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

SCRIBER GARDENS LLC

SCRIBER GARDENS LLC
6024 200TH ST SW
LYNNWOOD, WA 98036

RE: SCRIBER GARDENS LLC License # 2203

Dear Administrator:

This letter addresses Compliance Determination(s) 70545 (Completion Date 12/23/2025) and 67231 (Completion Date 10/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/23/2025 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-2320-1-a, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2480-1, WAC 388-78A-2468-1, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2240, WAC 388-78A-2160, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2-a

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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 10/15/2025 and 10/20/2025 of:

SCRIBER GARDENS LLC
6024 200TH ST SW
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 7 of 41 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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 #: 2203	Compliance Determination # 67231
Plan of Correction	SCRIBER GARDENS LLC	Completion Date
Page 2 of 18	Licensee: SCRIBER GARDENS LLC	10/30/2025

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.

Jim Sherman
Residential Care Services

11-05-2025
Date

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

Betsy ORR
Administrator (or Representative)

11-7-25
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement a safe intermittent nursing service system related to nurse delegation services for 4 of 7 residents (Resident 1, Resident 2, Resident 4, and Resident 6). This failure placed residents at risk for medication-related complications and compromised health status.

Findings included...

Review of Washington Administrative Code (WAC) 246-840-930 The Nurse Delegation Program, under Washington State law, allows nursing assistants working in certain settings to perform certain tasks - such as administration of prescription medications including insulin injections - normally performed only by licensed nurses.

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

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(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement a safe intermittent nursing service system related to nurse delegation services for 4 of 7 residents (Resident 1, Resident 2, Resident 4, and Resident 6). This failure placed residents at risk for medication-related complications and compromised health status.

Findings included…

Review of Washington Administrative Code (WAC) 246-840-930 The Nurse Delegation Program, under Washington State law, allows nursing assistants working in certain settings to perform certain tasks - such as administration of prescription medications including insulin injections - normally performed only by licensed nurses.

If the registered nurse delegator determines delegation is appropriate, the nurse discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care, obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW.

Review of the ALF's undated Disclosure of Services showed the facility provided intermittent nursing services.

Review of the ALF's policy titled, "Nurse Delegation Services", dated 09/28/2022, showed the delegation process was to be done in accordance with the State requirements. The policy showed that consent for registered nurse delegation will be obtained from the resident/family upon move in or at the time delegation is needed and will be maintained in the resident's chart. The Wellness Director will ensure that all nursing assistants that will be delegated have appropriate certification/registration and have completed appropriate training and are willing and able to perform delegated tasks.

Review of the ALF's undated Resident Characteristic Roster provided on 10/15/2025 showed twenty-six residents received nurse delegation.

Review of Collateral Contact 1's (CC1), Registered Nurse (RN)/Nurse Delegator (ND), Nurse Delegator Resident Roster on 10/20/2025 showed the ALF had seventeen residents receiving nurse delegation services.

Review of an updated ALF's Resident Characteristic Roster provided on 10/20/2025 showed nineteen residents receiving nurse delegation.

Review of the Delegation Binder on 10/16/2025 showed 5 resident consent forms had been signed by the resident/resident representative.

Resident 1
Review of a face sheet, dated 06/18/2025, showed Resident 1 admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 1's memory care assessment, dated [redacted]/2025, showed Resident 1 required medication administration for all medications.

Review of the ALF's undated Resident Characteristic Roster provided on 10/15/2025 showed Resident 1 received nurse delegation services.

Review of the facility nurse delegation binder on 10/16/2025 showed no signed consent, no nurse delegation visits, and no nurse delegation instructions for Resident 1.
Review of the updated Resident Characteristic Roster provided on 10/20/2025 showed Resident 1 had not received nurse delegation services.

Review of Resident 1's medication administration records (MARs) dated August 2025, September 2025 and October 2025 showed all medications had been given by multiple ALF staff including oral, topical and PRN (as needed) medications.

Review of the Nurse Delegator's Resident Roster on 10/20/2025 at 9:45 AM, showed Resident 1's medications were not delegated to staff by the nurse delegator.

On 10/20/2025 at 10:28 AM, Staff I, Memory Care Director, stated that all residents in the memory care unit required medication administration due to their diagnosis so they were delegated.

On 10/20/2025 at 2:33 PM, CC1, RN/ND, stated that if residents were assessed as needing medication administration, they were required to be nurse delegated.

