STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

FAIRWOOD NORTHRIDGE LLC

FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

RE: FAIRWOOD NORTHRIDGE LLC License # 1989

Dear Administrator:

This letter addresses Compliance Determination(s) 76215 (Completion Date 04/21/2026) and 73463 (Completion Date 02/27/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/21/2026 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-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2240, WAC 388-78A-2320-1-b, WAC 388-78A-2320-3-d, WAC 388-78A-2100-2-a, WAC 388-78A-2400-2, WAC 388-78A-24701-1, WAC 388-78A-2474-4, WAC 388-112A-0060-1-b, WAC 388-78A-2480-1, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2950-6

The Department staff who did the on-site verification:
Jennifer Lee, Assisted Living Facility Licensor
Brian Zbylski, ALF Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 02/23/2026, 02/24/2026, 02/25/2026, 02/26/2026 and 02/27/2026 of:

FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

This document references the following complaint numbers: 213949.

The following sample was selected for review during the unannounced on-site visit: 11 of 72 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Patricia Eddy, Community Licensor
Veronica Jackson, Assisted Living Facility Licensor
Tethra Wales, Assisted Living Facility Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Statement of Deficiencies	License # 1989	Compliance Determination # 73463
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 2 of 26	Licensee: FAIRWOOD NORTHRIDGE LLC	02/27/2026

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.

Residential Care Services — 03/09/2026 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.

Administrator (or Representative) — 3/16/25 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a safe medication delivery system was in place and that medications were administered as prescribed for 2 of 11 sampled residents (Resident 3 and 4). These failures resulted in the residents not receiving medications as prescribed and placed the residents at risk of health complications.

Findings included...

<Resident 3>

Review of Resident 3's Client Assessment & Initial Plan of Care (the facilities combined assessment and Negotiated Service Agreement, NSA) dated 02/12/2026, showed the resident was diagnosed with [redacted]

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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a safe medication delivery system was in place and that medications were administered as prescribed for 2 of 11 sampled residents (Resident 3 and 4). These failures resulted in the residents not receiving medications as prescribed and placed the residents at risk of health complications.

Findings included…

<Resident 3>

Review of Resident 3's Client Assessment & Initial Plan of Care (the facilities combined assessment and Negotiated Service Agreement, NSA) dated 02/12/2026, showed the resident was diagnosed with [redacted].

Review of Resident 3's December 2025 Medication Administration Record (MAR) showed the resident was prescribed alendronate (medication for bone strength) to be administered every Friday. Further review showed the medication was not administered on Friday 12/05/2025 and Friday 12/12/2025 with a note that documented they were "waiting on pharmacy."

In an interview on 2/24/2026 at 3:22 PM Staff M, Health Unit Coordinator, stated that Resident 3's alendronate was in the medication cart and that staff should have administered it. Staff M stated that because it was packaged differently, the medication technician did not see it and assumed it had not been delivered from the pharmacy. Staff M stated that the medication technician should have notified them when they were unable to find the medication.

<Resident 4>

Review of Resident 4's NSA, dated 12/02/2025, showed that the resident was diagnosed with [redacted]. Further review showed that Resident 4 received medication assistance and that "staff will keep medications in med-cart, order, set up and dispense medications to resident as directed by physician."

Review of Resident 4's December 2025, January 2026, and February 2026 MARs showed an order for lisinopril (medication for hypertension) to be administered daily. Further review showed that the medication was to be held if the resident's heart rate was under 50 beats per minute. The MAR showed no documentation of the resident's heart rate.

In an interview on 02/24/2026 at 11:35 AM, Staff R, Registered Nurse, stated that Resident 4's MAR should have had the heart rate listed on the MAR if a parameter was ordered.

In an interview on 02/25/2026 at 12:44 PM, Staff R confirmed that staff had not obtained a heartrate for Resident 4 prior to administering the medication.

In an interview on 02/25/2026 at 12:40 PM, Staff R stated that audits of the MARs for errors, medications not given, and refusals were conducted daily through review of an exceptions log generated by their electronic MAR system. Staff R further stated that they did not review the exceptions log, and that Staff O, Registered Nurse, was responsible for reviewing the exceptions logs.

In an interview on 02/26/2026 at 2:45 PM, Staff O stated that they did not review the exceptions log due to time constraints. Staff O further stated that Staff R would inform them if any of their assigned residents had exceptions (medications not given, medication refusals, and medication errors).

Statement of Deficiencies	License # 1989	Compliance Determination # 73463
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 4 of 26	Licensee: FAIRWOOD NORTHRIDGE LLC	02/27/2026

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26 .

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

Administrator (or Representative) — Date: 3/16/26

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the prescribing health care provider of medication refusals for 1 of 11 sampled residents (Resident 9). This failure resulted in the provider being unaware that the resident was not receiving their medication as prescribed and placed the resident at risk of health complications.

Findings included...

Review of Resident 9's face sheet showed that the resident was admitted to the facility on [redacted] 2025.

Review of Resident 9's Client Assessment and Initial Plan of Care (the facility's combined assessment and care plan), dated 12/08/2025, showed diagnoses of [redacted]

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, FAIRWOOD NORTHRIDGE 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

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the prescribing health care provider of medication refusals for 1 of 11 sampled residents (Resident 9). This failure resulted in the provider being unaware that the resident was not receiving their medication as prescribed and placed the resident at risk of health complications.

