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

SPIRITWOOD OPERATIONS LLC
SPIRITWOOD AT PINE LAKE
2020 A St SE Suite 101
Auburn, WA 98002

RE: SPIRITWOOD AT PINE LAKE License # 2137

Dear Administrator:

This letter addresses Compliance Determination(s) 63558 (Completion Date 08/04/2025) and 60801 (Completion Date 06/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2025 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-2305-1, WAC 246-215-02310-5, WAC 246-215-02410-1, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor
Kathy Young, Licensor
Thomas Forkgen, ALF Licensor

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

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 06/09/2025 of:

SPIRITWOOD AT PINE LAKE
3607 228TH AVE SE
ISSAQUAH, WA 98029

This document references the following SOD dated: 06/10/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 72 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Kathy Young, Licensor
Thomas Forkgen, 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 Plan of Correction Page 2 of 7	License #: 2137 SPIRITWOOD AT PINE LAKE Licensee: SPIRITWOOD OPERATIONS LLC	Compliance Determination #60801 Completion Date 06/10/2025

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

06/24/2025
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)

6/24/2025
Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-02410 Hair restraints Effectiveness (FDA Food Code 2-402.11).

(1) Except as provided in subsection (2) of this section, food employees shall wear short hair or use hair restraints such as hats, hair coverings or nets, rubber bands, or hair clips to keep their hair off the face and behind their shoulders, and clothing that covers body hair to protect exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

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 1 of 1 dishwasher staff (Staff I) followed hand sanitation guidelines in the main commercial kitchen. These failures placed all 72 residents at risk of potential food contamination, foodborne illness, and a diminished quality of life.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation

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 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-02410 Hair restraints Effectiveness (FDA Food Code 2-402.11).

(1) Except as provided in subsection (2) of this section, food employees shall wear short hair or use hair restraints such as hats, hair coverings or nets, rubber bands, or hair clips to keep their hair off the face and behind their shoulders, and clothing that covers body hair to protect exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

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 1 of 1 dishwasher staff (Staff I) followed hand sanitation guidelines in the main commercial kitchen. These failures placed all 72 residents at risk of potential food contamination, foodborne illness, and a diminished quality of life.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation

for this regulation on 04/14/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 06/29/2025.

Review of the facility's document titled, "Meeting Attendance Sheet", dated 04/23/2025, showed Staff I attended a training with the agenda for Handwashing.

Review of the facility's policy titled, "Hand Washing-Infection Control", dated 06/15/2015, showed dining services staff were required to wash their hands after touching soiled utensils.

Observations on 06/09/2025, at 10:34 AM, showed Staff I, Dishwasher, washed dirty dishes and pots and pans. Observation showed Staff I washed the dirty dishes, then changed their gloves without washing their hands first. Staff I then proceeded to put the clean dishes, pots and pans away.

During an interview on 06/09/2025 at 11:37 AM, Staff H, Dining Supervisor, stated that all staff were expected to follow proper handwashing between glove changes and when they moved from dirty to clean tasks.

During an interview on 06/09/2025 at 1:14 PM, Staff M, Executive Director, stated that all staff were expected to wash their hands between glove changes and when they switched from dirty to clean tasks.

This is an uncorrected deficiency previously cited on 04/14/2025 for Washington Administrative Code (WAC) 388-78A-2305, subsection (1) and WAC 246-215-02310 subsection (5).

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 7/25/2025

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

Administrator (or Representative) — 6/24/2025 Date

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

for this regulation on 04/14/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/29/2025.

Review of the facility's document titled, "Meeting Attendance Sheet", dated 04/23/2025, showed Staff I attended a training with the agenda for Handwashing.

Review of the facility's policy titled, "Hand Washing-Infection Control", dated 06/15/2015, showed dining services staff were required to wash their hands after touching soiled utensils.

Observations on 06/09/2025, at 10:34 AM, showed Staff I, Dishwasher, washed dirty dishes and pots and pans. Observation showed Staff I washed the dirty dishes, then changed their gloves without washing their hands first. Staff I then proceeded to put the clean dishes, pots and pans away.

During an interview on 06/09/2025 at 11:37 AM, Staff H, Dining Supervisor, stated that all staff were expected to follow proper handwashing between glove changes and when they moved from dirty to clean tasks.

