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

SEA MAR COMMUNITY HEALTH CENTERS
THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

RE: THE CANNON HOUSE License # 2056

Dear Administrator:

This letter addresses Compliance Determination(s) 68066 (Completion Date 11/04/2025) and 64634 (Completion Date 09/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/04/2025 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-3040-3, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-a, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2305-1, WAC 388-78A-2474-2-d, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b

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

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

Sincerely,

Jamie Singer

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

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

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 08/25/2025 and 08/28/2025 of:
THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following complaint numbers: 191394.

The following sample was selected for review during the unannounced on-site visit: 9 of 69 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

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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.

Jamie Singer
Residential Care Services

9/8/2025
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)

9/9/2025
Date

WAC 388-78A-3040 Laundry.

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

This requirement was not met as evidenced by:

Based on observation, and interview, the Assisted Living facility (ALF) failed to ensure 3 of 3 washing machines, used by residents, were able to reach 140 degrees Fahrenheit (F) during the washing cycle, or had a sanitizing process between uses. This failure placed 69 residents at risk for cross contamination and illness.

Findings included...

Observation, and interview, during the environmental tour, on 08/25/2025 starting at 10:32 AM, showed the ALF had laundry rooms on the 2nd, 3rd, and 4th floor. Staff E (Maintenance/Housekeeping Supervisor) stated that during the daytime, the laundry rooms were used by staff to wash linens. In the afternoon, the laundry rooms were opened to the residents to wash their personal clothing. All washing machines were Maytag household use model.

In an interview, on 08/25/2025 at 11:23 AM, Staff E (Maintenance/Housekeeping Supervisor) stated that the washing machines on each floor were fed by the same water heater as the laundry room sinks, and the temperature from the sinks were the same as the temperatures in the washing machines. Staff E stated, "there's no increase of temperature into the machine." Staff E also stated there was no sanitizing procedure

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.

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between loads.

Temperatures for the sinks in the laundry rooms showed that on 08/25/2025 at 11:15 AM, the 2nd floor laundry room sink was 107.8 F. On 08/25/2025, at 10:50 AM, the 3rd floor laundry room sink was 109.6 F, and on 08/25/2025, at 10:35 AM, the 4th floor laundry room sink was 106.1 F.

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 CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/23/2025

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

Jenni Smith 9/9/2025

Administrator (or Representative) Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop a system to ensure the facility completed an annual assessment for 2 of 10 residents (Resident 6 and Resident 7) with updated information about their chronic health conditions and medication management. This placed Resident 6 and Resident 7 at risk for receiving a level of care that did not meet their unique needs, and Resident 7 at risk

between loads.

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Based on interview and record review, the Assisted Living Facility (ALF) failed to develop a system to ensure the facility completed an annual assessment for 2 of 10 residents (Resident 6 and Resident 7) with updated information about their chronic health conditions and medication management. This placed Resident 6 and Resident 7 at risk for receiving a level of care that did not meet their unique needs, and Resident 7 at risk

for medication errors.

Findings included...

Note: According to the Davis's Drug Guide for Nurses, January 2024, aspirin (also known as Acetylsalicylic Acid or ASA), may be prescribed to reduce the risk of myocardial infarction (MI) (when blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely) in patients with a history of MI. Aspirin decreases platelet aggregation (causes red blood cells to be less sticky so they don't form blood clots). Adverse reactions include gastrointestinal bleeding. Anticoagulant medications may cause unusual bruising, bleeding of the gums, and black, tarry stools.

Resident 6

Record Review of a Characteristic Roster, dated 08/15/2025, showed the ALF admitted Resident 6 on [redacted]/2020 with multiple chronic conditions including, "other epilepsy and recurrent conditions" (Epilepsy is a brain disorder that causes recurring, unprovoked seizures). A review of a Department Current Annual Assessment, dated 07/08/2025, showed Resident 6 reported they experienced weekly seizures of one to five minute's duration. Record review of eMARs for June, July and August 2025 showed Resident 6's primary care provider prescribed a twice-daily medication used to control seizures.

