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

CBL RETIREMENT LLC
CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY
17543 102ND AVENUE NE
BOTHELL, WA 98011

RE: CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY License # 2228

Dear Administrator:

This letter addresses Compliance Determination(s) 59374 (Completion Date 05/12/2025) and 56116 (Completion Date 03/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2025 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-2620-2-a, WAC 388-78A-2300-1-c-i, WAC 388-78A-2300-2-a-i, WAC 388-78A-2700-1-e-i, WAC 388-78A-2700-1-e-ii, WAC 388-78A-2700-1-e-iii, WAC 388-78A-2700-1-f-i, WAC 388-78A-2700-1-f-ii, WAC 388-78A-2700-1-f-iii, WAC 388-78A-2700-1-f-iv, WAC 388-78A-2700-1-f, WAC 388-78A-2703-1, WAC 388-78A-2703-4-b, WAC 388-78A-2730-2-b-iii, WAC 388-78A-2950-6, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c, WAC 388-78A-3090-2-c-iv, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2-a

The Department staff who did the on-site verification:
Michelle Yip, ALF Licensor
Kathy Young, Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, 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 03/11/2025 and 03/14/2025 of:
CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY
17543 102ND AVENUE NE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 9 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor
Kathy Young, Licensor
Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

03/24/2025
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.

Administrator (or Representative)

4/7/25
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 5 of 9 sampled pets (Pet 1, Pet 2, Pet 3, Pet 4, and Pet 5) were up-to-dated with immunizations This failure placed all 93 residents at risk for infectious diseases transmitted by animals.

Findings included...

Review of the facility's document titled "Pets policy", dated 08/11/2023, showed that the facility permitted pets to live on the premises. The policy showed that the facility followed the Washington Administrative Code (WAC). The policy showed that the facility was required to ensure animals living on the facility premises received regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington State. The policy showed that the facility required the animals be certified by a veterinarian to be free of diseases transmittable to humans.

Review of the facility's pet records showed that five pets (Pet 1, cat; Pet 2, cat; Pet 3, dog; Pet 4, cat; and Pet 5, cat) lived on the premise. The records showed that Pet 1's rabies vaccination expired on 02/06/2025, Pet 2's rabies vaccination expired on 08/06/2024, Pet 3's rabies vaccination expired on 09/29/2024, Pet 4's rabies vaccination expired on 10/05/2024, and Pet 5's rabies vaccination expired on 03/07/2025. There was no documentation that showed Pet 1, Pet 2, Pet 3, Pet 4, and Pet 5 rabies

vaccinations were up to date.

During an interview on 03/12/2025 at 2:45 PM, Staff R, Executive Director, stated that they maintained the pet records. Staff R stated that they were unaware several pets' rabies vaccinations were expired. Staff R stated that they were unsure if the pets received any rabies vaccinations.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25 .

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

Administrator (or Representative) 4/7/25 Date

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;

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to post or provide for resident review, at least one week of menus, with all meals and snacks, in 1 of 1 memory care unit (MC1). The facility failed to ensure a dietary manual was available to the kitchen staff responsible for food preparation in 3 of 3 commercial kitchens (Landing, Bistro, and The Brick). These failures placed all 93 residents at risk of a diminished quality of life and potential for unmet dietary needs.

Findings included...

Review of the facility's Disclosure of Services showed the facility provided general low sodium diets, general diabetic diets, and mechanical soft diets for residents with prescribed diets. The disclosure of services showed the facility provided care to residents diagnosed with [redacted].

DIETARY MANUAL
Record review showed the facility used Simplified Diet Manual, dated 2021, as the guide to provide food services to the 93 residents.

Observations on 03/13/2025 from 9:05 AM through 11:40 AM, showed the facility used three commercial kitchens to prepare meals for residents.

During an interview on 03/13/2025 at 9:08 AM, Staff K, Lead Cook, stated that the cooks did not use the dietary manual in food preparation. Staff K stated that cooks did not have access to the dietary manual. Staff K stated that the manual was not kept in any of the kitchens.

During an interview on 03/13/2025 at 9:23 AM, Staff J, Culinary Services Director, stated that the dietary manual was not kept in any of the kitchens accessible to the cooks. Staff J stated that they kept the manual in their office.

RESIDENT ACCESSIBLE MENUS IN MEMORY CARE
Review of the facility's Resident Characteristic Roster showed the facility provided care and services for 19 residents within the secured memory care unit.