During an interview on 06/09/2025 at 1:14 PM, Staff M, Executive Director, stated that all staff were expected to wash their hands between glove changes and when they switched from dirty to clean tasks.

This is an uncorrected deficiency previously cited on 04/14/2025 for Washington Administrative Code (WAC) 388-78A-2305, subsection (1) and WAC 246-215-02310 subsection (5).

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, SPIRITWOOD AT PINE LAKE 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-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 observation, interview, and record review, the facility failed to ensure 4 of 4 pets (Pet 1, Pet 2, Pet 3, and Pet 4) were current with their examinations and veterinarian certified to be free of diseases transmittable to humans. This failure placed all 72 residents at risk of contracting illnesses spread by pets.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/14/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/29/2025.

Review of the facility's Disclosure of Services showed the facility allowed residents to have pets, provided the pets received regular veterinary examinations, immunizations, and were free of diseases transmittable to humans.

Review of veterinary records for Pet 1 (dog), Pet 2 (cat), Pet 3 (cat), and Pet 4 (dog) showed no veterinarian certifications showing each pet was free from all diseases transmittable to humans. Review of Pet 3's record showed Pet 3 was due for a veterinary examination on 03/08/2025. There was no documentation the examination was completed.

Observation on 06/09/2025 at 11:45 AM, showed one unidentified resident stood with a pet just outside of the dining room area.

During an interview on 06/09/2025 at 11:09 AM, Staff K, Administrative Administrator, stated that the Activity Director handled the pet records since the last full inspection and was currently out of the facility. Staff K stated that the records for Pet 1, Pet 2, Pet 3, and Pet 4 were missing the veterinarian certification that the pets were free of diseases transmittable to humans.

This is an uncorrected deficiency previously cited on 04/14/2025 for Washington Administrative Code (WAC) 388-78A-2620 subsection (2)(a)(b).

Statement of Deficiencies Plan of Correction Page 5 of 7	License #: 2137 SPIRITWOOD AT PINE LAKE Licensee: SPIRITWOOD OPERATIONS LLC	Compliance Determination #:60601 Completion Date 06/10/2026

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 9/25/25.

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

Administrator (or Representative) — Date: 6/24/25

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 facility failed to update 2 of 2 sampled residents (Resident 3 and Resident 5) Negotiated Service Agreement (NSA). This failure placed Resident 3 and Resident 5 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/14/2025 for service plans not updated. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/29/2026.

RESIDENT 3
Review of the facility's Characteristics Roster showed that the facility admitted Resident 3 in [redacted] 2024. The roster showed that Resident 3 used a medical device.

Review of Resident 3's NSA, dated 01/31/2025, showed Resident 3's representative and Staff C, Resident Care Director, reviewed and signed the NSA on 04/07/2025. The NSA documented Resident 3 had a stage three pressure sore (a wound that extends through

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, SPIRITWOOD AT PINE LAKE 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-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 facility failed to update 2 of 2 sampled residents (Resident 3 and Resident 5) Negotiated Service Agreement (NSA). This failure placed Resident 3 and Resident 5 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included…

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/14/2025 for service plans not updated. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/29/2025.

RESIDENT 3
Review of the facility's Characteristics Roster showed that the facility admitted Resident 3 in [redacted] 2024. The roster showed that Resident 3 used a medical device.

Review of Resident 3's NSA, dated 01/31/2025, showed Resident 3's representative and Staff O, Resident Care Director, reviewed and signed the NSA on 04/07/2025. The NSA documented Resident 3 had a stage three pressure sore (a wound that extends through

several layers of skin tissue into the fat layer of skin tissue) on Resident 3's coccyx (small bone at the end of the spine). Home Health services managed the care of the pressure sore. The NSA showed that Resident 3 used a Roho Cushion (medical device made of interconnected cells filled with air to prevent and treat pressure ulcers), provided by Resident 3's family, in their wheelchair. The NSA did not provide staff with instructions on how to maintain the Roho cushion and ensure the cushion was correctly inflated.

RESIDENT 5
Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2024. The roster showed that Resident 5 used a medical device. The roster showed that Resident 5 received Hospice services (end of life care).