Resident 2
Review of a face sheet, dated 06/18/2025, showed Resident 2 admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted].

Review of Resident 2's Self Medication Assessment, dated 04/17/2025, showed the resident had been assessed that they had demonstrated ability to safely self-administer medications without assistance.

Review of Resident 2's assessment, dated 04/16/2025, showed for medication assistance level required that the resident required their medication to be administered.

Review of an undated Resident Characteristic Roster, provided on 10/15/2025, showed Resident 2 did not receive nurse delegation services..

Review of the facility nurse delegation binder on 10/16/2025 showed no nurse delegation consent, no nurse delegation visits, and no nurse delegation tasks or instructions for staff.

On 10/17/2025 at 8:10 AM, Staff J, RN, stated that ALF staff were administering Resident 2's medications.

On 10/17/2025 at 12:12 PM, Staff H, Licensed Practical Nurse (LPN)/Wellness Director (WD), stated that Resident 2 did not do good with their oral medication and that the resident only self-administered their inhalers. Staff H stated that the Self Medication Assessment, dated 04/17/2025, that indicated the resident could safely self-administer their own medications was only for their inhalers. Staff H stated that they administered Resident 2 their oral medications.

Resident 4
Review of a face sheet, dated 10/15/2025, showed Resident 4 admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted], [redacted] and [redacted].

Review of Resident 4's assessment, dated [redacted]/2025, showed that the assessor documented that the medication assistance level required was administration by staff.

Review of Resident 4's care plan, dated 07/04/2025, showed that the resident needed medication assistance.

Review of a Nurse Delegation: Nursing Visit, dated 07/14/2025, showed that the resident had nurse delegated tasks for insulin administration, blood glucose monitoring, and application of transdermal patches. The review did not show Staff D, Caregiver, had been delegated to provide nurse delegated tasks to Resident 4.

Review of Resident 4's August 2025, September 2025 and October 2025 MARs showed documentation that Staff D had administered multiple doses of Humalog insulin (a type of injectable insulin) and monitored blood sugars for Resident 4.

On 10/17/2025 at 12:12 PM, Staff H, stated that Resident 4 administered their own insulin and did their own blood sugar monitoring. Staff H stated that they could not explain why Resident 4 was nurse delegated for insulin administration and blood sugars. Staff H stated that they had done the assessment dated 07/04/2025 when the medication assistance level was assessed that the resident needed their medications administered.

On 10/17/2025 at 2:49 PM, Resident 4 stated that the nurse did their blood sugars and then the nurse gave them the insulin, and the resident self-administered (injected) it.

Resident 6
Review of a face sheet, dated 10/15/2025, showed Resident 6 admitted to the ALF on

[redacted]/2025 with diagnoses to include [redacted] and [redacted].

Review of Resident 6's care plan, dated 05/10/2025, showed that for additional nursing services, the resident was to receive medication administration.

Review of Resident 6's assessment, dated 04/29/2025, showed that the resident was legally blind in both eyes. The assessment also indicated that for medication assistance level required, the resident was assessed as requiring medications be administered.

Review of an undated Resident Characteristic Roster, provided on 10/15/2025, showed Resident 6 had nurse delegated tasks.

Review of the facility nurse delegation binder on 10/16/2025 showed for Resident 6 there was no nurse delegation consent, no nurse delegation visits, and no nurse delegation tasks or instructions for any staff.

Review of Resident 6's September 2025 MARs showed on 09/20/2025 at 8:00 AM, Staff D, administered the resident an insulin injection of Humalog insulin.

On 10/16/2025 at 1:16 PM, Staff A, Executive Director, stated that Staff D, Caregiver, was not nurse delegated.

On 10/17/2025 at 10:41 AM, CC1, RN/ND, stated that they had not been notified Resident 6 needed nurse delegation. CC1 stated that they had been told that staff dialed up the resident's insulin dose and handed it to the resident who then injected it.

On 10/17/2025 at 12:38 PM, Staff H, stated that Resident 6 needed all their medications administered.

On 10/17/2025 at 3:07 PM, Resident 6 stated that they were not diabetic and they didn't take insulin. The resident stated that staff were checking their blood sugar, and they had asked them why, when they were not diabetic.

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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, SCRIBER GARDENS LLC is or will be in compliance with this law and / or regulation on (Date) 12/13/25.

