and they would review their process

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Statement of Deficiencies

License #: 198

Compliance Determination # 68291

Plan of Correction

Providence Mount St. Vincent

Completion Date

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Licensee: Providence Health & Services - Washington

11/10/2025

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, Providence Mount St. Vincent is or will be in compliance with this law and / or regulation on (Date) 11/26/2025.

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

Debra L. Walsh
Administrator (or Representative)

11/18/2025
Date

This document was prepared by Residential Care Services for the Locator website.