Review of Resident 5's NSA, updated 04/07/2025, showed that Resident 5 used a Roho cushion for pressure relief and that the Roho cushion was monitored by the Hospice nurse. The NSA showed that an air pump for the cushion was available in Resident 5's dresser. The NSA instructed staff to observe the Roho cushion and "if cushion looked deflated or compromised, notify nurse and Hospice". The NSA did not provide staff with instructions on how to ensure the cushion was properly inflated or how to correctly inflate or adjust the air in the Roho cushion.

During an interview on 06/09/2025 at 12:20 PM, Staff O stated that they were the only facility nurse who worked in the facility. Staff O stated that they did not document instructions in Resident 3 and Resident 5's NSA on how to ensure Roho cushions were properly inflated. Staff O stated that an in-service was provided for the staff with instructions on how to ensure Roho cushions were correctly inflated. Staff O stated that the only documentation available that showed which staff attended the in-service on the care and use of a Roho cushion was a sign-in sheet that showed which staff attended.

This is an uncorrected deficiency previously cited on 04/14/2025, for WAC 388-78A-2130 subsection (3)(a)(b).

Statement of Deficiencies	License # 2137	Compliance Determination #68801
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 7 of 7	Licensee: SPIRITWOOD OPERATIONS LLC	06/10/2025

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 7/25/25.

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

Administrator (or Representative) — Date: 6/24/25

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, SPIRITWOOD AT PINE LAKE 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

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 04/07/2025 and 04/10/2025 of:

SPIRITWOOD AT PINE LAKE
3607 228TH AVE SE
ISSAQUAH, WA 98029

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:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

Laurie Anderson — 04/17/2025

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) — 4/25/25 Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-02410 Hair restraints Effectiveness (FDA Food Code 2-402.11).

(1) Except as provided in subsection (2) of this section, food employees shall wear short hair or use hair restraints such as hats, hair coverings or nets, rubber bands, or hair clips to keep their hair off the face and behind their shoulders, and clothing that covers body hair to protect exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

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 1 of 1 dishwasher staff (Staff I) followed proper hand sanitation guidelines and 1 of 2 care staff (Staff J) restrained their hair as they handled food in the main commercial kitchen. These failures placed all 69 residents at risk of potential food contamination, foodborne illness, and a diminished quality of life.

Findings included...

Review of the facility's policy titled, "Hand Washing-Infection Control", dated

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

04/17/2025
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 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

WAC 246-215-02410 Hair restraints Effectiveness (FDA Food Code 2-402.11).

(1) Except as provided in subsection (2) of this section, food employees shall wear short hair or use hair restraints such as hats, hair coverings or nets, rubber bands, or hair clips to keep their hair off the face and behind their shoulders, and clothing that covers body hair to protect exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.

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 1 of 1 dishwasher staff (Staff I) followed proper hand sanitation guidelines and 1 of 2 care staff (Staff J) restrained their hair as they handled food in the main commercial kitchen. These failures placed all 69 residents at risk of potential food contamination, foodborne illness, and a diminished quality of life.

Findings included...

Review of the facility's policy titled, "Hand Washing-Infection Control", dated

06/15/2015, showed dining services staff were required to wash their hands after touching soiled utensils.

Review of the facility's policy titled, "Dining Services Dress Code", dated 03/10/2015, showed staff must have appropriate hair restraint.

Observations on 04/07/2025, between 11:34 AM and 11:43 AM, showed Staff I, Dishwasher, washed dirty dishes and utensils. Observation showed Staff I changed their gloves without handwashing before they put the clean dishes and utensils away.

Observations in the commercial kitchen on 04/07/2025 at 11:50 AM showed Staff J, Resident Care Coordinator, poured salad dressing into a bowl. Observation showed Staff J's hair was unrestrained, hung several inches below their shoulders, and fell forward as they looked down to pour the salad dressing.

During an interview on 04/07/2025 at 11:57 AM, Staff H, Dining Supervisor, stated that all staff were expected to follow proper handwashing between gloves changes and when they moved from dirty to clean tasks.

During an interview on 04/07/2025 at 2:13 PM, Staff M, Executive Director, stated that all staff were expected to wash their hands between glove changes and when they switched from dirty to clean tasks. Staff M stated that staff were expected to follow the facility's policy to restrain their hair while handling food.

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/2025.

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

Administrator (or Representative) [signature] Date 4/25/25

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;

06/15/2015, showed dining services staff were required to wash their hands after touching soiled utensils.