Review of a Senior Living Assessment/ISP (equivalent to an Annual Assessment), dated 11/04/2024, showed the ALF did not assess the seizure disorder, even though it was thoroughly documented in the Department's assessment.

In an interview, on 08/27/2025 at 1:35 PM, Staff I (Licensed Practical Nurse) stated they reviewed the Assessment and acknowledged there were no details specific about Resident 6's [redacted] diagnosis or reported seizure activity.

Resident 7

Record review of a Resident Characteristic Roster, dated 08/15/2025, showed the ALF admitted Resident 7 on [redacted]/2021. Review of a Face Sheet, dated 08/25/2025, showed Resident 7's diagnoses included [redacted] and [redacted]. Review of a hospital discharge summary, dated 08/01/2025, showed Resident 7 received a new diagnosis of [redacted].

Review of a Senior Living Assessment/ISP (equivalent to an Annual Assessment), last updated on 02/25/2025, showed Resident 7's primary care provider (PCP) prescribed prophylactic aspirin, 81 milligrams (mg) daily. Review of electronic Medication Administration Records (eMARs) for June, July, August and September 2025 showed the aspirin was administered daily, with the indication for use documented as stroke prevention.

Record review of hospital discharge instructions, dated [redacted]/2025, showed the hospital admitted Resident 7 after an episode of rectal bleeding. Examination showed Resident 7 developed esophageal varices, related to their liver condition. The discharge instructions included a directive to return to the hospital for black stools and abdominal pain. Attached information describing esophageal varices showed that, "varices are a serious and deadly problem. Treatment is needed to prevent them from bursting (rupturing) and bleeding, if bleeding occurs, it can cause death." Bleeding varices were described as an emergency problem.

Record review showed the ALF did not update Resident 7's Assessment with the esophageal varices information to inform caregivers and other staff of the urgency of any unusual bleeding experienced by the resident. The resident was particularly at risk due to the daily administration of aspirin.

In an interview, on 08/28/2025 at 12:20 PM, with Staff I, the Department Representative requested records showing the ALF updated Resident 7's Assessment with information about the aspirin and the esophageal varices. Staff I stated the Assessment was not updated to include this information.

Record review of the most recent Assessment showed Resident 7 had a known history of tobacco use. Further record review showed the last smoking safety screen was completed 05/18/2022. The ALF had not completed an annual smoking safety screening to ensure Resident 7 continued to be a safe smoker.

During an interview, on 08/27/2025 at 2:15 PM, Staff I stated that Resident 7 required an annual smoking assessment.

Record review showed the ALF completed a self-administration assessment for Resident 7 on 07/03/2019. The Assessment showed Resident 7 was determined to be "completely capable" of administering their own medication. Only one medication was listed on the self-medication assessment.

Review of the Senior Living Assessment/ISP, completed 02/25/2025, showed Resident 7 as capable of self-administering one medication, with all other medications administered by the ALF. Review of an eMAR, dated June 2025, showed it was "Okay for Resident to self-administer all of their current medication list including Humira and insulin when out and about in the community."

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Review of eMARs for May, June, July and August 2025 showed Resident 7 self-administered scheduled medications including a lidocaine patch, two estrogen creams, a corticosteroid cream, and an inhaler. The eMARs showed Resident 7 self-administered an anti-diarrheal medication, as needed.
In an interview, on 08/27/2025 at 4:50 PM, Staff I stated that there was no current self-medication assessment for 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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/23/2025.

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

Jami Smith 9/9/2025

Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to update the Negotiated Service Agreement (NSA) for 1 of 10 residents (Resident 3) after admission to the ALF. In addition, the ALF failed to update the NSA for 2 of 10 residents (Resident 6 and Resident 7) with information that demonstrated the residents experienced a change in condition, or when a chronic condition was not adequately assessed. This failure placed Resident 3, 6, and 7 at risk for unmet care needs.

Findings included...

Resident 3

Review of eMARs for May, June, July and August 2025 showed Resident 7 self-administered scheduled medications including a lidocaine patch, two estrogen creams, a corticosteroid cream, and an inhaler. The eMARs showed Resident 7 self-administered an anti-diarrheal medication, as needed.
In an interview, on 08/27/2025 at 4:50 PM, Staff I stated that there was no current self-medication assessment for Resident 7.