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

Administrator (or Representative) Betsy Orr Date 11-7-25

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff E and Staff F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff E and Staff F not having cleared background checks and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff E, Caregiver, was hired on 04/12/2023. Staff E had an interim fingerprint background check dated 04/10/2023, that was valid until 04/10/2025. Review of a Washington State name and date of birth background check showed it was not completed until 05/01/2025, which was 21 days late.

Staff F, Caregiver, was hired on 12/23/2022. Staff F had an interim fingerprint background check dated 12/14/2022 that was valid until 12/14/2024. Review of a Washington State name and date of birth background check showed it was not completed until 01/09/2025, which was 26 days late.

On 10/16/2025 at 1:20 PM, Staff G, Business Office Manager, stated that Staff E and

Plan/Attestation Statement

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On 10/16/2025 at 1:20 PM, Staff G, Business Office Manager, stated that Staff E and

Staff F did not respond timely to their requests to do another background check.

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Betsy DCR — 11-7-25

Administrator (or Representative) — Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff B and Staff D) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Caregiver, was hired on 02/21/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

Staff D, Caregiver, was hired on 06/13/2025. The initial TB test was completed on 08/01/2025, 49 days late.

Review of the ALF's staff schedules for October 2025 showed Staff B was scheduled to work nine shifts from 10/01/2025 – 10/14/2025.

On 10/16/2025 at 1:32 PM, Staff G, Business Office Manager, stated that they thought

Staff F did not respond timely to their requests to do another background check.

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, SCRIBER GARDENS LLC 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.

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Administrator (or Representative) Date

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Staff B's TB test from their previous employment with the ALF was adequate for TB testing and was unsure why Staff D did not have their initial TB test at time of hire.

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Betsy Orr — Administrator (or Representative)

11-7-25 — 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 Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff B) had a Washington State name and date of birth background check that was submitted within one business day after their date of hire. This failure placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Caregiver, was hired on 02/21/2025. Staff B did not have a Washington State name and date of birth background check available for review. Staff B was employed 237 calendar days without a background check submitted.

On 10/16/2025 at 1:20 PM, Staff G, Business Office Manager, stated that Staff B had

Staff B's TB test from their previous employment with the ALF was adequate for TB testing and was unsure why Staff D did not have their initial TB test at time of hire.

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Administrator (or Representative) Date

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previously worked for the ALF, and they did not do a new background check when they were re-hired.

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

Betsy DBR — Administrator (or Representative)

11-7-25 — Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed at least annually by 2 of 7 residents (Resident 3 and Resident 7) or their representatives, and by a representative of the ALF. This failure placed the residents at risk for unmet care needs and for receiving care and services that had not been agreed to.

Findings included...

Resident 3
Review of an ALF Face Sheet dated 04/29/2025 showed Resident 3 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] and [redacted].

previously worked for the ALF, and they did not do a new background check when they were re-hired.

Plan/Attestation Statement

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

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Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed at least annually by 2 of 7 residents (Resident 3 and Resident 7) or their representatives, and by a representative of the ALF. This failure placed the residents at risk for unmet care needs and for receiving care and services that had not been agreed to.

Findings included…

Resident 3
Review of an ALF Face Sheet dated 04/29/2025 showed Resident 3 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] and [redacted].

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Review of an NSA, dated 12/13/2024, showed a signature page with lines for the resident, the resident representative and an ALF representative to sign, but there were no signatures. There was no evidence an NSA had been signed within the past 12 months.

Resident 7
Review of an ALF Face Sheet dated 10/15/2025 showed Resident 5 was admitted on [redacted]0/2018 with multiple diagnoses including [redacted] and [redacted].

Review of an NSA, dated 07/15/2025, showed a signature page with lines for the resident, the resident representative and an ALF representative to sign, but there were no signatures. There was no evidence an NSA had been signed within the past 12 months.

On 10/17/2025 at 2:13 PM, Staff H, Licensed Practical Nurse/Wellness Director, stated that they could not find the signed NSAs.

Plan/Attestation Statement

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

Betsy ORR — Administrator (or Representative)

11-7-25 — Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 2 of 7 residents (Resident 1 and Resident 3). This failure resulted in Resident 1 and Resident 3 not receiving prescribed medications and placed them at risk for medical complications.

Review of an NSA, dated 12/13/2024, showed a signature page with lines for the resident, the resident representative and an ALF representative to sign, but there were no signatures. There was no evidence an NSA had been signed within the past 12 months.