Review of the facility's policy titled, "Dining Services Dress Code", dated 03/10/2015, showed staff must have appropriate hair restraint.

Observations on 04/07/2025, between 11:34 AM and 11:43 AM, showed Staff I, Dishwasher, washed dirty dishes and utensils. Observation showed Staff I changed their gloves without handwashing before they put the clean dishes and utensils away.

Observations in the commercial kitchen on 04/07/2025 at 11:50 AM showed Staff J, Resident Care Coordinator, poured salad dressing into a bowl. Observation showed Staff J's hair was unrestrained, hung several inches below their shoulders, and fell forward as they looked down to pour the salad dressing.

During an interview on 04/07/2025 at 11:57 AM, Staff H, Dining Supervisor, stated that all staff were expected to follow proper handwashing between gloves changes and when they moved from dirty to clean tasks.

During an interview on 04/07/2025 at 2:13 PM, Staff M, Executive Director, stated that all staff were expected to wash their hands between glove changes and when they switched from dirty to clean tasks. Staff M stated that staff were expected to follow the facility's policy to restrain their hair while handling food.

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, SPIRITWOOD AT PINE LAKE 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-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 observation, interview, and record review, the facility failed to ensure 1 of 3 pets (Pet 3) was current with their vaccinations and veterinarian certified free of diseases transmittable to humans. This failure placed all 69 residents at risk of contracting illnesses spread by pets.

Findings included...

Review of the facility's Disclosure of Services showed the facility allowed residents to have pets, provided the pets received regular veterinary examinations, immunizations, and were free of diseases transmittable to humans.

Review of Pet 3's veterinary records showed on 04/07/2025, the facility called the veterinarian to request Pet 3's records that showed Pet 3 was current on vaccinations and in good health. Review of the records showed Pet 3 was overdue on the Feline Viral Rhinotracheitis, Calicivirus, and Panleukopenia (FVRCP) vaccine. The records showed that when Pet 3 was seen by the veterinarian on 03/24/2025, Pet 3 was sick with vomiting.

Observation on 04/09/2025 at 11:02 AM, showed Pet 3 in Resident 10's apartment. Observation showed when visitors entered the apartment, Pet 3 approached the visitors' feet and vocalized greetings.

During an interview on 04/09/2025 at 11:02 AM, Resident 10 stated that they moved into the facility 1.5 years ago with Pet 3. Resident 10 stated that Pet 3 greeted everyone who entered the apartment and expected pets from the visitors.

During an interview on 04/09/2025 at 10:02 AM, Staff K, Administrative Assistant, stated that the front desk handled the pet records. Staff K stated that they provided front desk staff with reminders to update the records. Staff K stated that they realized the records for Pet 3 were missing when the licensing team requested the pet records. Staff K stated that the facility contacted the veterinarian for records. Staff K stated the veterinarian was unwilling to certify Pet 3 had no diseases communicable to humans since Pet 3 was a new patient that was vomiting at their last examination on 03/24/2025. Staff K stated that although their pet policy did not specify pets must have the vet certification upon move-in, it was the facility's practice to require it. Staff K stated that they were aware that Pet 3 was overdue for the FVRCP vaccine.

Statement of Deficiencies	License #: 2137	Compliance Determination # 57561
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 5 of 13	Licensee: SPIRITWOOD OPERATIONS LLC	04/14/2025

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/2025.

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

Administrator (or Representative) Date 4/25/25

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 2 sampled staff (Staff B and Staff C), with a positive Tuberculosis (TB) test, completed a chest X-ray within seven days. This failure placed all 69 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

STAFF B
Review of the facility's Employee Roster showed that the facility hired Staff B, Memory Care Unit Caregiver, on 07/31/2024. Review of Staff B's employee records showed that on 07/31/2024, Staff B completed a one-step TB test with a positive result. The records showed no documentation that Staff B completed a chest x-ray within seven days following the positive TB test result.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C, Memory Care Unit Caregiver, on 03/27/2024. Review of Staff C's employee records showed that on 04/01/2024, Staff C completed a one-step TB test with a positive result. The records showed that on 04/12/2024, 12 days after a positive TB test, Staff C completed a chest x-ray with results of no TB disease.