Findings included…

Review of Resident 9's face sheet showed that the resident was admitted to the facility on [redacted]/2025.

Review of Resident 9's Client Assessment and Initial Plan of Care (the facility's combined assessment and care plan), dated 12/08/2025, showed diagnoses of [redacted]

[redacted], and [redacted]. Further review of the assessment showed that staff would provide Resident 9 with medication assistance.

Review of Resident 9's December 2025, January 2026 and February 2026 medication administration records showed the resident refused their medications 267 times as follows:

Fenofibrate (medication for high cholesterol and high triglycerides): 11 times in December 2025, 30 times in January 2026, and 24 times in February 2026

Furosemide (medication for edema): 11 times in December 2025, 30 times in January 2026, and 24 times in February 2026

Levothyroxine (medication for hypothyroidism): 11 times in December 2025, 30 times in January 2026, and 24 times in February 2026

Potassium chloride (medication given with furosemide for edema) 10 times in December 2025, 30 times in January 2026, and 24 times in February 2026

Vitamin D2 (supplement for vitamin D deficiency) once a week: 1 time in December 2025, 4 times in January 2026, and 3 times in February 2026

Review of Resident 9's facility medical records showed no documentation of contact having been made to the resident's health care provider to notify them of the refusals prior to 02/24/2026.

In an interview on 02/26/2026 at 2:15 PM, Staff M, Health Unit Coordinator, stated that they had not notified Resident 9's provider about the missed medications due to refusal until 02/24/2026, the day after the start of department's licensing visit. Staff M stated that they should be notifying health care providers within 24 hours of every refusal.

Statement of Deficiencies	License #: 1989	Compliance Determination #73483
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
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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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Ri Kat — Administrator (or Representative)

3/16/26 — 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:

Based on interview and record review, the facility failed to obtain medications in a timely manner for 2 of 11 sampled residents (Resident 2 and 11). This failure resulted in missed medications and placed residents at risk of health complications.

Findings included...

<Resident 2>

Review of Resident 2's Client Assessment & Initial Plan of Care (the facility's combined assessment and Negotiated Service Agreement, NSA), dated 01/26/2026, showed that the resident required medication assistance from the facility and that staff would order and dispense medications to the resident as directed by the physician. The NSA showed the resident was diagnosed with [redacted].

Review of Resident 2's January 2026 Medication Administration Record (MAR) showed that the resident had an order for pantoprazole (used to decrease stomach acid) daily. Review showed that the medication was not administered 01/22/2026 through 01/29/2026, a total of eight days.

In an interview on 02/24/2026 at 11:45 AM, Staff M, Health Unit Coordinator, stated the pantoprazole was not picked up at the pharmacy until Thursday, 01/29/2026.

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, FAIRWOOD NORTHRIDGE 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

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:

Based on interview and record review, the facility failed to obtain medications in a timely manner for 2 of 11 sampled residents (Resident 2 and 11). This failure resulted in missed medications and placed residents at risk of health complications.

Findings included…

<Resident 2>

Review of Resident 2's Client Assessment & Initial Plan of Care (the facility's combined assessment and Negotiated Service Agreement, NSA), dated 01/28/2026, showed that the resident required medication assistance from the facility and that staff would order and dispense medications to the resident as directed by the physician. The NSA showed the resident was diagnosed with [redacted].

Review of Resident 2's January 2026 Medication Administration Record (MAR) showed that the resident had an order for pantoprazole (used to decrease stomach acid) daily. Review showed that the medication was not administered 01/22/2026 through 01/29/2026, a total of eight days.

In an interview on 02/24/2026 at 11:45 AM, Staff M, Health Unit Coordinator, stated the pantoprazole was not picked up at the pharmacy until Thursday, 01/29/2026.

Statement of Deficiencies	License # 1969	Compliance Determination # 73463
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 7 of 26	Licensee: FAIRWOOD NORTHRIDGE LLC	02/27/2026

In an interview on 02/24/2026 at 4:10 PM, Staff L, Administrator, stated that during the week there was always a driver or staff available to go pick up medications from the local pharmacy if needed.

<Resident 11>

Review of Resident 11's NSA, dated 09/30/2025, showed the resident was diagnosed with [redacted] and [redacted]. Further review showed the facility was responsible for the administration of the resident's medications.

Review of Resident 11's January 2026 and February 2026 MARs showed the resident was prescribed amlodipine (medication for high blood pressure) daily, ferrous sulfate (iron tablet) daily, multivitamin daily, and quetiapine (medication for sleep and mood) at bedtime. Further review of the MARs showed that the resident was not given amlodipine eight times in January 2026 and 11 times in February 2026, ferrous sulfate six times in February 2026, multivitamin six times in February 2026, and quetiapine three times in January 2026.

In an interview on 02/26/2026 at 2:16 PM, Staff M was asked why Resident 11 had missed multiple doses of medications. Staff M stated that they were not notified that the residents' medications had run out.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Administrator (or Representative) — Date: 3/16/26

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

In an interview on 02/24/2026 at 4:10 PM, Staff L, Administrator, stated that during the week there was always a driver or staff available to go pick up medications from the local pharmacy if needed.