Plan/Attestation Statement

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Findings included...

Resident 3

Record review of a Resident Characteristic Roster (RCR), dated 08/15/2025, showed the ALF admitted Resident 3 on [redacted]/2025 with multiple medical conditions to include schizophrenia (a chronic mental illness characterized by a combination of positive, negative, and cognitive symptoms that significantly impair daily functioning), depression (a common mental health condition characterized by persistent feelings of sadness, loss of interest, and other symptoms that interfere with daily life), insomnia (a common sleep disorder characterized by difficulty falling or staying asleep, despite having adequate opportunity to do so), and chronic pain.

Record review of Resident 3's initial Assessment, dated 05/14/2025, showed, under "Psychological and Behavior Needs: [Resident 3] is depressed after passing of rental building manager who was close friend. Depression led him to stop eating and eventually getting evicted." Further review of Resident 3's Assessment showed that the resident had chronic jaw pain and preferred to have pain controlled by over-the-counter medications. Resident 1's Assessment also stated that the resident experienced difficulty sleeping.

Record review of Resident 3's Service Plan Report (SPR - equivalent to a Negotiated Service Agreement), dated 06/04/2025, gave no interventions, or instructions, to the care staff regarding the residents' depression, pain, or insomnia. In addition, there was no mention of Resident 1's schizophrenia.
In an interview, on 08/28/25 at 10:43 AM, Staff I (Licensed Practical Nurse) stated that she was not aware, and would review the SPR for any updates.

Resident 6

Record review of a RCR, dated 08/15/2025, showed the ALF admitted Resident 6 on [redacted]/2020 with multiple chronic conditions including, "other epilepsy and recurrent conditions" (Epilepsy is a brain disorder that causes recurring, unprovoked seizures). A review of a Department Current Annual Assessment, dated 07/08/2025, showed Resident 6 reported they experienced weekly seizures of one to five minute's duration. Record review of eMARs for June, July and August 2025 showed Resident 6's primary care provider prescribed a twice-daily medication used to control seizures.

Record review of a SPR, last updated 01/24/2025, showed no information about the resident's self-reported active seizure disorder. There were no details to guide staff in the recognition and management of a seizure, including what to do and when to call for emergency services.

In an interview, on 08/27/2025 at 1:35 PM, Staff I stated that they had not seen a seizure plan for Resident 6.

Resident 7

Record review of a RCR, dated 08/15/2025, showed the ALF admitted Resident 7 on [redacted]/2021. Review of a Face Sheet, dated 08/25/2025, showed Resident 7's diagnoses included [redacted]. Review of a hospital discharge summary, dated [redacted]/2025, showed Resident 7 received a new diagnosis of [redacted]

Review of a Senior Living Assessment/ISP (equivalent to an Annual Assessment), last updated on 02/25/2025, showed Resident 7's primary care provider (PCP) prescribed prophylactic aspirin, 81 milligrams (mg) daily. Review of electronic Medication Administration Records (eMARs) for June, July, August and September 2025 showed the aspirin was administered daily, with the indication for use documented as stroke prevention.

Record review of hospital discharge instructions, dated [redacted]/2025, showed the hospital admitted Resident 7 after an episode of rectal bleeding. Examination showed Resident 7 developed esophageal varices. Varices were described as a serious and deadly problem.

Review of a SPR last updated 01/17/2025, did not show a safety plan for care staff to refer to if Resident 7 reported any signs of unusual bleeding or bruising. Emergency instructions for the varices were to return to the hospital for black stools and abdominal pain. This information was not included in the SPR or used to develop a Temporary Care Plan to alert caregiving staff about the varices.

In an interview, on 08/28/2025 at 12:20 PM with Staff I, Staff I stated the assessment was not updated to include this information. The SPR could not be updated without an up-to-date Assessment.