During an interview on 04/08/2025 8:37 AM, Staff K, Administrator Assistant, stated that they were familiar with the Department's TB testing requirements. Staff K stated that Staff B did not complete a chest x-ray following the positive TB test. Staff K stated that

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, SPIRITWOOD AT PINE LAKE 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-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 2 sampled staff (Staff B and Staff C), with a positive Tuberculosis (TB) test, completed a chest X-ray within seven days. This failure placed all 69 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

STAFF B
Review of the facility's Employee Roster showed that the facility hired Staff B, Memory Care Unit Caregiver, on 07/31/2024. Review of Staff B's employee records showed that on 07/31/2024, Staff B completed a one-step TB test with a positive result. The records showed no documentation that Staff B completed a chest x-ray within seven days following the positive TB test result.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C, Memory Care Unit Caregiver, on 03/27/2024. Review of Staff C's employee records showed that on 04/01/2024, Staff C completed a one-step TB test with a positive result. The records showed that on 04/12/2024, 12 days after a positive TB test, Staff C completed a chest x-ray with results of no TB disease.

During an interview on 04/08/2025 8:37 AM, Staff K, Administrator Assistant, stated that they were familiar with the Department's TB testing requirements. Staff K stated that Staff B did not complete a chest x-ray following the positive TB test. Staff K stated that

Statement of Deficiencies	License #: 2137	Compliance Determination # 57561
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 6 of 13	Licensee: SPIRITWOOD OPERATIONS LLC	04/14/2025

Staff C completed a chest x-ray late.

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/25.

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

Administrator (or Representative) 4/25/25 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 1 of 3 sampled staff (Staff A) skin test for Tuberculosis (TB), within three days of hire, as required. This failure placed all 69 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Employee Roster showed the facility hired Staff A, Memory Care Unit Caregiver, on 09/14/2023. Review of Staff A's employee records showed that Staff A completed a two-step TB test with negative results when hired. The records showed that the first TB test was administered on 09/22/2023, nine days after the date of hire.

During an interview on 04/08/2025 at 8:37 AM, Staff K, Administrator Assistant, stated that they were familiar with the TB testing requirement. Staff K stated that Staff A's TB test was done late.

Staff C completed a chest x-ray late.

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, SPIRITWOOD AT PINE LAKE 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-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 1 of 3 sampled staff (Staff A) skin test for Tuberculosis (TB), within three days of hire, as required. This failure placed all 69 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Employee Roster showed the facility hired Staff A, Memory Care Unit Caregiver, on 09/14/2023. Review of Staff A's employee records showed that Staff A completed a two-step TB test with negative results when hired. The records showed that the first TB test was administered on 09/22/2023, nine days after the date of hire.

During an interview on 04/08/2025 at 8:37 AM, Staff K, Administrator Assistant, stated that they were familiar with the TB testing requirement. Staff K stated that Staff A's TB test was done late.

Statement of Deficiencies	License #: 2137	Compliance Determination # 57561
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 7 of 13	Licensee: SPIRITWOOD OPERATIONS LLC	04/14/2025

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/2025.

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

Administrator (or Representative) [signature] Date 4/25/25

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit 1 of 1 sampled contracted staff (Staff L)'s Washington state name and date of birth background authorization form, within one business day after their start date. This failure placed all 69 residents at risk of abuse and neglect from caregivers and staff with an unknown background.

Findings included...

Note: WAC 388-78A-2464 Background checks—Process—Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must: (1) Require the person to complete a DSHS background authorization form; and (2) Submit to the department's background check central unit (BCCU), including any additional documentation and information requested by the department.

Review of the facility's personnel records showed that the facility hired Staff L, contracted Registered Nurse Delegator, on 05/17/2021. Review of Staff L's employee records showed on 04/16/2024, a background check was completed through a third-party company. There was no documentation that showed the facility submitted Staff L's Washington state name and date of birth background check authorization form at the

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, SPIRITWOOD AT PINE LAKE 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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit 1 of 1 sampled contracted staff (Staff L)'s Washington state name and date of birth background authorization form, within one business day after their start date. This failure placed all 69 residents at risk of abuse and neglect from caregivers and staff with an unknown background.

Findings included...

Note: WAC 388-78A-2464 Background checks—Process—Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must: (1) Require the person to complete a DSHS background authorization form; and (2) Submit to the department's background check central unit (BCCU), including any additional documentation and information requested by the department.

