STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

LIGHTHOUSE MEMORY CARE LLC
LIGHTHOUSE MEMORY CARE
3502 K AVENUE
ANACORTES, WA 98221

RE: LIGHTHOUSE MEMORY CARE License # 2204

Dear Administrator:

This letter addresses Compliance Determination(s) 66236 (Completion Date 09/26/2025) and 63220 (Completion Date 07/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/26/2025 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-2474-2-d, WAC 388-78A-2466-1-a, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:

Karen Glover, Nursing Consultant Institutional
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 07/28/2025 and 07/29/2025 of:
LIGHTHOUSE MEMORY CARE
3502 K AVENUE
ANACORTES, WA 98221

The following sample was selected for review during the unannounced on-site visit: 7 of 31 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional
Karen Glover, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Laura Medeiros — Residential Care Services — 8/5/2025 — 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.

Laura Willingham — Administrator (or Representative) — 8/6/2025 — Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed first aid training within 30 days of their date of hire for 5 of 5 staff (Staff B, C, D, E and F). This failure resulted in Staff B, C, D, E and F not having the necessary training related to their job duties and placed all 31 residents at risk for compromised care and safety.

Findings included...

Review of Washington Administrative Code (WAC) 388-112A-0720(2)(a) showed long-term care workers must have and maintain a valid cardiopulmonary resuscitation (CPR) and First Aid card or certificate within 30 days of their date of hire.

Review of ALF's employee files showed the following:

Staff B, Care Partner, was hired on 02/19/2025. Staff B's file showed no record of completed First Aid training.

Staff C, Care Partner, was hired 12/13/2024. Staff C's file showed no record of completed First Aid training.

Staff D, Care Partner, was hired 12/12/2024. Staff D's file showed no record of completed First Aid training.

Staff E, Medication Technician, was hired on 12/21/2016. Staff E's file showed no record of completed First Aid training.

Staff F, Medication Technician, was hired on 12/15/2022. Staff F's file showed no record of completed First Aid training.

On 07/29/2025 at 2:03 PM, Staff F stated that the CPR class that they had completed did not include first aid.

On 07/29/2025 at 4:00 PM, Staff H, Business Office Manager, stated that they had called the company that provided the CPR training to their staff, and first aid was not provided.

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, LIGHTHOUSE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 9/13/2025 .

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

Laura Willingham — Administrator (or Representative)

8/6/2025 — Date

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff A) had a Washington state name and date of birth background check completed every two years. This failure resulted in Staff A not having all the necessary background checks and placed the safety of all 31 residents at risk.

Findings included...

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

Staff A, Chief Operating Officer/Administrator, was hired on 07/25/2016. A Washington state name and date of birth background check for Staff A showed a background check was completed on 07/13/2020, expiring on 07/13/2022. No current background checks for Staff A were available for review.

On 07/29/2025 at 2:00 PM, Staff A stated they would call the corporate office and check if they had a current name and date of birth background check.

On 07/30/2025 at 11:43 AM, Staff H, Business Office Manager, stated that they were unable to find a current name and date of birth background check for Staff A.

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, LIGHTHOUSE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 9/13/2025 .

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

Laura Willingham — Administrator (or Representative)

8/6/2025 — Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure potentially harmful items were safely stored away from 31 of 31 residents in the secure memory care unit. This failure resulted in high-risk items being accessible to all memory care residents and placed these residents at risk of harm from exposure to hazardous materials.

Findings included...

Review of the Resident Characteristic Roster, dated 07/28/2025, showed 25 residents had a diagnosis of [redacted].

On 7/28/2025 at 11:32 AM, several counter-height storage cabinets with locking mechanisms were observed to be unlocked in the main living room. Inside the unlocked cabinets, the following items were accessible:

- Three bottles of “Paint and Primer” spray paint. The label on the back of the bottles read “Vapor harmful. May affect the brain or nervous system causing dizziness, headache, or nausea. Causes eye, skin, nose, and throat irritation. Intentional misuse by deliberately concentrating and inhaling the content may be harmful or fatal. Vapors may ignite explosively. Use only with adequate ventilation. Do not breathe dust, vapors, or spray mist. Ensure fresh air entry during application and drying.”

- One bottle of “Glitter Dust” spray paint. The label on the back of the bottle read “Vapor harmful. Use with adequate ventilation. Avoid continuous breathing of vapor and spray mist. To avoid breathing vapors or spray mist, open windows and door or use other means to ensure fresh air entry during application and drying. Contains solvents that can cause permanent brain and nervous system damage. Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal.”

- One bottle of “Chalkboard” and two bottles of “Fast Dry Premium Enamel” spray paint. The label on the back of the bottles read “Vapor harmful. Contains solvents which may affect the brain or nervous system causing dizziness, headache, or nausea. Intentional misuse by deliberately concentrating and inhaling the content may be harmful or fatal. Avoid contact with eyes, skin, and clothing. Use with adequate ventilation. Avoid breathing vapors or spray mist. In case of eye contact, flush thoroughly with large amounts of water for 15 minutes and get medical attention. If swallowed, do not induce vomiting. Seek medical attention immediately.”

On 07/28/2025 at 11:35 AM, Staff A, Chief Operating Officer/Administrator, stated that the cabinets should have been locked.

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, LIGHTHOUSE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 9/3/2025 .

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

Laura Willingham — 8/6/2025

Administrator (or Representative) — Date