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

CASCADE LIVING GROUP - KENT LLC
THE LODGE AT ARBOR VILLAGE
24004 114TH PLACE SE
KENT, WA 98030

RE: THE LODGE AT ARBOR VILLAGE License # 2037

Dear Administrator:

This letter addresses Compliance Determination(s) 70632 (Completion Date 12/29/2025) and 67605 (Completion Date 11/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/29/2025 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-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-3090-1-a, WAC 388-78A-2240, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-24681

The Department staff who did the on-site verification:
Steven Garrett, LTC Licensor
Jane Hermano, NCI

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2037	Compliance Determination # 67605
Plan of Correction	THE LODGE AT ARBOR VILLAGE	Completion Date
Page 1 of 9	Licensee: CASCADE LIVING GROUP - KENT LLC	11/03/2025

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 10/22/2025 and 10/27/2025 of:
THE LODGE AT ARBOR VILLAGE
24004 114TH PLACE SE
KENT, WA 98030

The following sample was selected for review during the unannounced on-site visit: 7 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support 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.

Jim Sherman
Residential Care Services

11-05-2025
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)

11/5/2025
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to document in 1 of 7 sampled resident's (Resident 2) service agreement the care services and interventions to meet the resident's needs. This failure placed Resident 2 at risk for unmet care needs and potential worsening condition.

Findings included...

Review of the facility's Move-in Records showed the facility admitted Resident 2 on [redacted]/2025 with multiple diagnoses which included [redacted] and [redacted]. Review of Resident 2's records showed a completed cognitive screening tool that focused on memory and orientation. Resident 2 was assessed with moderate cognitive impairment.

Observation in Resident 2's apartment on 10/24/2025 at 10:54 AM, showed an empty urine collection bag hanging from a bathroom grab bar. Resident 2 showed a catheter (a small flexible tube that drains urine from the bladder) with a smaller collection bag held in place to their left leg.

During an interview at the same time, Resident 2 stated that they were unable to urinate on their own. Resident 2 stated they use a urinary catheter that remains in the bladder for a period of time. Resident 2 stated that the clinic's physician removed and replaced the catheter every month. Resident 2 stated that the staff assisted emptying the urine collection bag every day.

Review of Resident 2's 14-day assessment, dated 09/29/2025, showed Resident 2 was incontinent (inability to control flow of urine from bladder) and needed assistance with catheter use. Review of the assessment showed the staff assisted emptying the bag each shift.

Review of Resident 2's service plan (also called service agreement), dated 09/30/2025, showed no documentation Resident 2 used a catheter. Review of the service plan showed no interventions for catheter-associated urinary infection. The service plan showed no documentation of a plan in the event the catheter came off or pulled out.

During an interview on 10/24/2025 at 10:14 AM, Staff A, Administrator and Licensed Practical Nurse, stated that they were unaware Resident 2's service plan showed no documentation related to catheter care.

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 LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 12/18/25 .

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

Administrator (or Representative) — Date: 11/5/2025

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

This requirement was not met as evidenced by:

Based on observations, interview, and record review, the facility failed to ensure 1 of 6 common bathrooms with showers (Baker unit) and 2 of 2 second floor porches (Cascade unit and Denali unit) were safe and well maintained. This failure placed the residents at risk of injury and a diminished quality of life.

Findings included...

During an interview on 10/22/2025 at 1:16 PM, Staff A, Executive Director, stated that the facility provided care and services to residents diagnosed with [redacted] or [redacted]. Staff A stated that the building consisted of four secured memory care units.

Observation on 10/23/2025 at 10:49 AM showed two units, Cascade and Denali, on the second floor. Each unit showed an enclosed partially covered porch for resident access accumulated with moss on the damp wall area and the wood trim at the base of the window. Observation showed green mildew and grime under the puddle of water that covered the wet area on the floor.

Observation showed no warning sign to alert any residents of the potential safety hazard.

Observation of the Baker unit's common bathroom with shower on 10/23/2025 at 11:23 AM showed a three-foot-high tiled wall that separated the shower area from the rest of the bathroom. Observation on the wall near the shower showed widespread patches of large peeling blisters or bubbles of paint. The bubbling paint down from the ceiling was significant that created an uneven surface on the wall.

During an interview, Staff G, Plant Operations Director, stated that they were unaware of the peeling and bubbling of the paint in the resident's common bathroom. Staff G stated they were unsure if the uneven texture was caused from poor quality paint or water damage. Staff G stated that the uncovered part of the porch was consistently wet from the rain. Staff G stated that the two porches were accessible to ambulatory residents. Staff G stated that the wall needed to be repainted, and the porch cleaned.

Review of the facility's preventive maintenance system (TELS) showed multiple maintenance tasks. The records showed no documentation about when the bathroom shower and the porch were last inspected.

This deficiency was corrected on-site at the time of visit.

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 LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 12/18/2025 .

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

Administrator (or Representative) 11/5/2025 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 observation, interview, and record review, the facility failed to ensure that 1 of 7 residents (Resident 7) prescribed a daily pain patch received the medication as prescribed. This failure placed Resident 7 at risk of experiencing pain, not having care needs met, and a diminished quality of life.

Findings included...