Review of the facility's personnel records showed that the facility hired Staff L, contracted Registered Nurse Delegator, on 05/17/2021. Review of Staff L's employee records showed on 04/16/2024, a background check was completed through a third-party company. There was no documentation that showed the facility submitted Staff L's Washington state name and date of birth background check authorization form at the

Statement of Deficiencies	License #: 2137	Compliance Determination # 57561
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 8 of 13	Licensee: SPIRITWOOD OPERATIONS LLC	04/14/2025

time of hire. There was no documentation that showed the facility completed any background check through the Department's BCCU.

During an interview on 04/08/2025 at 8:37 AM, Staff K, Administrator Assistant, stated that the facility hired Staff L from a contract agency. Staff K stated that they were unfamiliar with the background check requirements under the Washington Administrative Codes. Staff K stated that they did not complete Staff L's Washington state name and date of birth background authorization form at the time of hire.

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/2025.

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

Administrator (or Representative) [signature] Date 4/25/25

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 observation, interview, and record review, the facility failed to update 2 of 9 sampled residents (Resident 3 and Resident 5) Negotiated Service Agreement (NSA). This failure placed Resident 3 and Resident 5 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

RESIDENT 3
Observation in Resident 3's apartment on 04/09/2025 at 1:30 PM showed Resident 3 lay in a hospital bed. Observation showed Resident 3 with limited ability to communicate

time of hire. There was no documentation that showed the facility completed any background check through the Department's BCCU.

During an interview on 04/08/2025 at 8:37 AM, Staff K, Administrator Assistant, stated that the facility hired Staff L from a contract agency. Staff K stated that they were unfamiliar with the background check requirements under the Washington Administrative Codes. Staff K stated that they did not complete Staff L's Washington state name and date of birth background authorization form at the time of hire.

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, SPIRITWOOD AT PINE LAKE 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-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 observation, interview, and record review, the facility failed to update 2 of 9 sampled residents (Resident 3 and Resident 5) Negotiated Service Agreement (NSA). This failure placed Resident 3 and Resident 5 at risk for unmet care needs and potential for worsening of medically diagnosed conditions.

Findings included...

RESIDENT 3
Observation in Resident 3's apartment on 04/09/2025 at 1:30 PM showed Resident 3 lay in a hospital bed. Observation showed Resident 3 with limited ability to communicate

and therefore, was unable to participate in an interview.

Observation on 04/10/2025 at 10:10 AM, showed Resident 3 sat on a Roho cushion (a cushion made of interconnected air cells that reduces pressure and prevent skin breakdown) in their wheelchair.

Review of the facility's Characteristics Roster showed that the facility admitted Resident 3 in [redacted] 2024. The Characteristics Roster showed that Resident 3 used medical devices.

Review of Resident 3's assessment, dated 01/12/2025, showed Resident 3 was admitted with a stage three pressure sore (wound that extends through several layers of skin tissue into the fat layer of skin tissue) on Resident 3's coccyx (small bone at the end of the spine).

During an interview on 04/10/2025 at 10:10 AM, Collateral Contact 1 (CC1), Resident 3's representative, stated that Resident 3 used a Roho cushion in their wheelchair. CC1 stated that Resident 3's coccyx wound was healed.

Review of Resident 3's NSA, dated 01/31/2025, showed Resident 3 used a Roho Cushion. The NSA did not provide any staff instructions on how to maintain the Roho cushion and ensure the cushion was properly inflated.

RESIDENT 5
Observation of Resident 5's apartment on 04/09/2025 at 8:10 AM showed Resident 5 sat on a Roho cushion in their recliner.

Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2024. The records showed that on 06/11/2024, the facility completed Resident 5's assessment. The assessment showed Resident 5's family supplied the Roho cushion.

Review of the Resident 5's NSA, dated 05/24/2024, showed no documentation that Resident 5 used a Roho cushion. The NSA did not provide any staff instructions on how to maintain the Roho cushion and ensure the cushion was properly inflated.

During an interview on 04/10/2025 at 9:42 AM, Staff N, Caregiver, stated that Resident 5 had a pressure sore, which was healed. Staff N stated Resident 5 used a Roho cushion to prevent skin breakdown. Staff N stated that they were unfamiliar with how to maintain the Roho cushion and ensure it was properly inflated.

