STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • RCSIDR@dshs.wa.gov

May 12, 2026
(email)

Licensee: Madrona Assisted Living, LLC
Madrona Assisted Living, LLC
8800 Madison Ave N
Bainbridge Island, WA 98110

IDR RESULTS

Statement of Deficiency (SOD) Date: 04/08/2026
ALF #2210

Dear Provider:

Thank you for participating in the Informal Dispute Resolution (IDR) documentation review process on 05/12/2026.

During the IDR, your dispute regarding the following was reviewed:

WAC 388-78A-2310 – Intermittent Nursing Services.

The following information was considered during the review:

- All materials presented by the Assisted Living Facility ;
- Records gathered by the Residential Care Services (RCS) regional staff;

After careful review and consideration, the outcome of the IDR review is as follows:

WAC 388-78A-2310 – Intermittent Nursing Services – **Citation Upheld**

WAC 246- 945-714 (1)(d) (referenced in this citation) states "may not engage in hand over hand administration." Hand over hand administration refers to a non-practitioner providing total physical assistance to an individual when administering their medication. The residents listed in this citation required the non-practitioner staff who were performing this level of medication administration to be nurse delegated for medication assistance tasks.

Next Steps:

- If you have not done so already, begin the process of correcting the disputed deficiency or deficiencies immediately.

- Contact the local field manager if you need clarification related to the SOD report.

- Within 10 calendar days after you receive this letter, complete, and return the "Plan/Attestation Statement" for all disputed deficiencies.

    - For each disputed deficiency, indicate the date you have or will have corrected each one.
    - Next to each disputed deficiency, sign and date certifying that you have or will correct each disputed deficiency.
    - Mail the "Plan/Attestation Statement" with original signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

- You must complete corrections within 45 days or less if directed by the department after review of your proposed correction dates.

If you have any questions, please contact me at Scotti.Bower1@dshs.wa.gov

Sincerely,

Scotti Bower
IDR Program Manager
Residential Care Services

cc: Regional Administrator, Region 3
Field Service Administrator, Region 3
Field Manager, Region 3 Unit D
Statewide Long Term Care Ombudsman
Regional Long Term Care Ombudsman
Central File
IDR File