<Resident 11>

Review of Resident 11's NSA, dated 09/30/2025, showed the resident was diagnosed with [redacted] and [redacted]. Further review showed the facility was responsible for the administration of the resident's medications.

Review of Resident 11's January 2026 and February 2026 MARs showed the resident was prescribed amlodipine (medication for high blood pressure) daily, ferrous sulfate (iron tablet) daily, multivitamin daily, and quetiapine (medication for sleep and mood) at bedtime. Further review of the MARs showed that the resident was not given amlodipine eight times in January 2026 and 11 times in February 2026, ferrous sulfate six times in February 2026, multivitamin six times in February 2026, and quetiapine three times in January 2026.

In an interview on 02/26/2026 at 2:15 PM, Staff M was asked why Resident 11 had missed multiple doses of medications. Staff M stated that they were not notified that the residents' medications had run out.

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, FAIRWOOD NORTHRIDGE 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

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to delegate nursing tasks when residents required medication administration and to complete nursing visit assessments every 90 days for 4 of 9 sampled residents (Resident 1, 5, 6, and 7). The facility failed to verify qualifications to perform nurse delegated tasks for 1 of 6 staff (Staff K) sampled for delegation. These failures resulted in the residents receiving delegated nursing tasks that may not have been performed safely or effectively, a lack of 90 day assessments to ensure continued appropriateness of nurse delegation, and Staff K completing delegated tasks without the necessary qualifications
.
Findings included…

Review of Assisted Living Facility WAC 388-78A definitions, showed that medication assistance was determined by regulations under WAC 246-945.

Review of WAC 246-945-718 showed medication assistance could only be provided if the individual was cognitively aware they received medications and took them independently or with assistance. If an individual was unable to receive medication by assistance, then medication must be administered by a person legally authorized to do so.

Per WAC 246-840-010, delegation means the licensed nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The nurse delegating the task is responsible and accountable for the nursing care of the client. The nurse delegating the task supervises the performance of the unlicensed person. Nurses must follow the delegation process following the RCW 18.79.260.

Per RCW 18.79 when the client is not functionally able and /or cognitively aware they are receiving medications, the long-term care workers is authorized to do so with delegation of the medication. A registered nurse shall determine the competency of the individual that performed the delegated tasks, evaluate the appropriateness of the tasks, supervise the actions of the person that performed the tasks, and ensure that care was delegated only to individuals that had a stable and predictable clinical and behavioral status. The registered nurse will verify that the nursing assistant or home care aide had completed the required core nurse delegation training prior to authorizing delegation.

Per WAC 246-840-930 Criteria for nurse delegation, the registered nurse delegator ensures safe and effective services are provided. Revaluation of the resident and

delegated staff must be documented and occur at least every 90 days. The registered nurse delegator provides written instructions of each task to the nursing assistant or home health care aide specific to an individual resident.

<Medications that required delegation>

Resident 1

Review of Resident 1's Client Assessment & Initial Plan of Care (the facility's combined assessment and Negotiated Service Agreement, NSA), dated 09/17/2025, showed the resident was diagnosed with [redacted] and [redacted]. The NSA showed the facility was responsible for Resident 1's medication administration. Further review showed that the resident was unable to perform the Mini Mental Status Exam (MMSE, an assessment tool used to measure cognitive impairment) and that their last MMSE completed with their provider resulted in a score of six (severe impairment).

Review of Resident 1's Nursing Delegation Nursing Visit record, dated November 2025, showed the resident was not delegated for oral medications.

Review of Resident 1's December 2025, January 2026, and February 2026 Medication Administration Records (MARs) showed that the resident had orders for oral medications and that staff had administered them.

Observation on 02/24/2026 at 10:10 AM, showed Resident 1 walked around the advanced memory care unit. An interview with Resident 1 was attempted at that time but due to their cognition, Resident 1 was unable to answer any questions.

In an interview on 02/24/2026 at 10:16 AM, Staff P, Medication Technician, confirmed that Resident 1 was unable to verbally communicate due to their advanced dementia. Staff P stated that they had to put Resident 1's whole pills on a spoon to administer (place them in the mouth) the medications to the resident.

In an interview on 02/25/2026 at 12:36 PM, Resident 1's representative stated that the resident would accept and eat anything offered to them without knowing what it was, due to her cognition.

In an interview on 02/25/2026 at 1:40 PM, Staff O, Registered Nurse, stated that Resident 1 took their pills whole and they were not delegated.

Resident 5

Review of Resident 5's NSA, dated 06/12/2025, showed the resident was diagnosed with [redacted]. The NSA showed the facility was responsible for Resident 5's medication administration.

Review of Resident 5's Nurse Delegation Nursing visit record, dated August 2025, showed the resident was delegated for topical medication. Review showed Resident 5 was not delegated for oral medications.

Review of Resident 5's January 2026 and February 2026 MARs showed that the resident had orders for oral medications and that staff had administered them.

Observation on 02/24/2026 at 3:02 PM, showed Resident 5 sitting in the lounge area of the memory care unit and was unable to answer question asked by the department licensor. In an interview at that time, the department spoke to Staff Q, Medication Technician, who confirmed that Resident 5 was unable to verbally communicate due to their advanced dementia.

In an interview on 02/26/2026 at 2:45 PM, Staff O confirmed that Resident 5 did not have the ability to direct their care. Staff O also confirmed that Resident 5 was not delegated for oral medications.

