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

PATRIOTS GLEN OPERATIONS
PATRIOTS GLEN
1640 148TH AVE SE
BELLEVUE, WA 98007

RE: PATRIOTS GLEN License # 2121

Dear Administrator:

This letter addresses Compliance Determination(s) 66817 (Completion Date 10/08/2025) and 63451 (Completion Date 08/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/08/2025 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0060-1-a, WAC 388-112A-0060-1-a-i, WAC 388-112A-0060-1-a-ii, WAC 388-112A-0060-1-a-iii, WAC 388-112A-0060-1-b, WAC 388-78A-2481, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481-2

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

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

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 an unannounced on-site follow-up on 08/01/2025 of:
PATRIOTS GLEN
1040 148TH AVE SE
BELLEVUE, WA 98007

This document references the following SOD dated: 08/14/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC 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.

Laurie Anderson
Residential Care Services

08/26/2025
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)

9/8/2025
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

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . 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 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(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.

(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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 50 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 06/06/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 07/21/2025.

CONTINUING EDUCATION
Review of facility's personnel records showed the facility hired Staff F, Care Staff/CNA (certified nursing assistant), on 01/24/2022. Records showed Staff F provided direct care to residents. There was no documentation in Staff F's records that showed Staff F completed the required 12 hours of continuing education between their January 2024 birthday and their January 2025 birthday.

During an interview on 08/01/2025 at 11:30 AM, Staff J, current Executive Director/Administrator, stated that they were aware of the continuing education requirements. Staff J stated that they were unaware that Staff F had not complete the required 12 hours of continuing education requirements, as required.

This is an uncorrected deficiency previously cited on 06/06/2025 for subsection (2)(e).

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, PATRIOTS GLEN is or will be in compliance with this law and / or regulation on (Date) 8/5/2025 .

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

Administrator (or Representative) — Date: 9/8/2025

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff C) was screened for tuberculosis (TB), with an approved testing method, within three days of employment. This failure placed all nine residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 06/06/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 07/21/2025.

NOTE: WAC 38-78A-2480 showed the assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Review of the facility's undated personnel records on 08/01/2025 showed the facility hired Staff C, Caregiver, on 01/29/2025. The records showed that Staff C provided care and services for residents from 01/29/2025 to 08/01/2025. The records showed that

Staff C completed a chest x-ray on 08/22/2024. There was no documentation that showed the facility screened Staff C for TB within three days of employment with an Intradermal Mantoux test or a blood test.

During an interview on 08/01/2025 at 12:10 PM, Staff J, current Executive Director/Administrator, confirmed that when Staff C was hired, they were not screened for tuberculosis. Staff J stated that they were aware that tuberculosis screening and testing required an intradermal skin test or a blood test for all facility staff, within three days of employment.

This is an uncorrected deficiency previously cited on 06/06/2025 for subsection (1) a, b (2).

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, PATRIOTS GLEN is or will be in compliance with this law and / or regulation on (Date) 8/5/25 .

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

Administrator (or Representative) — Date: 9/8/25

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 05/29/2025 and 06/03/2025 of:
PATRIOTS GLEN
1640 148TH AVE SE
BELLEVUE, WA 98007

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC 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

Statement of Deficiencies	License # 7121	Compliance Determination # 60123
Plan of Correction	PATRIOTS GLEN	Completion Date
Page 2 of 9	Licensee: PATRIOTS GLEN OPERATIONS	06/06/2025

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.

Laurie Anderson
Residential Care Services

06/06/2025
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)

06/12/2025
Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain 1 of 1 dietary manual (manual 1) approved by a licensed dietician, as required. This failure placed all 48 residents at risk of a decreased quality of life and receiving food that does not meet the most current nutritional standards.

Findings included...

Review of the facility's undated Resident Characteristics Roster showed the facility provided care and services to 48 residents.

During an interview on 05/29/2025 at 1:20 PM, Staff G, Executive Chef, stated that the facility did not have any dietary manual. Staff G stated that they did not use any dietary manual when menus were developed and written. Staff G stated that the facility's menus were not reviewed and approved by a licensed dietician.

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.

Laurie Anderson
Residential Care Services

06/06/2025
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)

Date

WAC 388-78A-2300 Food and nutrition services.