Plan/Attestation Statement

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Administrator (or Representative) 9/9/2025 Date

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

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

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to deliver medications as prescribed for 1 of 10 residents (Resident 1) and did not notify the resident's Primary Care Physician (PCP). In addition, the ALF failed to review and monitor discharge medication orders for 1 of 10 residents (Resident 7), which resulted in a resident who actively smoked potentially receiving a nicotine patch. This placed Resident 1 at risk for increased health issues, and Resident 7 at risk for medication error.

Findings included...

Resident 1

Record review of ALF policy titled Missed Medications, dated September 2024, stated : "If a resident does not arrive for medication assistance at the prescribed time, 1 hour prior or within 1 hour after prescribed time, then the Medication Technician is to report it to the CNA and have them check on resident in unit and remind the resident of medication time. If resident is out of the facility the MAR will be documented appropriately for resident's absence. If resident is in facility then the resident can have, either: Medications delivered if they are not well or CNA will report to Med Tech if resident needs medication delivery."

Record review of a Resident Characteristic Roster (RCR), dated 08/15/2025, showed the ALF admitted Resident 1 on [redacted]/2021 with multiple chronic conditions, including high blood pressure.

Record review of a doctor's order, from 11/21/2024, showed Resident 1 was prescribed hydralazine (a medication used to treat high blood pressure) HCL tablet, 10 milligram (mg), take, by mouth, three times per day and take blood pressure before giving the medication. The order further stated parameters for the blood pressure, and if the systolic blood pressure (upper number) was less than 110 then do not give the medication.

Record review Resident 1's electronic Medical Administration Record (eMAR) for June,

2025, showed Resident 1 missed 20 of 90 scheduled doses of hydralazine HCL and blood pressure was not monitored. Record review of Resident 1's eMAR for July, 2025, showed Resident 1 missed 25 of 93 scheduled doses of hydralazine HCL, and blood pressure was not monitored. Record review of Resident 1's eMAR for August, 2025 showed Resident 1 missed 12 of 75 scheduled doses of hydralazine HCL, and blood pressure was not monitored.

In an interview, on 08/26/2025 at 10:40 AM, Staff G (Medication Technician) stated that the procedure for all residents at the ALF was to come to the medication cart to receive their medications, and medications were only taken to a resident's room on special occasions (illness). Staff G stated that, many times, Resident 1 did not come down for medications until it was time for his noon dose, so they would skip a dose, so as not to overdose the resident. Staff G stated that when this happened, they would tell the nurse.

In an interview, on 08/26/2025 at 11:35 AM, Staff H (Licensed Practical Nurse) stated that when the nurse was notified of a regular refusal, they would notify the resident's PCP. Staff H stated that she would look for communication with the PCP.

In an interview, on 08/28/25 at 11:15 AM, Staff I (Licensed Practical Nurse) stated that she was not aware Resident 1 had missed any doses of hydralazine HCL and could find no previous communication with the PCP.

Resident 7

Record review of a RCR, dated 08/15/2025, showed the ALF admitted Resident 7 on [redacted]/2021 with multiple chronic conditions, including nicotine dependence.
Review of an electronic Treatment Administration Record (eTAR) for July, 2025 showed a nicotine patch added to the record with a start date of 07/24/2025. Review of Progress Notes showed notations "awaiting pharmacy" on 07/26/2025, "no refill yet" on 07/27/2025, and "N/A" on 08/02/2025 at 12:08 PM. Review of the eTAR for August, 2025 showed the nicotine patch documented as applied at 8:00 AM on 08/03/2025 and 08/04/2025. Review of an Order Summary report, showing active orders as of 08/27/2025, found the pharmacy electronically transmitted the nicotine patch order to the ALF. There were no progress notes to show the ALF contacted the pharmacy to alert them a nicotine patch was inappropriate for an active smoker.

In an interview on 08/27/2025 at 1:35 PM, Staff I (Licensed Practical Nurse) explained that the nicotine patch was probably a short-term order prescribed during Resident 7's a hospital stay. Staff I also explained that the pharmacy would not remove medication orders without a discontinue order from the prescriber, and the ALF did not have the authority to manually discontinue orders. Staff I stated that the patch was never administered to Resident 7, even though the eTAR showed two different staff applied and removed the patch. Staff I also stated that Resident 7 was never meant to use patch as they were actively smoking cigarettes.