Resident 6

Review of Resident 6's NSA, dated 12/31/2025, showed that the resident had diagnoses of [redacted] and [redacted]. Review showed that the resident required medication assistance and nurse delegation for enemas (rectally injected fluids), suppositories (medication inserted into the rectum, creams and eye drops.

Review of Resident 6's MMSE, dated 12/11/2025, showed that the resident was unable to participate in any categories listed and showed the resident's score was zero. Review of the form's scale showed that scores of 21 were mild impairment, 10-20 were moderate impairment, and nine or below showed severe impairment.

Review of Resident 6's February 2026 MAR showed that the resident had orders for multiple oral medications, Debrox ear drops (used to loosen ear wax), and Systane eye drops (used to treat dry eyes). Further review of the MAR showed that facility staff had administered the aforementioned medications.

Review of Resident 6's November 2025 "Nurse Delegation Nursing Visit" form, showed that Resident 6 was not delegated for the oral medications, ear drops, and eye drops that were currently ordered on the February 2026 MAR.

Resident 7

Review of Resident 7's NSA, dated 1/14/2026, showed that the resident was diagnosed with [redacted] and required nurse delegation. Further review showed the resident was in late-stage dementia, required frequent staff supervision, intervention, and cares, and had a MMSE that resulted in a score of 8 (severe impairment).

Review of Resident 7's December 2025, January 2026, and February 2026 MARs showed the facility's medication technicians administered the resident's oral medications.

Review of Resident 7's Nursing Delegation Nursing Visit record, dated November 2025, showed they were not delegated for oral medications.

The department licensor attempted to interview Resident 7 on that Resident 3:10 PM, but due to their cognition, Resident 7 was unable to answer any questions.

In an interview on 02/24/2026 at 3:15 PM, Staff P, Medication Technician, stated that Resident 7 was unable to verbally communicate due to their advanced dementia.

In an interview on 02/25/2026 at 1:40 PM, Staff O, Registered Nurse, stated that they oversaw the nurse delegation for all residents. When asked how they decided which residents should be delegated, Staff O indicated that it was based on physical ability to take or apply medications, and that they did not consider the residents cognitive deficits.

<90-day nursing assessments>

Resident 1

Review of Resident 1's NSA, dated 09/17/2025, showed the resident required nurse delegation.

Review of Resident 1's February 2026 MAR showed that medication technicians administered the resident's oral and topical medications.

Review of Resident 1’s facility records showed the most recent 90-day nurse delegation visit was completed November 2025. Further review showed there were no 90-day nurse delegation visits after November 2025.

Resident 5

Review of Resident 5's NSA, dated 06/12/2025, showed the resident required medication administration.

Review of Resident 5’s Nurse Delegation Nursing visit record, dated August 2025, showed the resident was delegated for topical medication. Review showed Resident 5 was not delegated for oral medications.

Review of Resident 5’s January 2026 and February 2026 MARs showed that the resident had orders for oral medications and that staff had administered them.

Review of Resident 5’s facility records showed the most recent 90-day nurse delegation visit was completed August 2025. Further review showed there were no 90-day nurse delegation visits after August 2025.

Resident 6

Review of Resident 6's NSA, dated 12/31/2025, showed the resident required medication administration and nurse delegation.

Review of Resident 6's February 2026 MAR showed that medication technicians had administered the resident's medications.

Review of Resident 6’s facility records showed the most recent 90-day nurse delegation visit was completed November 2025. Review showed that there were no 90-day nurse delegation visits after November 2025.

Resident 7

Review of Resident 7's NSA, dated 01/14/2026, showed the resident required nurse delegation.

Review of Resident 7's December 2025, January 2026, and February 2026 MARs showed

the facility's medication technicians administered the resident's medications.

Review of Resident 7’s facility records showed the most recent 90-day nurse delegation visit was completed November 2025. Further review showed there were no 90-day nurse delegation visits after November 2025.

In an interview on 02/26/2026 at 2:45 PM, Staff O stated that they were behind on the 90-day nursing visits and that most had not been done since August 2025. Staff O further confirmed that they did not delegate oral medications for any residents, regardless of their cognition.

<Staff qualifications>

Review of Resident 5’s Nurse Delegation Nursing visit record, dated August 2025, showed Staff K, Medication Technician, was delegated to administer topicals.

Review of Resident 5’s December 2025 and January 2025 MARs, showed they were prescribed CBD (pain relief cream applied to the skin) to be administered twice a day. Further review showed that Staff K administered the medication three times in December and five times in January.

Review of Staff K’s personnel file showed they had not completed the required nine-hour core delegation training.

In an interview on 02/27/2026 at 11:00 AM, Staff N, Human Resources, confirmed that Staff K had not completed the nine-hour core delegation training.

This is a recurring citation previously cited on 05/31/2024.

Statement of Deficiencies	License #: 1969	Compliance Determination #: 73463
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 14 of 26	Licensee: FAIRWOOD NORTHRIDGE LLC	02/27/2026

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Ri Katt — Administrator (or Representative)

3/16/26 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2080 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete facility assessments annually for 3 of 9 sampled residents (Resident 2, 3, and 7). This failure placed the residents at risk of health complications and unmet care needs.

Findings included...