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(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain 1 of 1 dietary manual (manual 1) approved by a licensed dietician, as required. This failure placed all 48 residents at risk of a decreased quality of life and receiving food that does not meet the most current nutritional standards.

Findings included...

Review of the facility's undated Resident Characteristics Roster showed the facility provided care and services to 48 residents.

During an interview on 05/29/2025 at 1:20 PM, Staff G, Executive Chef, stated that the facility did not have any dietary manual. Staff G stated that they did not use any dietary manual when menus were developed and written. Staff G stated that the facility's menus were not reviewed and approved by a licensed dietician.

Statement of Deficiencies	License # 2121	Compliance Determination # 60023
Plan of Correction	PATRIOTS GLEN	Completion Date
Page 3 of 9	Licensee: PATRIOTS GLEN OPERATIONS	06/06/2025

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, PATRIOTS GLEN is or will be in compliance with this law and / or regulation on (Date) 07/21/2025.

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

Administrator (or Representative) — Date: 06/12/2025

WAC 246-215-02115 Duties Person in charge (FDA Food Code 2-103.11). The person in charge shall ensure that:

(3) employees and other persons such as delivery and maintenance persons and pesticide applicators entering the food preparation, food storage, and warewashing areas comply with this chapter;

(7) employees are properly cooking time/temperature control for safety food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under WAC 246-215-04220 and 246-215-04580 (2);

(8) employees are using proper methods to rapidly cool time/temperature control for safety foods that are not held hot or are not for consumption within four hours, through daily oversight of the employees' routine monitoring of food temperatures during cooling;

(9) employees are properly maintaining the temperatures of time/temperature control for safety food during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures;

(11) employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing;

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:

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, PATRIOTS GLEN 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 246-215-02115 Duties Person in charge (FDA Food Code 2-103.11). The person in charge shall ensure that:

(3) employees and other persons such as delivery and maintenance persons and pesticide applicators entering the food preparation, food storage, and warewashing areas comply with this chapter;

(7) employees are properly cooking time/temperature control for safety food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under WAC 246-215-04220 and 246-215-04580 (2);

(8) employees are using proper methods to rapidly cool time/temperature control for safety foods that are not held hot or are not for consumption within four hours, through daily oversight of the employees' routine monitoring of food temperatures during cooling;

(9) employees are properly maintaining the temperatures of time/temperature control for safety food during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures;

(11) employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing;

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, interview, and record review, the facility failed to ensure safe food practices were followed in 1 of 1 kitchen (main kitchen) that provided meal preparation and service to all residents. This failure placed all 48 residents at risk of potential foodborne illnesses.

Findings included...

SANITIZING SOLUTION
Observation in the main kitchen on 05/29/2025 at 1:38 PM, showed several red buckets filled with sanitizing solution were placed throughout the kitchen area.

Review of the kitchen records showed no documentation of how staff monitored the sanitizing effectiveness. There was no documentation that showed when staff changed the sanitizing solution used in the main kitchen.

During an interview on 05/29/2025 at 1:38 PM, Staff G, Executive Chef, stated that they oversaw the staff and operations in the kitchen and dining room areas. Staff G stated that there was no documentation to monitor the effectiveness of the sanitizing solution or a schedule to change the sanitizing solution in the buckets. Staff G stated that there was no log used to document the effectiveness of the sanitizing solution or when the sanitizing solution was changed.

FOOD AND DISHWASHER TEMPERATURE MONITORING
Review of the kitchen records showed no documentation of when staff monitored food cooking temperatures. There was no documentation of the temperatures of food placed in hot and cold holding stations. There was no documentation that showed when staff monitored wash or rinse temperatures of the dishwasher used to clean dishware and utensils.

During an interview on 05/29/2025 at 1:20 PM, Staff G stated that there was no standard procedure used to monitor and document the cooking temperatures of food prepared in the kitchen. Staff G stated that there was no procedure used to monitor the wash and rinse temperatures of the dishwasher used in the kitchen. Staff G stated that they did not use a food log to document cooked food temperatures. Staff G stated that they did not use a food log to document the food temperatures in the hot and cold holding areas of the preparation station. Staff G stated that they did not use a log to document the wash or rinse temperatures of the dishwashing machine used to clean dishware or utensils.

CLEANING OF KITCHEN/ICE MACHINE
Observation in the main kitchen on 05/29/2025 at 1:50 PM, showed staff used equipment, including an ice machine, to prepare meals for facility residents.

Review of the kitchen records showed no documentation or schedule of when staff

cleaned the kitchen equipment, the general areas of the kitchen, and the dining room.

During an interview on 05/29/2026 at 1:50 PM, Staff G stated that there was no standard procedure or log used to document the frequency of when the kitchen equipment, general kitchen areas, and dining room areas were cleaned. Staff G stated that there was no scheduled cleaning process for the ice 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, PATRIOTS GLEN is or will be in compliance with this law and / or regulation on (Date) 07/21/2025 .

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

Administrator (or Representative) — Date 06/12/2025

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

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-

cleaned the kitchen equipment, the general areas of the kitchen, and the dining room.

During an interview on 05/29/2025 at 1:50 PM, Staff G stated that there was no standard procedure or log used to document the frequency of when the kitchen equipment, general kitchen areas, and dining room areas were cleaned. Staff G stated that there was no scheduled cleaning process for the ice 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, PATRIOTS GLEN 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

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . 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 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(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.

(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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 6 staff (Staff C, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 9 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's undated personnel records showed the facility originally hired Staff C on 10/11/2024 as a Care Staff/CNA (certified nursing assistant). The records showed that on 01/29/2025, Staff C changed positions to CNA MedTech. The records showed the facility hired Staff E, Care Staff/NAR (nursing assistant registered) on 06/14/2002 and Staff F, Care Staff/CNA, on 01/24/2022.

CPR and FIRST AID
Review of Staff C's undated personnel records showed Staff C provided direct care for residents from 10/11/2024 through 06/03/2025. There was no documentation in Staff C's records that showed Staff C completed the required cardio-pulmonary resuscitation and first aid training, as required.

Review of Staff E's undated personnel records showed Staff E provided direct care to residents from 06/14/2002 through 06/03/2025. The records showed Staff E's cardio-pulmonary resuscitation and first aid expired on 03/06/2025. There was no

Statement of Deficiencies	License # 2121	Compliance Determination # 60023
Plan of Correction	PATRIOTS GLEN	Completion Date
Page 7 of 9	Licensee: PATRIOTS GLEN OPERATIONS	06/06/2025

documentation that showed Staff E completed the required renewal of cardio-pulmonary resuscitation and first aid training as required.

CONTINUING EDUCATION
Review of Staff E's undated personnel records showed Staff E provided direct care to residents from 06/14/2002 through 06/03/2025. There was no documentation in Staff E's records that showed Staff E completed the required 12 hours of continuing education between their 07/06/2023 birthday and their 07/05/2024 birthday.

Review of Staff F's undated personnel records showed Staff F provided direct care to residents from 01/24/2022 through 06/03/2025. There was no documentation in Staff F's records that showed Staff F completed the required 12 hours of continuing education between their 01/06/2024 birthday and their 01/06/2025 birthday.

During an interview on 06/03/2025 at 2:25 PM, Staff A, Executive Director, stated that the hire date for Staff E listed on the staff roster was a data entry error and incorrectly input on the document. Staff A stated that they were unaware Staff C and Staff E did not completed cardio-pulmonary resuscitation and first aid training. Staff A stated that they were unaware Staff F and Staff F did not completed the required 12 hours of continuing education requirements.

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, PATRIOTS GLEN is or will be in compliance with this law and / or regulation on (Date) 07/21/2025.

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

Administrator (or Representative) — Date: 06/12/2025

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

documentation that showed Staff E completed the required renewal of cardio-pulmonary resuscitation and first aid training as required.

CONTINUING EDUCATION
Review of Staff E's undated personnel records showed Staff E provided direct care to residents from 06/14/2002 through 06/03/2025. There was no documentation in Staff E's records that showed Staff E completed the required 12 hours of continuing education between their 07/05/2023 birthday and their 07/05/2024 birthday.

Review of Staff F's undated personnel records showed Staff F provided direct care to residents from 01/24/2022 through 06/03/2025. There was no documentation in Staff F's records that showed Staff F completed the required 12 hours of continuing education between their 01/06/2024 birthday and their 01/06/2025 birthday.

During an interview on 06/03/2025 at 2:25 PM, Staff A, Executive Director, stated that the hire date for Staff E listed on the staff roster was a data entry error and incorrectly input on the document. Staff A stated that they were unaware Staff C and Staff E did not completed cardio-pulmonary resuscitation and first aid training. Staff A stated that they were unaware Staff E and Staff F did not completed the required 12 hours of continuing education requirements.

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, PATRIOTS GLEN 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-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 6 staff (Staff B, Staff C, and Staff D) were screened for tuberculosis (TB), with an approved testing method, within three days of employment. This failure placed all nine residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

NOTE: WAC 38-78A-2480 showed the assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Review of the facility's undated personnel records showed the facility hired Staff B, Caregiver, on 02/03/2025. The records showed that Staff B provided care and services for residents from 02/03/2025 to 06/02/2025. The records showed that Staff B completed a chest x-ray on 01/03/2024. There was no documentation that showed the facility screened Staff B for TB within three days of employment with an Intradermal Mantoux test (a skin test used to determine the presence of TB) or a blood test.

Review of the facility's undated personnel records showed the facility hired Staff C, Caregiver, on 01/29/2025. The records showed that Staff C provided care and services for residents from 01/29/2025 to 06/02/2025. The records showed that Staff C completed a chest x-ray on 08/22/2024. There was no documentation that showed the facility screened Staff C for TB within three days of employment with an Intradermal Mantoux test or a blood test.

Review of the facility's undated personnel records showed the facility hired Staff D, Caregiver, on 12/03/2024. The records showed that Staff D provided care and services for residents from 12/03/2024 to 06/02/2025. The records showed that Staff D completed a chest x-ray on 01/25/2024. There was no documentation that showed the facility screened Staff D for TB within three days of employment with an Intradermal Mantoux test or a blood test.

During an interview on 06/03/2025 at 2:10 PM, Staff A, Executive Director, confirmed that when Staff B, Staff C, and Staff D were hired, they were not screened for tuberculosis. Staff A stated that they were unaware that tuberculosis screening and testing required an intradermal skin test or a blood test for all facility staff, within three days of employment.

Statement of Deficiencies	License # 2121	Compliance Determination # 60023
Plan of Correction	PATRIOTS GLEN	Completion Date
Page 9 of 9	Licensee: PATRIOTS GLEN OPERATIONS	06/06/2025

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, PATRIOTS GLEN is or will be in compliance with this law and / or regulation on (Date) 07/21/2025.

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

Administrator (or Representative) — Date: 06/12/2025

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

06/06/2025

PATRIOTS GLEN OPERATIONS
PATRIOTS GLEN
1640 148TH AVE SE
BELLEVUE, WA 98007

RE: PATRIOTS GLEN # 2121

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/06/2025 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:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, 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-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The facility failed to post the assisted living facility license and most recent full inspection report in a clearly visible area of the facility. During the full inspection, facility staff located and placed the current assisted living facility license and the most recent full inspection report next to the front desk to meet the regulatory requirements.

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

The water temperature in four common bathroom sinks, used by residents, and one unoccupied resident apartment bathroom sink measured above the regulation requirements of 120 degrees Fahrenheit. During the full inspection, facility maintenance staff adjusted the hot water tank thermostat. Water temperatures decreased to meet the regulatory requirements.

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;

Review of the facility's pet records showed that one pet did not have any documentation of an annual exam, as required by the Washington Administrative Code. During the licensing visit, the facility obtained the pet's current annual examination record and placed the record in the pet's file.

WAC 388-78A-2462 Background checks Who is required to have.

(3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check:

(d) Contractors other than the administrator and caregivers who may have unsupervised access to residents.

The facility failed to ensure the Washington State Name and Date of Birth background checks for three private caregivers were maintained at the facility. During the licensing visit, the facility obtained the Washington State Name and Date of Birth background checks for the private caregivers. The facility stated the required records for private caregivers would be maintained on-site.

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:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure