



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

CASCADE LIVING GROUP - KENT LLC
THE INN AT ARBOR VILLAGE
24205 116TH AVE SE
KENT, WA 98030

RE: THE INN AT ARBOR VILLAGE License # 1994

Dear Administrator:

This letter addresses Compliance Determination(s) 75427 (Completion Date 04/07/2026) and 72364 (Completion Date 02/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/07/2026 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-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2474-2-c, WAC 388-112A-0400-4-b, WAC 388-112A-0400-4-c, WAC 388-112A-0495-4

The Department staff who did the on-site verification:

Steven Garrett, LTC Licenser

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1994	Compliance Determination # 72364
Plan of Correction	THE INN AT ARBOR VILLAGE	Completion Date
Page 1 of 5	Licensee: CASCADE LIVING GROUP - KENT LLC	02/12/2026

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 02/04/2026 and 02/06/2026 of:

THE INN AT ARBOR VILLAGE
24205 116TH AVE SE
KENT, WA 98030

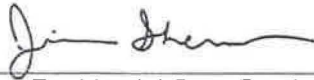
The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licenser

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

02/13/2026

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)

02.23.26

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure a valid Washington state name and date of birth background check was maintained and a background inquiry (BGI) was completed every 2 years for 2 of 6 staff (Staff E and Staff F). This failure placed 6 residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included...

Review of facility's undated personnel records showed the facility hired Staff E, Retirement Living Director, on 12/02/2014 and Staff F, Care Associate, on 07/07/2006.

Review of Staff E's records showed documentation that Staff E completed a Washington state name and date of birth BGI on 04/12/2023. Review of Staff E's records showed documentation that Staff E completed a Washington state name and date of birth BGI on 09/05/2025, 146 days after the previous Washington state name and date of birth

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Residential Care Services

Date

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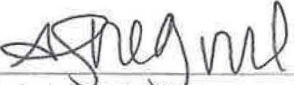
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BGI expired.

Review of Staff F's records showed documentation that Staff F completed a Washington state name and date of birth BGI on 09/20/2023. Review of Staff F's records showed documentation that Staff F completed a Washington state name and date of birth BGI on 10/28/2025, 38 days after the previous Washington state name and date of birth BGI expired.

During an interview on 02/06/2026 at 11:40 AM, Staff A, Executive Director/Administrator, stated that they were aware of the background inquiry requirements. Staff A stated that they were aware that Staff E and Staff F did not complete the Washington state name and date of birth BGI as required.

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, THE INN AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) <u>3.29.26</u>.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>02.23.26</u> Date

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

- (b) Dementia specialty training as described in WAC 388-112A-0440 ; and
- (c) Mental health specialty training as described in WAC 388-112A-0450 .

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within

BGI expired.

Review of Staff F's records showed documentation that Staff F completed a Washington state name and date of birth BGI on 09/20/2023. Review of Staff F's records showed documentation that Staff F completed a Washington state name and date of birth BGI on 10/28/2025, 38 days after the previous Washington state name and date of birth BGI expired.

During an interview on 02/06/2026 at 11:40 AM, Staff A, Executive Director/Administrator, stated that they were aware of the background inquiry requirements. Staff A stated that they were aware that Staff E and Staff F did not complete the Washington state name and date of birth BGI as required.

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, THE INN AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date)_____.

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Administrator (or Representative)

Date

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(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within

ninety days of completion of basic training.

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:

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

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 6 staff (Staff B) completed all required training to perform their job duties and responsibilities. This failure placed 6 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the facility's Characteristics Roster showed the facility provided assisted living services to 6 residents. Review showed the facility served at least one resident with dementia and mental health special needs.

Review of facility's personnel records showed the facility hired Staff B, Wellness Director/Licensed Practical Nurse (LPN), on 05/19/2025.

SPECIALTY TRAINING: DEMENTIA AND MENTAL HEALTH

Review of the facility's personnel records showed no documentation that Staff B completed the required specialty training for dementia and mental health.

During an interview on 02/05/2026 at 12:05 PM, Staff A, Executive Director/Administrator, stated the facility provided care and services to residents with primary diagnoses of [REDACTED] and [REDACTED] conditions. Staff A stated they were aware of the specialty training requirements for caregiver staff. Staff A stated they were unaware that Staff B had not completed the required specialty training requirements.

Statement of Deficiencies

License #: 1994

Compliance Determination # 72364

Plan of Correction

THE INN AT ARBOR VILLAGE

Completion Date

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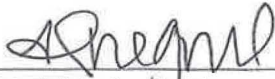
Licensee: CASCADE LIVING GROUP - KENT LLC

02/12/2026

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, THE INN AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 03.29.26.

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



Administrator (or Representative)

02.23.26

Date