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According to the package insert, a nicotine patch should not be used while smoking or using any other product containing nicotine.

Plan/Attestation Statement

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

Yuri Smith
Administrator (or Representative)

9/9/2025
Date

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

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and record review, the Assisted Living Facility (ALF) failed to maintain outer surfaces of an icemaker and juice machine in a clean and sanitary condition. This placed the ALF's 69 residents at risk for foodborne illness.

Findings included...

Note: Washington Administrative Code (WAC) 246-215-04600 – Objective – Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (FDA Food Code 4-601.11). 3. Nonfood-contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

During an inspection of the ALF's kitchen, on 08/28/2025 at 8:20 AM, observation showed an automatic ice maker and juice machine, positioned next to each other. Closer observation showed a dark residue, visible on the surfaces surrounding the ice bin itself. The residue was confined to the edges of the icemaker lid, where the lid made contact with the bin.

Observation of the juice machine at 8:22 AM showed a white faceplate on the underside

According to the package insert, a nicotine patch should not be used while smoking or using any other product containing nicotine.

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Administrator (or Representative) Date

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(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and record review, the Assisted Living Facility (ALF) failed to maintain outer surfaces of an icemaker and juice machine in a clean and sanitary condition. This placed the ALF's 69 residents at risk for foodborne illness.

Findings included...

Note: Washington Administrative Code (WAC) 246-215-04600 – Objective – Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (FDA Food Code 4-601.11). 3. Nonfood-contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

During an inspection of the ALF's kitchen, on 08/28/2025 at 8:20 AM, observation showed an automatic ice maker and juice machine, positioned next to each other. Closer observation showed a dark residue, visible on the surfaces surrounding the ice bin itself. The residue was confined to the edges of the icemaker lid, where the lid made contact with the bin.

Observation of the juice machine at 8:22 AM showed a white faceplate on the underside

of the mechanism, where four spigots emerged from the machine. The spigots were used to dispense juice into containers and glasses. One spigot dispensed orange juice, one dispensed cranberry juice, one dispensed apple juice, and the last one dispensed strawberry-kiwi juice. Further observation showed layers of splashed juice coating the white faceplate, surrounding each spigot.

Record review of an Ice Machine Cleaning Log, received by the Department on 08/29/2025, showed the ALF cleaned the ice maker monthly. Kitchen staff last cleaned the ice maker on 07/31/2025. Review of the Juice Machine Cleaning Log, received by the Department on 09/03/2025, showed the ALF cleaned the juice machine monthly. Kitchen staff last cleaned the juice machine on 08/15/2025. Monthly cleanings did not prevent residue build-up on the ice maker or juice splash build-up on the juice machine.

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 CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/23/2025

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

Administrator (or Representative) 9/9/2025 Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff B) completed in-person cardiopulmonary resuscitation (CPR) training. This failure placed 69 residents at risk for receiving care from staff without up-to-date emergency care , training.

Findings included...

of the mechanism, where four spigots emerged from the machine. The spigots were used to dispense juice into containers and glasses. One spigot dispensed orange juice, one dispensed cranberry juice, one dispensed apple juice, and the last one dispensed strawberry-kiwi juice. Further observation showed layers of splashed juice coating the white faceplate, surrounding each spigot.

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Plan/Attestation Statement

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

_____ _____
Administrator (or Representative) Date

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(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff B) completed in-person cardiopulmonary resuscitation (CPR) training. This failure placed 69 residents at risk for receiving care from staff without up-to-date emergency care training.

Findings included...

Note: Washington Administrative Code (WAC) 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests. WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Record review of a Resident Characteristic Roster, dated 08/15/2025, showed the ALF provided care and services for 69 residents.

Record review of a Staff List, dated 08/20/2025, showed the ALF hired Staff B (Nursing Assistant-Certified) on 04/28/2025. Staff B completed on-line CPR training, without the hand-on skills component, on 09/30/2023 with the "National CPR Foundation." Staff B completed on-line CPR training a second time with the National CPR Foundation on 08/28/2025.