Review of the facility's policies titled, "Medication Assistance", revised 10/2023 and "Medication Management", revised 11/2023, showed no instruction for contacting the resident's medical provider if receipt of a resident's medication into the facility was delayed.

Review of Resident 7's records showed Resident 7 was diagnosed with [redacted]

Review of Resident 7's Medication Administration Records (MARS) dated 08/20/2025 – 10/02/2025, showed the nurses were instructed to apply a Lidocaine patch (used to numb pain) every morning for 12 hours (and off for 12 hours) beginning on 08/20/2025. The prescription was discontinued on 10/22/2025. The MARS showed that the facility never received the Lidocaine.

Review of the Resident 7's progress notes, dated 08/21/2025 – 10/02/2025, showed the

facility made no notations related monitoring to Resident 7's level of pain. Review of a note dated 09/19/2025 showed the facility was informed by the pharmacy that the Lidocaine patch required preauthorization from the insurance company.

Review of Resident 7's "Health Status Note", dated 09/11/2025, showed Staff I, Nurse, Licensed Practical Nurse (LPN), contacted the pharmacy about the Lidocaine prescription. Staff I indicated the pharmacy was waiting for preauthorization. Review of the "Health Status Note", dated 09/19/2025, showed Staff I contacted the medical provider to get the preauthorization.

Review of a fax dated 10/02/2025, to Resident 7's medical provider showed the Lidocaine prescription had not cleared insurance authorization. The communication stated that Resident 7 denied pain and requested the Lidocaine be discontinued for non-use.

Observation on 10/23/2025 at 10:15 AM and 10/27/2025 at 10:38 AM, showed Resident 7 participated in the facility's activities program. Resident 7 volunteered responses consistent with their diagnosis of [redacted] in that the responses were not aligned with their current circumstances.

During an interview on 10/24/2025 at 10:57 AM, Staff J, Nurse LPN, stated that they coordinated with the doctor and the insurance company. Staff J stated that Resident 7 showed no evidence of pain and attended activities and meals.

During an interview on 10/24/2025 at 2:20 PM, Resident 7's representative (rep) stated that they experienced concern the facility never administered Lidocaine to Resident 7. The rep stated that Resident 7 by nature, concealed their pain from staff. The rep stated that sometimes Resident 7 was not in pain, but sometimes they experienced pain.

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 LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 12/18/2025 .

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

Administrator (or Representative) — Date: 11/5/25

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 observation, interview, and record review, the facility failed to ensure that 1 of 2 Care Associates (Staff F) had an updated Washington State name and date of birth background check submitted every two years. This failure placed all 34 memory care residents at risk of abuse, neglect, or exploitation from care staff with an unchecked criminal background history.

Findings included...

Review of the facility's undated Resident Characteristic Roster showed the facility provided care and services in its secured building for 34 residents diagnosed with [redacted] and or [redacted].

Observation on 10/22/2025 at 1:00 PM through 10/27/2025 at 12:00 PM, showed residents within the secured memory care facility dependent upon care due to noticeable [redacted] and additional debilitating diagnoses.

Review of the facility's undated staff roster showed the facility hired Staff F on 07/03/2022 as a Care Associate to provide care and services to the residents. The record showed that the initial Washington State name and date of birth background check for Staff F was completed on 07/13/2022. The second Washington State background check for Staff F, due on 07/13/2024, was completed seven months late on 03/13/2025.

Review of the facility's care staff schedule from 10/5/2025 – 10/25/2025 showed the facility employed Staff F to work six shifts a week.

During an interview on 10/24/2025 at 11:54 AM, Staff A, Executive Director, stated that they were aware Staff B's background check renewal was initially missed. Staff A stated

that the new Business Office Manager (BOM) reviewed the staff background checks. The BOM discovered that there had previously been no system for staff background check renewal.

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 LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 12/18/2025.

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

Administrator (or Representative) — Date: 11/5/2025

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 Care Associates (Staff D) hired in 2025 completed the national fingerprint background check. This failure placed all 34 memory care residents at risk of abuse, neglect, or exploitation from care staff with an unchecked criminal background history.

Findings included...

Review of the facility's undated Resident Characteristic Roster showed the facility provided care and services in its secured building for 34 residents diagnosed with [redacted] and or [redacted]

Observation on 10/22/2025 at 1:00 PM through 10/27/2025 at 12:00 PM, showed residents within the secured memory care facility dependent upon care due to noticeable [redacted] and additional debilitating diagnoses.

Review of the facility's undated staff roster showed the facility hired Staff D on 04/10/2025 as a Care Associate to provide care and services to the residents. Review of Staff D's employee file showed no record of a completed national fingerprint background check.

Review of the facility's care staff schedule from 10/5/2025 – 10/25/2025 showed the facility employed Staff D to work seven shifts a week.

During an interview on 10/22/2025 at 9:25 AM, Staff B, Assistant Executive Director, stated that they were aware the facility did not have the fingerprint background check for Staff D that was due on 09/21/2025.

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, THE LODGE AT ARBOR VILLAGE is or will be in compliance with this law and / or regulation on (Date) 12/18/2025 .

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

Administrator (or Representative) 11/5/2025 Date