During an interview on 04/10/2025 at 10:18 AM, Staff F, Registered Nurse, Corporate Director of Wellness, stated that they were unaware the service plan did not provide

staff instructions on how to maintain the Roho cushion and ensure it was properly inflated.

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/2025.

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

Administrator (or Representative) Date 4/25/25

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 observation, interview, and record review, the Assisted Living Facility failed to assess 2 of 2 sample residents (Resident 6 and Resident 11) for their ability to safely use a medical device. This failure placed Resident 6 and Resident 11 at risk for unmet care needs and possible injury.

Findings included ...

Review of the facility's document titled, "Safety Device", dated 11/21/2014, showed that the facility allowed bed rails and other similar devices in the community. The document showed that the facility was responsible to assess and ensure the resident's safety and appropriate abilities related to the equipment prior to its use.

Observation on 04/09/2025 at 9:50 AM showed Resident 6 and Resident 11 resided in

staff instructions on how to maintain the Roho cushion and ensure it was properly inflated.

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, SPIRITWOOD AT PINE LAKE 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 observation, interview, and record review, the Assisted Living Facility failed to assess 2 of 2 sample residents (Resident 6 and Resident 11) for their ability to safely use a medical device. This failure placed Resident 6 and Resident 11 at risk for unmet care needs and possible injury.

Findings included …

Review of the facility's document titled, "Safety Device", dated 11/21/2014, showed that the facility allowed bed rails and other similar devices in the community. The document showed that the facility was responsible to assess and ensure the resident's safety and appropriate abilities related to the equipment prior to its use.

Observation on 04/09/2025 at 9:50 AM showed Resident 6 and Resident 11 resided in

Statement of Deficiencies	License #: 2137	Compliance Determination # 57561
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 11 of 13	Licensee: SPIRITWOOD OPERATIONS LLC	04/14/2025

the same apartment. Observation showed Resident 6 and Resident 11 shared a bed. Observation showed four quarter length bed rails attached to the bed. One bed rail was attached to the left side, at the head of the bed. Three other bed rails were attached along the bed end at the foot of the bed.

RESIDENT 6
Review of Resident 6's records showed that the facility admitted Resident 6 in [redacted] 2024. The records showed that on 05/30/2024, the facility completed Resident 6's assessment. The assessment showed no documentation that Resident 6 used bed rails. There was no documentation that showed the facility assessed Resident 6 for the use of bed rails.

RESIDENT 11
Review of Resident 11's records showed that the facility admitted Resident 11 in [redacted] 2024. The records showed that on 05/30/2024, the facility completed Resident 11's assessment. The assessment showed no documentation that Resident 11 used side rails. There was no documentation that showed the facility assessed Resident 11 for the use of bed rails.

During an interview on 04/10/2025 at 9:50 AM, Staff O, Licensed Practical Nurse (LPN), Resident Care Director, stated that they were unaware Resident 6 and Resident 11 used bed rails. Staff O stated that the residents' family members installed the bed rails and did not notify the facility. Staff O stated that since they were unaware of the bed rails, they did not assess Resident 6 and Resident 11 for the use of bed rails.

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/29/2025.

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

Administrator (or Representative) [signature] Date 4/25/25

WAC 388-78A-2970 Garbage and refuse disposal. The assisted living facility must:

(1) Provide an adequate number of garbage containers to store refuse generated by the assisted living facility:

(c) Cleaned and maintained to prevent:

(i) Entrance of insects, rodents, birds, or other pests;

the same apartment. Observation showed Resident 6 and Resident 11 shared a bed. Observation showed four quarter length bed rails attached to the bed. One bed rail was attached to the left side, at the head of the bed. Three other bed rails were attached along the bed end at the foot of the bed.

RESIDENT 6
Review of Resident 6's records showed that the facility admitted Resident 6 in [redacted] 2024. The records showed that on 05/30/2024, the facility completed Resident 6's assessment. The assessment showed no documentation that Resident 6 used bed rails. There was no documentation that showed the facility assessed Resident 6 for the use of bed rails.

RESIDENT 11
Review of Resident 11's records showed that the facility admitted Resident 11 in [redacted] 2024. The records showed that on 05/30/2024, the facility completed Resident 11's assessment. The assessment showed no documentation that Resident 11 used side rails. There was no documentation that showed the facility assessed Resident 11 for the use of bed rails.

