STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 76050 (Completion Date 04/30/2026) and 72697 (Completion Date 02/19/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/30/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2700-1-a, WAC 388-78A-2850-1-b-i, WAC 388-78A-2850-1-b-iii, WAC 388-78A-2850-1-b-vi, WAC 388-78A-2850-1-b-vii, WAC 388-78A-2300-1-c-i, WAC 388-78A-2300-1-c-ii, WAC 388-78A-2300-1-c-iii, WAC 388-78A-2300-1-d, WAC 246-215-04325-1, WAC 246-215-04325-3

The Department staff who did the on-site verification:
Wesler Dumecquias, Community Complaint Investigator

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2203
Intake ID: 211936
Compliance Determination #: 72697
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 02/10/2026 through 02/19/2026
Complainant Contact Date(s): 02/10/2026

Allegation(s):

1. The facility kitchen had been shut down for remodeling.
2. The facility turned the activity room into a makeshift kitchen and was using camping stoves with open flames and propane to cook food for the residents.
3. The facility did not follow the Named Residents' (NR) diet restriction, and meals were skipped as a result.
4. The food lacked vegetables in the meals that were prepared.
5. The facility lacked kitchen staff.
6. The residents were not receiving housekeeping services according to the care plan.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Kitchen and makeshift kitchen Food preparation Activities cooking stove burner
Interviews:	Identified resident Nursing staff Residents Kitchen staff Maintenance/housekeeping staff Administrator Collateral contacts- Fire department, DOH- CRS
Record Reviews:	Facility policies Care plans Residents Food preference record Kitchen schedule Facility required on site safety plan

Menu
Facility kitchen project map
Fire Marshal report
House keeping schedule
Emails

Investigation Summary:

1.The facility shut down their main kitchen, which was undergoing remodeling. The facility failed to coordinate and submit an application to the Department of Health's Construction Review Services for the review of the project. The facility made part of their activity room, where their bistro was located, into a makeshift kitchen. The facility did not have a dedicated sink separately for handwashing, washing utensils, and washing vegetables located in the makeshift kitchen. Failed practices were identified, and citations were issued.
2. The facility made part of their activity room, where their bistro was located, into a makeshift kitchen. The facility used a portable stove burner with an open flame that uses propane to cook food for their residents. The Bureau of Fire Protection confirmed that the facility was not allowed to use portable stoves with open flames for cooking food in their activity room due to carbon monoxide buildup. A failed practice was identified. A citation was issued due to the safety hazard posed by the use of a portable stove with an open flame.
3. The facility followed the NR's diet restriction and offered alternative foods. The facility coordinated with the NR's Primary Care physician and was monitoring the NR's food intake. No failed practice was identified.
4. Observation showed the facility served vegetables and had vegetable salad as the main dish during the unannounced visit. No failed practice was identified.
5. The facility had enough staff serving and reminding residents of mealtimes. No failed practice was identified.
6. The facility followed and provided their housekeeping services based on the care plan. The facility provided extra housekeeping services to residents as needed. No failed practice was identified.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2203
Intake ID: 212115
Compliance Determination #: 72697
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 02/10/2026 through 02/19/2026
Complainant Contact Date(s):

Allegation(s):

1. The facility kitchen had been shut down for remodeling.
2. Resident were losing weight because meals were delivered in boxes.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Kitchen and makeshift kitchen Food preparation Activities cooking stove burner
Interviews:	Identified resident Nursing staff Residents Kitchen staff Maintenance/housekeeping staff Administrator Collateral contacts- Fire department, DOH- CRS
Record Reviews:	Facility policies Care plans Residents Food preference record Kitchen schedule Facility required on site safety plan Menu Facility kitchen project map Fire Marshal report House keeping schedule Emails

Investigation Summary:

1. The Named Resident (NR) was an independent resident and was not in any services as an Assisted Living Resident. The facility shut down their main kitchen, which was undergoing remodeling. The facility failed to coordinate and submit an application to the Department of Health's Construction Review Services for the review of the project. The facility made part of their activity room, where their bistro was located, into a makeshift kitchen. The facility did not have a dedicated sink separately for handwashing, washing utensils, and washing vegetables located in the makeshift kitchen. Failed practices were identified, and citations were issued.
2. There were no concerns regarding foods being delivered to the sampled assisted living residents in boxes. Observation showed the assisted living residents were eating at the facility's dining room during the unannounced visit. There were no cases or incidents from the sampled residents where they lost weight as a result of how the foods were delivered. No failed practice identified.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2203	Compliance Determination # 72697
Plan of Correction	SCRIBER GARDENS LLC	Completion Date
Page 1 of 7	Licensee: SCRIBER GARDENS LLC	02/19/2026