Resident 7
Review of an ALF Face Sheet dated 10/15/2025 showed Resident 5 was admitted on [redacted]/2018 with multiple diagnoses including [redacted] and [redacted].

Review of an NSA, dated 07/15/2025, showed a signature page with lines for the resident, the resident representative and an ALF representative to sign, but there were no signatures. There was no evidence an NSA had been signed within the past 12 months.

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_____ _____
Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 2 of 7 residents (Resident 1 and Resident 3). This failure resulted in Resident 1 and Resident 3 not receiving prescribed medications and placed them at risk for medical complications.

Findings included...

Review of the ALF's policy titled "Medication Services" dated 07/14/2022 showed staff will ensure availability of all prescribed medications when the ALF has assumed responsibility for obtaining them.

Resident 1
Review of an ALF Face Sheet dated 06/18/2025 showed Resident 1 was admitted on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of a Care Plan dated [redacted]/2025 showed the ALF would request and review Resident 1's physician orders, confirm orders with the facility pharmacy and maintain monthly auto delivery to ensure medications were available and provided to Resident 1.

Review of a Medication Administration Record (MAR) dated August 2025 showed Resident 1 was prescribed Estradiol (a synthetic female hormone that supports bone density, heart health and regulates mood and emotional well-being) once a week at bedtime. The MARs for August, September and October 2025 showed Estradiol was marked as not given from 08/31/2025 through 10/12/2025 (seven doses) stating "refill requested" and "results unavailable "as the reasons the medication had not been given.

On 10/20/2025 at 10:30 AM, Staff I, Memory Care Director, stated that Estradiol had never been given to Resident 1 and that the memory care unit staff did not have the credentials or training to provide this type of medication.

On 10/20/2025 at 4:43 PM, Staff H, Wellness Director (WD), stated that they were aware that the Estradiol had not been given and that the prescribing physician had not been contacted regarding the missing doses.

Resident 3
Review of an ALF Face Sheet dated 04/29/2025 showed Resident 3 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 3's Assessment dated 12/13/2024 showed the ALF would request and review Resident 3's physician orders, confirm orders with the facility pharmacy and maintain monthly auto delivery to ensure medications were available and provided to

Resident 3.

Review of a MAR, dated October 2025, showed Resident 3 was prescribed Digoxin 0.125mg (milligram)/tablet (a medication that provides a stronger and more stable heartbeat), ½ tablet by mouth once a day. The MAR showed Digoxin was marked as not given from 10/09/2025 through 10/14/2025 (6 doses) stating "refill requested" and "results unavailable "as the reasons the medication had not given.

On 10/20/2025 at 4:44 PM, Staff H, WD, stated that they were not aware that the Digoxin had not been given and that the prescribing physician had not been contacted regarding the missing doses.

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, SCRIBER GARDENS LLC is or will be in compliance with this law and / or regulation on (Date) 12/13/25.

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

Betsy ORR — Administrator (or Representative)

11-7-25 — Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide care and services agreed upon in the resident's care plan for monthly weight checks and vital signs for 1 of 7 sampled residents (Resident 7). This placed Resident 7 at risk of complications due to unnoticed changes in weight and/or vital signs.

Findings included...

Review of an ALF Face Sheet dated 10/15/2025 showed Resident 7 was admitted on [redacted]/2018 with diagnoses to include [redacted] and [redacted]

Resident 3.

Review of a MAR, dated October 2025, showed Resident 3 was prescribed Digoxin 0.125mg (milligram)/tablet (a medication that provides a stronger and more stable heartbeat), ½ tablet by mouth once a day. The MAR showed Digoxin was marked as not given from 10/09/2025 through 10/14/2025 (6 doses) stating “refill requested” and “results unavailable “as the reasons the medication had not given.

On 10/20/2025 at 4:44 PM, Staff H, WD, stated that they were not aware that the Digoxin had not been given and that the prescribing physician had not been contacted regarding the missing doses.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide care and services agreed upon in the resident’s care plan for monthly weight checks and vital signs for 1 of 7 sampled residents (Resident 7). This placed Resident 7 at risk of complications due to unnoticed changes in weight and/or vital signs.

Findings included…

Review of an ALF Face Sheet dated 10/15/2025 showed Resident 7 was admitted on [redacted]/2018 with diagnoses to include [redacted] and [redacted]

[redacted].

Review of Physician Orders dated 09/20/2018 showed Resident 7 would need a weight check and vital signs monitored monthly.

Review of the ALF's Self Medication Assessment dated 10/20/2025 showed Resident 7 required monthly weight checks and vital sign monitoring.

Review of the Electronic Medication Administration Records (EMAR's) dated August 2025, September 2025 and October 2025, showed no monthly weight check or vital signs had been completed or documented.

On 10/20/2025 at 4:47 PM, Staff H, Wellness Director, could not explain why weight checks and vitals sign had not been completed monthly for the resident.

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, SCRIBER GARDENS LLC is or will be in compliance with this law and / or regulation on (Date) 12/13/25 .

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

Administrator (or Representative) — Date: 11-7-25

WAC 388-78A-2210 Medication services.

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

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

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service

[redacted].

Review of Physician Orders dated 09/20/2018 showed Resident 7 would need a weight check and vital signs monitored monthly.

Review of the ALF's Self Medication Assessment dated 10/20/2025 showed Resident 7 required monthly weight checks and vital sign monitoring.

Review of the Electronic Medication Administration Records (EMAR's) dated August 2025, September 2025 and October 2025, showed no monthly weight check or vital signs had been completed or documented.

On 10/20/2025 at 4:47 PM, Staff H, Wellness Director, could not explain why weight checks and vitals sign had not been completed monthly for the resident.

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, SCRIBER GARDENS LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

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

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

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service

agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and implement safe medication services to ensure 5 of 7 residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 6) received their medications as prescribed by a physician, and ensured accurate documentation of medication services. This failure resulted in residents not receiving medications as prescribed and resulted in inaccurate medication administration documentation.

Findings included…

Review of the ALF's policy titled "Medication Services," dated 07/14/2022, showed that the staff responsible for supervision of medication assistance must document in the medication administration record indicating the medication was taken appropriately. The policy also indicated that staff names and matching initials were found at the bottom of the medication administration record.

Resident 1
Review of an ALF Face Sheet dated 06/18/2025 showed Resident 1 was admitted on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of a Care Plan dated 07/02/2025 showed the ALF would request and review Resident 1's physician orders, confirm orders with the facility pharmacy, maintain monthly auto delivery to ensure medications were available and provide medication administration to Resident 1.

Review of a Medication Administration Record (MAR) dated August 2025 showed Resident 1 was prescribed Vitamin D 50,000 units, take 1 capsule by mouth monthly on the 1st. The EMAR's dated August 2025, September 2025 and October 2025 showed no documentation of Vitamin D provided.

On 10/20/2025 at 9:45 AM, Staff H, Licensed Practical Nurse (LPN)/Wellness Director (WD), stated that Resident 1's Vitamin D order was put in the system as a PRN (as needed) order and not given.

Resident 2
Review of a face sheet, dated 06/18/2025, showed Resident 2 admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted].

Review of Resident 2's negotiated service agreement, dated 04/17/2025, showed the resident required medication assistance.

Review of Resident 2's Medication Administration Records (MARs) from 08/01/2025 – 10/15/2025 showed ALF staff had documented that they administered the resident a daily dose of Aspirin 81 milligrams (mg).

On 10/17/2025 at 9:01 AM, five bottles of medications were observed sitting on the kitchen sink of Resident 2's apartment, to include a bottle of Aspirin 325 mg. Resident 2 stated that they took their own aspirin daily and that they did not receive Aspirin from ALF staff.

On 10/17/2025 at 12:12 PM, Staff H, LPN/WD, stated that Resident 2 had bought their Aspirin over the counter, and that they took the resident's medications out of their room today.

Review of Resident 2's September 2025 MARs showed documentation that Staff C, Caregiver, (this caregiver did not have tasks delegated by a registered nurse), had administered Resident 2 Aspirin, Roflumilast (a medication to treat chronic inflammatory diseases), and Tamsulosin (a medication to treat symptoms of an enlarged prostate).

Resident 3
Review of an ALF Face Sheet dated 04/29/2025 showed Resident 3 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 3's assessment dated 12/13/2024 showed the ALF would request and review Resident 3's physician orders, confirm orders with the facility pharmacy and maintain monthly auto delivery to ensure medications were available and provided to Resident 3.

Review of Resident 3's October 2025 MARs showed that the ALF staff documented they administered 4 injections of FLUAD (an annual influenza vaccine).

