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 # 2203

Dear Administrator:

This document references Compliance Determination 57347 (04/18/2025), which included complaint number(s) 172058, 173257, 173448.

The Department completed a complaint investigation of your Assisted Living Facility on 04/18/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Wesler Dumecquias, Community Complaint Investigator

Consultation:

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

The Assisted Living Facility (ALF) failed to include in their assessment that the NR was able to leave the ALF on their own unsupervised. Review of record of the NR and newly admitted residents assessments showed the ALF corrected the failure and captured residents ability to leave the facility unsupervised. A consultation was issued under WAC 388- 78A-2090 (6) (d) Full assessment topics.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: SCRIBER GARDENS LLC **Provider Type:** Assisted Living Facility

License/Cert.#: 2203
Intake ID: 173257
Compliance Determination #: 57347
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 04/02/2025 through 04/18/2025
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) left the Assisted Living Facility (ALF) and went missing.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Facility policies Incident investigation Care plan Assessments PCP Admission order Progress Notes MAR

Investigation Summary:
The Named Resident (NR) left the ALF and was not able to return on their own. The NR was brought back to the ALF by the police the next day early in the morning after they were missing. The Assisted Living Facility (ALF) failed to include in their assessment that the NR was able to leave the ALF on their own unsupervised. The ALF were working with the NR's contact for guardianship. The NR keeps an air tag in their wallet as a precaution. The ALF updated the care plan to meet the NR need. Review of record from a newly admitted residents' assessment showed the ALF corrected the failure. A consultation was issued under WAC 388- 78A-2090 (6) (d) Full assessment topics.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A