<Resident 2>

Review of Resident 2's last two Client Assessment & Initial Plan of Care (the facility's combined assessment and negotiated service agreement) showed the current assessment was completed on 01/28/2026 and the prior assessment on 08/07/2024, over five months late.

In an interview on 02/24/2026 at 10:25 AM, Staff L, Administrator, stated they were not aware that Resident 2's annual assessment was months late.

<Resident 3>

Review of Resident 3's last two Client Assessment & Initial Plan of Cares records showed the current assessment was completed on 02/12/2026 and the prior assessment on 01/07/2025, five weeks late.

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, FAIRWOOD NORTHRIDGE 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

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete facility assessments annually for 3 of 9 sampled residents (Resident 2, 3, and 7). This failure placed the residents at risk of health complications and unmet care needs.

Findings included…

<Resident 2>

Review of Resident 2's last two Client Assessment & Initial Plan of Care (the facility's combined assessment and negotiated service agreement) showed the current assessment was completed on 01/28/2026 and the prior assessment on 08/07/2024, over five months late.

In an interview on 02/24/2026 at 10:25 AM, Staff L, Administrator, stated they were not aware that Resident 2's annual assessment was months late.

<Resident 3>

Review of Resident 3's last two Client Assessment & Initial Plan of Cares records showed the current assessment was completed on 02/12/2026 and the prior assessment on 01/07/2025, five weeks late.

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«Resident 7»

Review of Resident 7's last two Client Assessment & Initial Plan of Care records showed the current assessment was completed on 01/14/2026 and the prior assessment on 09/09/2024, 18 weeks late.

In an interview on 02/24/2026 at 4:00 PM, Staff L, acknowledged that annual assessments were done late for Resident 3 and Resident 7.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Administrator (or Representative) — Date: 3/16/26

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that resident information was protected at 3 of 4 medication carts (Cart 1, Cart 2, and Advanced Memory Care medication cart). This failure resulted in unprotected personal health information and placed the information at risk of exposure.

Findings included:

Observation of the Advanced Memory Care medication cart in the dining room on 02/23/2026 at 11:02 AM, showed it displayed a list of resident names that included dates and locations of medical appointments. In an interview at that time, Staff P,

<Resident 7>

Review of Resident 7's last two Client Assessment & Initial Plan of Care records showed the current assessment was completed on 01/14/2026 and the prior assessment on 09/09/2024, 18 weeks late.

In an interview on 02/24/2026 at 4:00 PM, Staff L, acknowledged that annual assessments were done late for Resident 3 and Resident 7.

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, FAIRWOOD NORTHRIDGE 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

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that resident information was protected at 3 of 4 medication carts (Cart 1, Cart 2, and Advanced Memory Care medication cart). This failure resulted in unprotected personal health information and placed the information at risk of exposure.

Findings included…

Observation of the Advanced Memory Care medication cart in the dining room on 02/23/2026 at 11:02 AM, showed it displayed a list of resident names that included dates and locations of medical appointments. In an interview at that time, Staff P,

Medication Technician, stated that the list was posted for quick and convenient access to staff for upcoming resident appointments.

Observations of the medication carts in the assisted living hall showed the laptop computers were opened, unlocked, and unattended with resident information visible on the following dates and times:

02/23/2026 at 11:43 AM, Medication Cart 2
02/23/2026 at 12:09 PM, Medication Cart 2
02/23/2026 at 12:10 PM, Medication Cart 2
02/24/2026 at 8:59 AM, Medication Cart 1
02/24/2026 at 9:45 AM, Medication Cart 1
02/24/2026 at 2:53 PM, Medication Cart 2
02/24/2026 at 3:08 PM, Medication Cart 2
02/24/2026 at 3:28 PM, Medication Cart 2
02/25/2026 at 2:40 PM, Medication Cart 1
02/25/2026 at 2:41 PM, Medication Cart 2
02/25/2026 at 3:00 PM, Medication Cart 1
02/25/2026 at 3:26 PM, Medication Cart 2
02/25/2026 at 3:27 PM, Medication Cart 1
02/25/2026 at 3:44 PM, Medication Cart 1
02/25/2026 at 3:48 PM, Medication Cart 2
02/26/2026 at 2:28 PM, Medication Cart 1
02/26/2026 at 3:40 PM, Medication Cart 2

In an interview on 02/23/2026 at 3:45 PM, Staff L, Administrator, stated that staff were supposed to log off or lock their computers when they left the medication carts unattended.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Administrator (or Representative) — Date: 3/16/26

Medication Technician, stated that the list was posted for quick and convenient access to staff for upcoming resident appointments.

Observations of the medication carts in the assisted living hall showed the laptop computers were opened, unlocked, and unattended with resident information visible on the following dates and times:

02/23/2026 at 11:43 AM, Medication Cart 2
02/23/2026 at 12:03 PM, Medication Cart 2
02/23/2026 at 12:18 PM, Medication Cart 2
02/24/2026 at 8:59 AM, Medication Cart 1
02/24/2026 at 9:45 AM, Medication Cart 1
02/24/2026 at 2:53 PM, Medication Cart 2
02/24/2026 at 3:06 PM, Medication Cart 2
02/24/2026 at 3:26 PM, Medication Cart 2
02/25/2026 at 2:40 PM, Medication Cart 1
02/25/2026 at 2:41 PM, Medication Cart 2
02/25/2026 at 3:00 PM, Medication Cart 1
02/25/2026 at 3:26 PM, Medication Cart 2
02/25/2026 at 3:27 PM, Medication Cart 1
02/25/2026 at 3:44 PM, Medication Cart 1
02/25/2026 at 3:46 PM, Medication Cart 2
02/26/2026 at 2:28 PM, Medication Cart 1
02/26/2026 at 3:40 PM, Medication Cart 2

In an interview on 02/23/2026 at 3:45 PM, Staff L, Administrator, stated that staff were supposed to log off or lock their computers when they left the medication carts unattended.

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, FAIRWOOD NORTHRIDGE 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

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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 interview and record review, the facility failed to complete a character, competence and suitability review for 1 of 5 staff (Staff B) with a nondisqualifying background check. This failure resulted in residents receiving care from a facility employee that had information in their background history that had not been reviewed for suitability to work with vulnerable adults.

Review of Staff B's, Medication Technician, Washington state name and date of birth background check, dated 08/09/2026, showed nondisqualifying information. Further review showed no documentation of a Character, Competence and Suitability (CC&S).

Review of the facility's February 2026 schedule showed that Staff B worked on 02/17/2026, 02/18/2026, 02/19/2026, 02/20/2026, 02/24/2026, 02/25/2026, 02/26/2026, and 02/27/2026.

In an interview on 02/27/2026 at 11:45 AM, Staff N, Human Resources, stated that they did not have a CC&S review documented for Staff B.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26 .

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

Administrator (or Representative) — Date: 3/16/26

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

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 interview and record review, the facility failed to complete a character, competence and suitability review for 1 of 5 staff (Staff B) with a nondisqualifying background check. This failure resulted in residents receiving care from a facility employee that had information in their background history that had not been reviewed for suitability to work with vulnerable adults.

Review of Staff B's, Medication Technician, Washington state name and date of birth background check, dated 08/09/2026, showed nondisqualifying information. Further review showed no documentation of a Character, Competence and Suitability (CC&S).

Review of the facility's February 2026 schedule showed that Staff B worked on 02/17/2026, 02/18/2026, 02/19/2026, 02/20/2026, 02/24/2026, 02/25/2026, 02/26/2026, and 02/27/2026.

In an interview on 02/27/2026 at 11:45 AM, Staff N, Human Resources, stated that they did not have a CC&S review documented for Staff B.

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, FAIRWOOD NORTHRIDGE 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

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

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

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that care staff obtained a home-care aide certification for 5 of 11 sampled staff (Staff A, C, F, G, and K). This failure placed residents at risk of receiving care from untrained care staff.

Findings included…

<Staff A>

Review of Staff A's, Caregiver, personnel file showed they were hired on 11/14/2024. Further review showed no documentation of a Home-Care Aide certification (HCA).

Review of the facility's February 2026 staff schedule showed that Staff A worked on 02/16/2026, 02/17/2026, 02/18/2026, 02/19/2026, 02/22/2026, 02/23/2026, 02/24/2026, and 02/25/2026.

Observation on 02/26/2026 at 3:45 PM showed that Staff A assisted residents with care in the dining area.

In an interview on 02/26/2026 at 3:45 PM, Staff A stated that they assisted residents with care needs to include showers, incontinence support, and transferring.

In an interview on 02/27/2026 at 11:10 AM, Staff N, Human Resources, stated that Staff A did not have their HCA certification.

<Staff C>

Review of Staff C's, Caregiver, personnel file showed they were hired on 05/07/2024. Further review showed no documentation of a HCA certification.

Review of the facility's February 2026 staff schedule showed that Staff C worked on 02/16/2026, 02/17/2026, 02/19/2026, 02/20/2026, 02/23/2026, 02/24/2026, and 02/26/2026.

Observation on 02/26/2026 at 11:49 AM, showed Staff C worked with residents in the advanced memory care unit. In an interview at that time, Staff C stated that they were a caregiver and assisted residents with their personal care.

In an interview on 02/27/2026 at 11:10 AM, Staff N stated that Staff C did not have their HCA certification.

<Staff F>

Review of Staff F's, Caregiver, personnel file showed they were hired on 09/03/2024. Further review showed no documentation of a HCA certification.

Observation on 02/26/2026 at 3:25 PM, showed that Staff F worked as a caregiver assigned to the assisted living floor.

Review of the facility's February 2026 staff schedule showed that Staff F worked on 02/17/2026, 02/18/2026, 02/19/2026, 02/20/2026, 02/21/2026, 02/24/2026, and 02/25/2026.

In an interview on 02/27/2026 at 11:10 AM, Staff N stated that Staff F did not have their HCA certification.

<Staff G>

Review of Staff G's, Caregiver, personnel file showed they were hired on 07/26/2024. Further review showed no documentation of a HCA certification.

Review of the facility's February 2026 staff schedule showed that Staff G worked on 02/16/2026, 02/19/2026, 02/20/2026, 02/21/2026, 02/22/2026, 02/23/2026, and 02/26/2026.

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Observation on 02/26/2026 at 3:45 PM, showed that Staff G assisted residents in the dining area. In an interview at that time, Staff G stated that they provided personal care to residents.