Record review of the National CPR Foundation website (nationalcprfoundation.com) on 09/08/2025 showed The National CPR Foundation is an online-only training entity. The website showed the National CPR Foundation's coursework was accredited, "although a hands-on component may be required for certain workplaces and situations." The National CPR Foundation does not offer a hands-on component for staff to demonstrate competence with chest compressions and other skills necessary for CPR, as required by OSHA.

During the exit interview, on 08/28/2025 at 1:50 PM with Staff F (Administrator), Staff J (Administrative Assistant) and Staff K (Vice President), Staff F acknowledged the ALF was given until close of business Friday, August 29 to forward the appropriate certificate showing Staff B completed an in-person CPR course. As of 5:00 PM on August 29, the Department did not receive this documentation.

During an interview on 09/08/2025 at 10:13 AM, Staff F stated that they asked Staff B if they had a card showing completion of a hands-on CPR and First Aid course. Staff B replied they had taken the in-person training in the past, but the card was expired.

Statement of Deficiencies	License #: 2058	Compliance Determination # 64634
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 14 of 16	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	09/08/2025

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 CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/23/2025

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

Jami Smith 9/9/2025

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 pets (Pet 2) owned by an ALF Resident (Resident 8) maintained certification (pet health letter) from a veterinarian to ensure they did not carry diseases that could infect the residents. Pet 2 also had no proof of up-to-date vaccinations. This placed 69 residents at risk for exposure to a pet whose vaccination and health status was incomplete or unknown.

Finding included...

Record review of a Characteristic Roster, dated 08/15/2025, showed the ALF admitted Resident 11 on [redacted]/2025. A review of pet records showed Resident 11 owned Pet 2. Vaccination records showed Pet 2's Leptospirosis and Bordetella vaccinations expired 04/25/2024. The review also showed no signed pet health letter for Pet 2.

During the exit interview, on 08/28/2025 at 1:50 PM with Staff F (Administrator), Staff J (Administrative Assistant) and Staff K (Vice President), acknowledged the missing pet records. The ALF was given until close of business Friday, August 29 to forward the outstanding pet records to the department. As of 5:00 PM on August 29, 2025, the Department did not receive the outstanding records.

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 CANNON HOUSE 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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Finding included...

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During the exit interview, on 08/28/2025 at 1:50 PM with Staff F (Administrator), Staff J (Administrative Assistant) and Staff K (Vice President), acknowledged the missing pet records. The ALF was given until close of business Friday, August 29 to forward the outstanding pet records to the department. As of 5:00 PM on August 29, 2025, the Department did not receive the outstanding records.

Statement of Deficiencies	License #: 2056	Compliance Determination # 64634
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 15 of 16	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	09/08/2025

Plan/Attestation Statement

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

Jeri Smith 9/9/2025

Administrator (or Representative) Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to renew the Medical Testing Site Waiver/Clinical Laboratory Improvement Amendments (MTSW/CLIA) waiver certificate by the deadline of June 30, 2023. This placed 69 of 69 residents at risk for receiving waived tests, such as COVID tests, without the ALF having obtained the proper certificate.

Findings Included...

Record review showed the ALF had no documentation of MTSW/CLIA certification. A review of the Department of Health's Facility Search website, on 08/25/2025 at 2:14 PM, showed a prior MTSW certificate issued to the ALF expired on 06/31/2021. A search of the Center for Medicare & Medicaid Services – CLIA Laboratory search engine found no CLIA number for the ALF.

During the exit interview, on 08/28/2025 at 1:50 PM with Staff F (Administrator), Staff J (Administrative Assistant) and Staff K (Vice President), Staff F confirmed the ALF did not have a current MTSW/CLIA waiver certificate.

During an interview on 09/08/2025 at 10:13 AM, Staff F stated that the ALF had COVID tests they would use to test residents if there was a COVID outbreak in their building.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

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Findings included...

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Statement of Deficiencies	License #: 2056	Compliance Determination # 64634
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 16 of 16	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	09/08/2025

Plan/Attestation Statement

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

Yeni Smith

Administrator (or Representative)

9/9/2025

Date

Plan/Attestation Statement

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Administrator (or Representative) Date