During an interview on 04/10/2025 at 9:50 AM, Staff O, Licensed Practical Nurse (LPN), Resident Care Director, stated that they were unaware Resident 6 and Resident 11 used bed rails. Staff O stated that the residents' family members installed the bed rails and did not notify the facility. Staff O stated that since they were unaware of the bed rails, they did not assess Resident 6 and Resident 11 for the use of bed rails.

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, SPIRITWOOD AT PINE LAKE 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-2970 Garbage and refuse disposal. The assisted living facility must:

(1) Provide an adequate number of garbage containers to store refuse generated by the assisted living facility:

(c) Cleaned and maintained to prevent:

(i) Entrance of insects, rodents, birds, or other pests;

(ii) Odors; and

(iii) Other nuisances.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 1 of 1 garbage refuse station (station 1) was kept clean and well maintained. This failure placed all 69 residents at risk of injury or harm related to potential exposure of unsanitary conditions, biohazardous waste, noxious fumes, and pests.

Findings included...

Observation during the environmental tour on 04/07/2025, between 12:05 PM and 2:00 PM, showed an enclosed concrete structure that contained two standard sized metal dumpsters. The structure was located to the right of the entrance of the facility. The front entrance of the structure was open and publicly accessible. Observation showed plastic bags filled with refuse laid at the external base of the dumpster, multiple one time use latex gloves were strewn on the ground, and various other assorted pieces of refuse, such as boxes, broken chairs, and unidentifiable pieces of garbage were scattered around and behind the two dumpster bins.
Observation showed a broken washer and heating unit outside, next to the facility's generator, which was publicly accessible. Observation showed two large garbage bags, disposable latex gloves, and boxes on the ground, outside the back door of the facility's main kitchen.

During an interview, on 04/07/2025 between 12:05 PM and 2:00 PM, Staff M stated that there was an ongoing problem with staff not disposing of the garbage bags inside of the dumpster bins. Staff M stated that the broken items next to the generator were not disposed of properly and should not have been dumped there. Staff M stated that the kitchen staff disposed of the garbage bags and boxes outside the back door of the kitchen. Staff M stated that the kitchen staff were expected to dispose of the items into the two main garbage dumpsters later in the day.

Observation on 04/09/2025 at 10:24 AM showed a large, opened garbage bag on the ground in front of the large dumpster container. Garbage protruded from the bag and disposable latex gloves were observed scattered on the ground around the dumpsters. Observation at 10:25 AM showed a large bag of trash outside the back door of the main kitchen. Disposable latex gloves were observed scattered on the ground.

During an interview at the exit conference on 04/10/2025 at 12:15 PM, Staff G, Executive Director, stated that the maintenance staff were responsible to ensure the garbage bags left on the ground were picked up and disposed of properly. Staff G stated that the facility Maintenance Director abruptly walked out last week. Staff G stated that they realized that sometimes the garbage bags were too heavy for the staff to lift and put into the garbage dumpsters or the bags broke. Staff G stated that they realized

Statement of Deficiencies	License #: 2137	Compliance Determination # 57561
Plan of Correction	SPIRITWOOD AT PINE LAKE	Completion Date
Page 13 of 13	Licensee: SPIRITWOOD OPERATIONS LLC	04/14/2025

disposal of the garbage was a problem.

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, SPIRITWOOD AT PINE LAKE is or will be in compliance with this law and / or regulation on (Date) 5/9/2025.

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

Administrator (or Representative) — Date 4/25/2025

disposal of the garbage was a problem.

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, SPIRITWOOD AT PINE LAKE 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

04/17/2025

SPIRITWOOD OPERATIONS LLC
SPIRITWOOD AT PINE LAKE
2020 A St SE Suite 101
Auburn, WA 98002

RE: SPIRITWOOD AT PINE LAKE # 2137

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/14/2025 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-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

(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;

The facility did not post or make the menus available in 1 of 1 memory care unit (MC) for the residents. The facility did not make the dietary manual available to the kitchen staff responsible for food preparation in 1 of 1 commercial kitchen (Commercial Kitchen). During the full inspection, the facility posted the weekly menu in memory care, assigned staff to post the menus, and made the dietary manual available to food preparation staff.

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:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- 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, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure