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

BALTIC PROPERTIES INC
Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

RE: Olympic View Assisted Living License # 2130

Dear Administrator:

This letter addresses Compliance Determination(s) 73674 (Completion Date 03/02/2026) and 70931 (Completion Date 01/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/02/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2950-6, WAC 388-78A-2466-1-a, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor
Thomas Forkgen, ALF 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 the unannounced on-site full inspection on 01/05/2026 and 01/08/2026 of:

Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

The following sample was selected for review during the unannounced on-site visit: 7 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF 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 #: 2130	Compliance Determination #:70931
Plan of Correction	Olympic View Assisted Living	Completion Date
Page 2 of 7	Licensee: BALTIC PROPERTIES INC	01/15/2026

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — Date: 01/16/2026

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: 1/20/26

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the hot water temperatures of the bathroom sinks and showers in 5 of 8 sampled residents' apartments (Resident 1, Resident 2, Resident 5, Resident 6, and Resident 9) were at least 105 degrees Fahrenheit (F). This failure placed Resident 1, Resident 2, Resident 5, Resident 6, and Resident 9 at risk of diminished quality of life.

Findings included...

RESIDENT 1
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 1 in [redacted] 2025.

During an interview on 01/07/2026 at 1:00 PM, Resident 1 stated that the water in the bathroom was cold this morning. Resident 1 stated that they were unable to take a shower in the morning because the water was cold.

Observation of Resident 1's apartment on 01/07/2026 at 1:15 PM, showed that the water temperature of the bathroom sink was 88 degrees F.

Observation of Resident 1's apartment on 01/08/2026 at 12:55 PM, with Staff I, Facility's Maintenance Director, showed that the hot water temperature of the bathroom sink was

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the hot water temperatures of the bathroom sinks and showers in 5 of 8 sampled residents' apartments (Resident 1, Resident 2, Resident 5, Resident 6, and Resident 9) were at least 105 degrees Fahrenheit (F). This failure placed Resident 1, Resident 2, Resident 5, Resident 6, and Resident 9 at risk of diminished quality of life.

Findings Included…

RESIDENT 1
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 1 in [redacted] 2025.

During an interview on 01/07/2026 at 1:00 PM, Resident 1 stated that the water in the bathroom was cold this morning. Resident 1 stated that they were unable to take a shower in the morning because the water was cold.

Observation of Resident 1's apartment on 01/07/2026 at 1:15 PM, showed that the water temperature of the bathroom sink was 86 degrees F.

Observation of Resident 1's apartment on 01/08/2026 at 12:55 PM, with Staff I, Facility's Maintenance Director, showed that the hot water temperature of the bathroom sink was

103.6 degrees F.

RESIDENT 2
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 2 in [redacted] 2024.

Review of Resident 2's Negotiated Care Plan, dated 09/28/2025, showed that Resident 2 required set up, cues and reminder for showers and washing hair.

Observation of Resident 2's apartment on 01/08/2026 at 10:30 AM, showed that the water temperature of the bathroom sink was 89 degrees F. During an interview at this time, Resident 2 stated that they noticed the water in the bathroom was cold for a couple days.

Observation of Resident 2's apartment on 01/08/2026 at 12:50 PM with Staff I, showed the hot water temperature of the bathroom sink was 100.7 degrees F. During an interview at this time, Resident 2 stated that for the past two days the water was cold.

RESIDENT 5
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 5 in [redacted] 2019.

Review of Resident 5's Assessment/Service Plan, dated 03/26/2025, showed that Resident 5 required set-up and encouragement to shower. The service plan showed that Resident 5 was resistive to showers.

Observation and interview on 01/07/2026 at 2:26 PM, showed that the hot water temperature of Resident 5' bathroom sink and shower was 75 degrees F after the hot water ran for 15 minutes. Resident 5 stated that they did not notice the hot water was lukewarm. Resident 5 stated that the temperature of the hot water was usually warm. Resident 5 stated they did like showers and could not recall when they showered last or used the hot water.

During an interview on 01/08/2026 at 1:00 PM, Staff I stated that it was not necessary to recheck the hot water temperature of Resident 5's room. Staff I stated that the hot water temperature for Resident 5 would be low since Resident 5's room was the last room at the end of the building. Staff I stated that two of the four tankless hot water heaters were not functioning correctly. Staff I stated that the system lacked circulation/booster pumps to circulate the hot water to both far ends of the building.

RESIDENT 6
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 6 in [redacted] 2025.

Observation and interview on 01/07/2026 at 3:40 PM, showed the hot water temperature of Resident 6's bathroom sink was 75.6 degrees F. Resident 6 stated that they were not aware the hot water temperature was so low.

Observation and interview on 01/08/2026 at 12:40 PM, with Staff I, showed the hot water temperature of Resident 6's bathroom sink was 115.2 degrees F. Staff I stated that they adjusted two of the tankless hot water heaters to correct the low water temperatures today.

RESIDENT 9
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 9 in [redacted] 2018.

Observation of Resident 9's apartment on 01/08/2026 at 1:00 PM, with Staff I, showed the hot water temperature of the bathroom sink was 93.6 degrees 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, Olympic View Assisted Living is or will be in compliance with this law and / or regulation on (Date) 2/16/26

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

Administrator (or Representative) — Date 1/20/26

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 1 of 5 sampled staff's (Staff H) Washington State name and date of birth (WNDOB) background inquiry

Observation and interview on 01/07/2026 at 3:40 PM, showed the hot water temperature of Resident 6's bathroom sink was 75.6 degrees F. Resident 6 stated that they were not aware the hot water temperature was so low.

Observation and interview on 01/08/2026 at 12:40 PM, with Staff I, showed the hot water temperature of Resident 6's bathroom sink was 115.2 degrees F. Staff I stated that they adjusted two of the tankless hot water heaters to correct the low water temperatures today.

RESIDENT 9
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed the facility admitted Resident 9 in [redacted] 2018.

Observation of Resident 9's apartment on 01/08/2026 at 1:00 PM, with Staff I, showed the hot water temperature of the bathroom sink was 93.6 degrees 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, Olympic View Assisted Living 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-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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 1 of 5 sampled staff's (Staff H) Washington State name and date of birth (WNDOB) background inquiry

(BGI) every two years. This failure placed all 45 residents at risk of potential abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 45 residents received assisted living services.

Review of the facility's undated employee roster showed that the facility hired Staff H, Caregiver, on 08/21/2023. Review of the facility's staff schedule showed that between 01/01/2026 and 01/07/2026, Staff H provided care and services to the residents. Review of Staff H's employee records showed their previous WNDOB BGI expired on 07/20/2025. The records showed that the facility submitted and completed a BGI on 01/07/2026, 171 days after the previous BGI expired.

During an interview on 01/08/2026 at 11:55 AM, Staff G, Administrator, stated that when Staff H's WNDOB BGI expired in July 2025, they did not complete a BGI for Staff H. Staff G stated that they completed a BGI for Staff H on 01/07/2026 during the onsite full inspection.

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, Olympic View Assisted Living is or will be in compliance with this law and / or regulation on (Date) 2/16/26.

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

Administrator (or Representative) — Date: 1/20/26

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

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

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

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

(BGI) every two years. This failure placed all 45 residents at risk of potential abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included…

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 45 residents received assisted living services.

Review of the facility's undated employee roster showed that the facility hired Staff H, Caregiver, on 08/21/2023. Review of the facility's staff schedule showed that between 01/01/2026 and 01/07/2026, Staff H provided care and services to the residents. Review of Staff H's employee records showed their previous WNDOB BGI expired on 07/20/2025. The records showed that the facility submitted and completed a BGI on 01/07/2026, 171 days after the previous BGI expired.

During an interview on 01/08/2026 at 11:55 AM, Staff G, Administrator, stated that when Staff H's WNDOB BGI expired in July 2025, they did not complete a BGI for Staff H. Staff G stated that they completed a BGI for Staff H on 01/07/2026 during the onsite full inspection.

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, Olympic View Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

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

(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 ;

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to assess 1 of 7 sampled residents (Resident 1) for their needs, preferences, and ability to safely vape without supervision. This failure placed Resident 1 at risk for possible injury and unmet care needs.

Findings included…

Note: The Washington Administrative Code (WAC) 388-78A-2090, Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that the facility admitted Resident 1 in [redacted] 2025.

Review of the Department of Social and Health Services' "Assessment Details" for Resident 1, dated 03/12/2025, showed that Resident 1 vaped off and on during the day and night, and Resident 1 vaped medical marijuana (cannabis) to help calm themselves down every evening.

Review of Resident 1's records showed Resident 1's medical diagnoses included [redacted]. Review of Resident 1's Negotiated Care Plan, dated 05/05/2025 showed no documentation of Resident 1 vaping.

Review of Resident 1's records showed that on 05/12/2025, the facility completed a full assessment. The assessment showed no documentation that showed the facility assessed Resident 1's needs, preferences and ability to safely vape.

During an interview on 01/07/2026 at 1:00 PM, Resident 1 stated that they vaped marijuana every day.

During an interview on 01/08/2026 at 11:55 AM, Staff G, Administrator, stated that they

did not see Resident 1 vape inside the facility. Staff G stated that they were unaware of Resident 1 vaping. Staff G stated that their facility nurse completed the most recent full assessment for Resident 1 and their facility nurse was unaware of Resident 1 vaping. Staff G stated that they did not assess Resident 1's vaping needs, preferences, and ability to safely vape without supervision.

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, Olympic View Assisted Living is or will be in compliance with this law and / or regulation on (Date) 2/16/26 .

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

Administrator (or Representative) — Date 1/20/26

did not see Resident 1 vape inside the facility. Staff G stated that they were unaware of Resident 1 vaping. Staff G stated that their facility nurse completed the most recent full assessment for Resident 1 and their facility nurse was unaware of Resident 1 vaping. Staff G stated that they did not assess Resident 1's vaping needs, preferences, and ability to safely vape without supervision.

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, Olympic View Assisted Living 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

BALTIC PROPERTIES INC
Olympic View Assisted Living
21202 INTERNATIONAL BLVD
SEATAC, WA 98198

RE: Olympic View Assisted Living # 2130

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/15/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

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

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

James Sherman, 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;

Observation showed the posted Assisted Living Facility License expired on August 31, 2025. Staff G, Administrator, posted the current assisted living facility license while the Department representative was on site.

This deficiency was corrected by the exit conference.

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

The Assisted Living Facility failed to ensure that one staff (Staff F) was screened for tuberculosis (TB) within three days of employment. Staff F completed the initial two-step TB skin test on day 5 of employment and completed the second TB skin test that met the testing requirements.

The deficiency was corrected by the exit conference.

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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (206)305-3489.

Sincerely,

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

Enclosure

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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (206)305-3489.

Sincerely,

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

Enclosure