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 complaint investigation on 02/10/2026 and 02/13/2026 of:

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

This document references the following complaint number(s): 211936, 212115

The following sample was selected for review during the unannounced on-site visit: 3 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2203	Compliance Determination # 72697
Plan of Correction	SCRIBER GARDENS LLC	Completion Date
Page 2 of 7	Licensee: SCRIBER GARDENS LLC	02/19/2026

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

Jim Sherman
Residential Care Services

02-23-2026
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)

2-23-26
Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure and maintain a hazard-free environment for 1 of 1 Activity room when the facility used a portable propane stove with an open flame to cook food while their main kitchen was undergoing remodeling. This failure placed the facility at risk for fires, carbon monoxide exposure, and posed potential harm and injury for residents.

Findings included...

In an interview on 02/10/2026 at 11:15 AM, Staff A, Executive Director, stated that the facility kitchen had been undergoing remodeling since 01/19/2026, rendering it unusable. Staff A stated that a temporary kitchen had been set up in their activity room bistro to cook food and prepare meals for their residents.

In an observation on 02/10/2026 at 11:33 AM, the facility used the bistro in their activity room as a temporary kitchen. A folding plastic table was set up with a portable propane stove, which was actively cooking soup in a pot. The portable propane stove was noted to have an open flame heating the pot. Additionally, there was another portable stove on a separate folding plastic table that was not in use during the observation.

In an interview on 02/10/2026 at 11:34 AM, Staff C, Cook, stated that they had been

using the portable propane stove to cook soup since their kitchen started remodeling approximately around 01/19/2026.

In an interview on 02/10/2026 at 1:53 PM, Collateral Contact 2, State Fire Marshal, stated that the facility was not allowed to use a portable stove that uses propane and emits flames in an area that was not designated for cooking due to carbon monoxide concerns.

On 02/13/2026 at 11:20 AM, observation showed Staff G, Corporate Culinary Director, held a meeting with around 20 residents in the Activity room to discuss updates on the kitchen remodeling and food-related issues.

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) 4-5-26 .

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

Betty Orr 2-23-26

Administrator (or) Representative) Date

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

(iii) Mechanical equipment or systems;

(vi) Wall coverings 1/28 inch thick or thicker; or

(vii) Kitchen or laundry equipment.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure Construction Review Services (CRS) was notified prior to ceasing the use for 1 of 1 main kitchen for remodeling and putting in new appliances. This failure

prevented CRS from reviewing the project before construction began and ensuring the facility's use of their activity bistro as a temporary kitchen met the construction review process and safe continuity of services.

Findings included...

In an interview on 02/10/2026 at 11:15 AM, Staff A, the Executive Director, reported that the facility kitchen had been under remodeling since 01/19/2026, rendering it unusable. Staff A indicated that they had set up a temporary kitchen in their activity room bistro to cook and prepare meals for the residents. Staff A also mentioned that they did not contact Construction Review Services because there were no changes or modifications made; they were simply remodeling and installing new equipment and flooring.

In an observation on 02/10/2026 at 11:41 AM, the main kitchen of the facility was cleared of all equipment, including refrigerators, coolers, sinks, dishwashing machines, tables, food preparation surfaces, and other kitchen items, rendering it unusable. Some sections of the walls had been removed, and water supply and drainage pipes were taken out and left exposed. New flooring was installed in the kitchen, and a new cooler was in the process of being installed during the unannounced visit.

In an observation on 02/10/2026 at 11:33 AM, a section of the activity room in the facility was utilized as a temporary kitchen. The staff were cooking soup in a pot on a portable propane stove that had an open flame.

In an observation on 02/10/2026 at 12:43 PM, the activity room had tables and chairs for residents to use during activities. The activity room featured a TV and a sofa where residents could sit while watching television. Some residents were seated in chairs engaged in conversation, while others were entering and exiting the activity room. Additionally, two residents were watching TV at the time of the visit.

A search of the Department of Health Construction Review Services website on 02/10/2026, showed the facility did not have an open or pending application or project approval for construction review related to their kitchen remodeling.

In an email on 02/11/2026, Collateral Contact 5, Architect, Plan Review Construction Review Services, confirmed that their office had not received any application for review concerning the project in their kitchen.

A record review of a Washington State Patrol Fire Protection Bureau inspection report dated 02/12/2026, conducted by Collateral Contact 4, Deputy State Fire Marshal, showed the facility made modifications to their kitchen that necessitated contacting the Washington State Department of Health Construction for a review of the changes.

Statement of Deficiencies	License #: 2203	Compliance Determination # 72697
Plan of Correction	SCRIBER GARDENS LLC	Completion Date
Page 5 of 7	Licensee: SCRIBER GARDENS LLC	02/19/2026

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, SCRIBER GARDENS LLC is or will be in compliance with this law and / or regulation on (Date) 4-5-26 .

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

Bethyorn

Administrator (or Representative) Date 2-23-26

WAC 246-215-04325 Equipment Designated food preparation sinks. food establishments must have designated food preparation sinks that are:

(1) Sufficient in number and size to wash, soak, rinse, drain, cool, thaw, or otherwise process any food that requires placement in a sink;

(3) Not used for handwashing, utensil washing, or other activities that could contaminate food.

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;

(ii) Indicate the date, day of week, month and year;

(iii) Include all food and snacks served that contribute to nutritional requirements;

(d) Prepare food on-site, or provide food through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC Food service;

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the facility did not prepare a menu for one of one main kitchen at least one week in advance and ensure it was posted or delivered to residents who received meal services. Additionally, there were no separately designated sinks for food preparation, handwashing, and rinsing utensils for the kitchen staff. These failures put 49 residents at risk for foodborne illnesses and affected their quality of life.

Findings included...

A review of the facility's characteristics roster showed the facility provided assistance with activities of daily living (ADL), including meal services, to 49 residents.

Issue #1 Menu

In an interview on 02/10/2026 at 11:34 AM, Staff C, Cook, indicated that a menu had not been posted or distributed to the residents, as was usually the case when the main kitchen was operational. Staff C stated that the menu was typically displayed in the dining area. Staff C stated that the executive chef was still in the process of preparing the menu. In the absence of a menu, Staff C stated that meals would be prepared based on what was available. During the unannounced visit, Staff C was preparing Caesar salad with chicken and soup for lunch.

In an observation on 02/10/2026 at 12:26 PM, a copy of a menu dated 10/12/2025 from the week of 01/11/2026 to 01/17/2026 was posted on the side of the fridge in the Bistro of the Activity Room. Another copy of the same menu was observed posted on 02/10/2026 at 12:43 PM in the memory care kitchen of the facility, also on the side of the fridge.

A review of a menu dated 01/23/2026, which Staff C provided from their phone and sent to this investigator via text message on 02/10/2026 at 12:40 PM, revealed the menu for the period from 02/08/2026 to 02/14/2026. The menu for 02/10/2026 included green salad and a chipped sandwich instead of Caesar salad and chicken soup.

In an interview on 02/10/2026 at 12:07 PM, Collateral Contact 1 (CC1) stated that the facility did not follow the menu, and that they received a copy of the menu only three weeks ago. CC1 indicated that they had never received a copy of the current menu and that they only became aware of the food being served when they arrived for their meals.

In an interview on 02/10/2026 at 12:28 PM, Resident 1 stated that they could not remember whether they received a copy of the menu for the week. Resident 1 stated that they were unaware of what food would be served for lunch on 02/10/2026 at the time of the unannounced visit.

Issue #2 Equipment—Designated food preparation sinks

In an interview on 02/10/2026 at 11:15 AM, Staff A, Executive Director, stated that the facility kitchen had been undergoing remodeling since 01/19/2026, rendering it unusable. Staff A stated that a temporary kitchen had been set up in their activity room bistro to cook food and prepare meals for their residents.

In an observation on 02/10/2026 at 11:33 AM, the temporary kitchen was located in the bistro of the facility's activity room. The bistro included a microwave oven, a refrigerator, countertops with a single sink, and a faucet. It also had a household dishwasher. Additionally, there were coffee makers, juice dispensers, and a popcorn machine. On the opposite side of the bistro, at the far end of the activity room, there was another single sink with a faucet. Several plastic folding tables were set up to separate the bistro from the carpeted area of the activity room, where residents engaged in activities and socialized. Staff C was seen slicing onions on a chopping board placed on one of the folding tables. The bistro was utilized by staff for cooking and food preparation before serving it to the residents.

In an interview on 02/10/2026 at 2:20 PM, Staff C stated that Staff would use the sink in the bistro to manually wash kitchen utensils in addition to the dishwasher.

In an interview on 02/13/2026 at 11:00 AM, Staff G, Culinary Corporate Director, stated that kitchen staff would use the sink in the activity room opposite the bistro for hand washing. Staff G stated that kitchen staff wash vegetables in the sink located in the bistro.

In an interview on 02/13/2026 at 11:17 AM, Staff F, Cook, stated that the sink situated across from the bistro in the activity room was designated for handwashing. Staff F stated that the sink in the bistro was used for washing vegetables and rinsing utensils before staff placed them in the dishwasher.

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) 4-5-26 .

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

Betsy CPR — Administrator (or Representative)

2-23-26 — Date