On 10/20/2025 at 2:33 PM, Staff I, Memory Care Director, stated that regarding the FLUAD injection documentation, staff had told them (Staff I) they thought that it was for fluid monitoring and had not given the injection as it was ordered.

Resident 4

Review of a face sheet, dated 10/15/2025, showed Resident 4 admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted] and [redacted].

Review of Resident 4's August 2025, September 2025, and October 2025 MARs showed that Staff D, Caregiver, documented that they did numerous insulin injections and blood sugar checks.

Review of Resident 4's September 2025 MARs showed that Staff C, Caregiver (this caregiver had not been delegated tasks by the registered nurse delegator), on 09/02/2025 at 7:30 AM, that they administered the resident an insulin injection and that they checked the resident's blood sugar. The MARs also showed that Staff C administered the resident Amlodipine (a blood pressure medication), Atorvastatin (a cholesterol lowering medication), folic acid (a medication to help the body produce red blood cells), Pantoprazole (a medication used to reduce stomach acid), Sertraline (an antidepressant medication), Tamsulosin, Vitamin B1, and mucus relief tabs.

Review of Resident 4's October 2025 MARs showed documentation that Staff C had administered the resident multiple doses of Hydroxyzine (medication being used for anxiety or itching).

Review of Resident 4's October 2025 MARs showed that ALF staff had documented they had administered the resident six injections of FLUAD.

Resident 6
Review of a face sheet, dated 10/15/2025, showed Resident 6 admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted] and [redacted].

Review of Resident 6's August 2025 MARs showed that Staff C, Caregiver, had administered two doses of Hydrocodone/Acetaminophen (a pain medication) and they had documented four times that they had assessed the effectiveness of that medication.

Review of Resident 6's September 2025 MARS showed that Staff C, Caregiver, had administered the resident Bumetanide (a diuretic medication to treat fluid retention), Hydrocodone/Acetaminophen, and Methocarbamol (a muscle relaxant medication). This review also showed documentation that Staff D, Caregiver (this caregiver had not been delegated tasks by the registered nurse delegator), had documented that they administered Humalog insulin to the resident.

Review of Resident 6's October 2025 MARS showed documentation that Staff C, Caregiver, had administered the resident seven doses of Hydrocodone/Acetaminophen.

On 10/16/2025 at 1:16 PM, Staff A, Executive Director, stated that Staff C and Staff D had not been delegated tasks by their nurse delegator.

On 10/17/2025 at 12:12 PM, Staff H, LPN/WD, stated that Staff D cannot administer insulin injections and Staff C cannot administer any medications.

On 10/17/2025 at 12:28 PM, Staff H, LPN/WD, stated that Staff C did not give the medications that the residents' MARs showed. They stated that the problem was with staff not signing out of the computer, and other staff not realizing it and documenting medications as given using another staff's initials.

On 10/20/2025 at 4:39 PM, Staff H, LPN/WD, stated that the pharmacy had put the FLUAD order on the MAR after the injection had been provided by the pharmacy. Staff H stated that they had not reviewed the order for accuracy.

On 10/22/2025 at 2:31 PM, Staff C, stated that they had not administered any medications, they had not done any insulin injections, and they had not checked any blood sugars.

Refer to WAC 388-78A-2320 Intermittent Nursing Services Systems.

Plan/Attestation Statement

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Administrator (or Representative) Date 11-7-25

On 10/16/2025 at 1:16 PM, Staff A, Executive Director, stated that Staff C and Staff D had not been delegated tasks by their nurse delegator.

On 10/17/2025 at 12:12 PM, Staff H, LPN/WD, stated that Staff D cannot administer insulin injections and Staff C cannot administer any medications.

On 10/17/2025 at 12:28 PM, Staff H, LPN/WD, stated that Staff C did not give the medications that the residents' MARs showed. They stated that the problem was with staff not signing out of the computer, and other staff not realizing it and documenting medications as given using another staff's initials.

On 10/20/2025 at 4:39 PM, Staff H, LPN/WD, stated that the pharmacy had put the FLUAD order on the MAR after the injection had been provided by the pharmacy. Staff H stated that they had not reviewed the order for accuracy.

On 10/22/2025 at 2:31 PM, Staff C, stated that they had not administered any medications, they had not done any insulin injections, and they had not checked any blood sugars.

Refer to WAC 388-78A-2320 Intermittent Nursing Services Systems.

Plan/Attestation Statement

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Administrator (or Representative) Date