In an interview on 02/27/2026 at 11:10 AM, Staff N, stated that Staff G did not have their HCA certification.

<Staff K>

Review of Staff K's, Medication Technician, personnel file showed they were hired on 02/03/2023. Further review showed they did not have a HCA certification.

Review of the facility's schedule dated February 2026, showed that Staff K worked on 02/21/2026.

In an interview on 02/27/2026 at 11:00 AM, Staff N confirmed that Staff K had a pending nursing assistant certified credential.

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Administrator (or Representative) — Date: 3/16/26

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:

Observation on 02/26/2026 at 3:45 PM, showed that Staff G assisted residents in the dining area. In an interview at that time, Staff G stated that they provided personal care to residents.

In an interview on 02/27/2026 at 11:10 AM, Staff N, stated that Staff G did not have their HCA certification.

<Staff K>

Review of Staff K's, Medication Technician, personnel file showed they were hired on 02/03/2023. Further review showed they did not have a HCA certification.

Review of the facility's schedule dated February 2026, showed that Staff K worked on 02/21/2026.

In an interview on 02/27/2026 at 11:00 AM, Staff N confirmed that Staff K had a pending nursing assistant certified credential.

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, FAIRWOOD NORTHRIDGE 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

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 facility failed to ensure tuberculosis screenings were conducted within three days of employment for 2 of 3 staff (Staff A and C). This failure placed residents at risk of exposure to a communicable disease.

Findings included…

<Staff A>

Review of Staff A's, Caregiver, personnel file showed that they were hired on 11/14/2024. Further review showed that the first step of their Tuberculosis (TB, a communicable respiratory disease) testing was completed on 03/02/2025.

Review of the facility's February 2026 staff schedule showed that Staff A worked on 02/16/2026, 02/17/2026, 02/18/2026, 02/19/2026, 02/22/2026, 02/23/2026, 02/24/2026, and 02/25/2026.

In an interview on 02/27/2026 at 11:10 AM, Staff N, Human Resources, confirmed that no testing for TB had been completed prior to the 03/02/2025 test.

<Staff C>

Review of Staff C's, Caregiver, personnel file showed that they were hired on 05/07/2024. Further review showed that the first step of their TB testing was completed on 07/23/2024.

Review of the facility's February 2026 staff schedule showed that Staff C worked on 02/16/2026, 02/17/2026, 02/19/2026, 02/20/2026, 02/23/2026, 02/24/2026, and 02/26/2026.

In an interview on 02/27/2026 at 11:10 AM, Staff N confirmed that no testing for TB had been completed prior to the 07/23/2024 test.

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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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Administrator (or Representative) — Date: 3/16/24

WAC 388-76A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan, and

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan for family assistance with medication was in place for 2 of 10 sampled residents (Resident 1 and 8). This failure placed the residents at risk of not receiving their medications as

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, FAIRWOOD NORTHRIDGE 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

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan for family assistance with medication was in place for 2 of 10 sampled residents (Resident 1 and 8). This failure placed the residents at risk of not receiving their medications as

prescribed.

<Resident 1>

Review of Resident 1's Client Assessment & Initial Plan of Care (the facilities combined assessment and Negotiated Service Agreement, NSA), dated 09/17/2025, showed the resident was admitted on [redacted] 2025 and that family assisted with their over the counter medications.

Review of Resident 1's December 2025, January 2026, and February 2026 Medication Administration Records (MARs) showed seven over the counter medications.

In an interview on 02/24/2026 at 1:45 PM, Staff O stated they had not completed a family assistance with medications plan for Resident 1.

<Resident 8>

Review of Resident 8's NSA, dated 10/10/2025, showed the resident was admitted on [redacted]/2025.

Review of Resident 8's December 2025, January 2026, and February 2026 MARs showed an order for K2+D3 to be given daily, and a note that indicated their family provided the medication. Further review showed that between 12/11/2026 - 02/24/2026 the medication was documented as "administered", "waiting for pharmacy delivery", "waiting for family to deliver", or left blank.

In an interview on 02/25/2026 at 2:13 PM, Staff R confirmed that the K2+D3 had not been administered between 12/23/2025 – 02/24/2026 due to the medication not being available and identified the chartings that indicated that it had been administered as documentation errors.

In an interview on 02/24/2026 at 4:05 PM, Staff A confirmed that they did not have a signed family plan for Resident 1 or 8.

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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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26 .

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

Administrator (or Representative) — 3/16/26 Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(8) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure water temperatures were maintained between 105 – 120 degrees Fahrenheit for 5 of 6 common area sinks (Assisted Living Resident Laundry Room, Memory Care Resident Laundry Room, Assisted Living Bathroom, Memory Care Bathroom 1, and Memory Care Bathroom 2) and for 3 of 6 sampled resident rooms (Resident 2, 3, and 4's rooms) This failure resulted in a resident getting scalded by hot water and placed residents at risk of burns.

Findings included...

In an interview on 02/23/2026 at 11:00 AM, Staff S, Maintenance Director, stated that maintenance staff completed water temperature measurements twice per week, and that results were documented on a log. Staff S stated the common areas on the log include Assisted Living Resident Laundry Room, Memory Care Resident Laundry Room, Assisted Living Bathroom, and the Memory Care Bathroom 2. Staff S stated that maintenance staff ran the water in each sink for one to two minutes and that temperatures typically were around 125-130 Fahrenheit (F).

<Common Areas>

Observation on 02/23/2026 at 10:57 AM showed the Assisted Living Resident Laundry Room sink temperature measured 127.2 F.

Observation on 02/23/2026 at 10:57 AM showed the Assisted Living Bathroom

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, FAIRWOOD NORTHRIDGE 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

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure water temperatures were maintained between 105 – 120 degrees Fahrenheit for 5 of 6 common area sinks (Assisted Living Resident Laundry Room, Memory Care Resident Laundry Room, Assisted Living Bathroom, Memory Care Bathroom 1, and Memory Care Bathroom 2) and for 3 of 5 sampled resident rooms (Resident 2, 3, and 4's rooms). This failure resulted in a resident getting scalded by hot water and placed residents at risk of burns.

Findings included…

In an interview on 02/23/2026 at 11:00 AM, Staff S, Maintenance Director, stated that maintenance staff completed water temperature measurements twice per week, and that results were documented on a log. Staff S stated the common areas on the log include Assisted Living Resident Laundry Room, Memory Care Resident Laundry Room, Assisted Living Bathroom, and the Memory Care Bathroom 2. Staff S stated that maintenance staff ran the water in each sink for one to two minutes and that temperatures typically were around 125-130 Fahrenheit (F).

<Common Areas>

Observation on 02/23/2026 at 10:57 AM showed the Assisted Living Resident Laundry Room sink temperature measured 127.2 F.

Observation on 02/23/2026 at 10:57 AM showed the Assisted Living Bathroom

temperature measured 133.1 F.

Observation on 02/23/2026 at 11:14 AM showed the Memory Care Bathroom 1 temperature measured 132.6 F.

Observation on 02/23/2026 at 11:17 AM showed the Memory Care Resident Laundry Room temperature measured 132.2 F.

Observation on 02/23/2026 at 11:23 AM showed the Memory Care Bathroom 2 temperature measured 130.2 F.

Review of the temperature logs for January 2026 and February 2026 showed the following:

01/05/2026, Assisted Living Bathroom - 132.9 F
01/09/2026, Assisted Living Bathroom - 132.4 F
01/14/2026, Memory Care Bathroom 2 - 131.3 F
01/19/2026, Memory Care Bathroom 2 - 131.3 F
01/28/2026, Memory Care Bathroom 2 - 131.5 F
02/09/2026, Memory Care Bathroom 2 - 132.2 F
02/12/2026, Memory Care Bathroom 2 - 131.1 F
02/18/2026, Memory Care Bathroom 2 - 131.1 F
02/25/2026, Memory Care Bathroom 2 - 134.9 F

<Resident Rooms>

Observation on 02/24/2026 at 2:20 PM, showed Resident 2’s water temperature taken at their kitchen sink measured 128.0 degrees F.

Observation on 02/24/2026 at 10:47 AM, showed the hot water temperature in Resident 3’s bathroom measured 131.9 degrees F. In an interview at that time, Resident 3 stated that the water temperature in their room was frequently too hot. Resident 3 further stated that during their showers, “the water had gotten so hot before and I yelled at [caregiver] turn it off, turn it off.”

Observation on 02/24/2026 at 3:05 PM, showed that Resident 4’s hot water temperature taken at their kitchen sink measured 130.8 degrees F.

In an interview on 02/23/2026 at 3:45 PM, Staff L, Administrator, stated that they were not aware that water temperatures were out of range.

Statement of Deficiencies	License # 1989	Compliance Determination # 73465
Plan of Correction	FAIRWOOD NORTHRIDGE LLC	Completion Date
Page 25 of 26	Licensee: FAIRWOOD NORTHRIDGE LLC	02/27/2026

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, FAIRWOOD NORTHRIDGE LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Administrator (or Representative) — Date: 3/16/26

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, FAIRWOOD NORTHRIDGE 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

FAIRWOOD NORTHRIDGE LLC
FAIRWOOD NORTHRIDGE LLC
312 W HASTINGS RD
SPOKANE, WA 99218

RE: FAIRWOOD NORTHRIDGE LLC # 1989

Dear Administrator:

This document references the following complaint numbers 213949.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 02/27/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services

Region 1, Unit B
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/27/2026), no later than 04/13/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(5) The release of audio or video monitoring recordings by the facility is prohibited. Each person or organization with access to the electronic monitoring must be identified in the resident's negotiated service agreement.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

Observation of a resident’s room showed they had electronic monitoring. The resident's negotiated service agreement did not identify who had access to video recording footage and the facility did not obtain a signed consent each quarter for the camera. Prior to the conclusion of the survey, the facility obtained a signed consent and documented who had access to video recording footage.

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement, and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

(m) When services related to medications and treatments are provided under the delegation of a registered nurse consistent with chapter 246-840 WAC;

Review of resident records showed sampled residents had medications refusals, medications that were not available, and were nurse delegated for medications. The

facility did not have policies for medication refusals, non-availability of medications, and nurse delegation. New policies were created prior to the conclusion of the survey.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

facility did not have policies for medication refusals, non-availability of medications, and nurse delegation. New policies were created prior to the conclusion of the survey.

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If You Have Any Questions:

• Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B
Residential Care Services

Enclosure