Observation on 03/13/2025 at 11:40 AM, showed that the facility failed to post daily or weekly menus within the memory care unit.

During an interview on 03/13/2025 at 11:50 AM, Staff M and Staff N, Memory Care Caregivers, stated that the facility did not post menus in memory care or deliver the menus to the residents' rooms.

During an interview on 03/14/2025 at 8:55 AM, Staff O, Prep Cook, stated that they told the memory care staff what was on the menu each day, rather than post or provide menus.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25.

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

Administrator (or Representative) 4/7/25 Date

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

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

(f) Make sure first-aid supplies are appropriate for:

(i) The size of the assisted living facility;

(ii) The services provided;

(iii) The residents served; and

(iv) The response time of emergency medical services.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the first aid kits in 4 of 4 resident buildings (Building A, Building B, Building C, and Building D) were readily available, unlocked, clearly marked, and appropriate for the size of the facility. This failure placed 93 residents at risk of delayed first aid in the event of an injury.

Findings included...

Observations throughout the full inspection from 03/11/2025 through 03/14/2025, showed the facility provided care and services to 93 residents who resided in four buildings, with four to five floors in each building.

Observations during the environmental tour on 03/11/2025 between 11:43 AM and 2:00 PM, and 03/12/2025 between 9:14 AM and 12:30 PM, showed the facility failed to keep first aid kits readily available, unlocked, and clearly marked in any of the four buildings. Observation in Building D on 03/11/2025 at 12:14 PM, showed a first aid kit was located on the credenza, behind the reception desk. Observation by the pool in the basement of Building A, on 03/12/2025 at 11:24 AM, showed a first aid kit was bolted to the wall. There were no signs to clearly mark the location of the first aid kits.

During interview on 03/11/2025 at 11:45 AM, Staff R, Executive Director, stated that the facility kept the first aid kits in locked locations. Staff R stated that if the facility made first aids kits available throughout the buildings, the kits would disappear.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25.

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

Administrator (or Representative) 4/7/25 Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(1) Providing handrails in halls, corridors, lobbies, and other circulation spaces accessible to residents appropriate to the population served and consistent with the facility functional program.

(4) Providing door hardware to ensure:

(b) Residents cannot become locked in storage rooms, closets, or other rooms or areas not intended for resident access.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure mechanical closets and roof hatches in 1 of 4 buildings (Building D), where residents resided, were kept locked. The facility failed to ensure the boiler room in 1 of 1 memory care unit (MC) was locked. The facility failed to ensure the hallway handrails in 4 of 4 buildings (Building A, Building

B, Building C, and Building D) were accessible. This failure placed all 93 residents at risk of being locked inside a mechanical room, gaining access to the roof, and potential fall or injury due to inaccessible handrails.

Findings included...

UNSAFE ACCESS
Observations on 03/11/2025 between 11:17 AM and 12:15 PM showed four unlocked mechanical rooms that were accessible from the resident hallways: Building D, "FACP" and sprinkler riser room; Paint room in the stairwell adjacent to the Pub; "RCSP" room by apartment [redacted]; and an Electric room on the third floor by apartment [redacted]. Observation showed the roof access door in stairwell #2 of Building D was not locked.

During interview on 03/11/2025 at 12:15 PM, Staff R, Executive Director, stated that a vendor last accessed the mechanical rooms and roof access in Building D. Staff R stated that the vendor failed to lock the doors when they left. Staff R stated that all the mechanical rooms and roof access locations should remain locked when not in use by staff.

HANDRAIL INACCESSIBILTY
Observations made each day during the full inspection from 03/11/2025 through 03/14/2025, showed the hallway railings in all four buildings were used to display resident art, photographs, rocks, and knicks-knacks (ornamental objects). Observation showed furniture, mobility devices, and decorative screens were placed in front of the handrails.

Observation of the second floor in Building B on 03/14/2025 between 9:22 AM and 10:28 AM, showed an antique student's desk in front of one handrail. Diagonally opposite on the other side of the hallway showed a walker in front of the railing. The placement of these items created about a narrow two-foot space to walk past. Observation in another area showed a six-panel decorative screen placed on the floor in front of the handrail.

During an interview on 03/12/2025 at 11:02 AM, Staff H, Maintenance Director, stated that residents routinely used the hallways throughout the four buildings to walk, for exercise.

During an interview on 03/14/2025 at 9:56 AM, Staff Q, Housekeeper, stated that they frequently encountered items on or in front of the handrails throughout all four buildings.

During an interview on 03/14/2025 at 10:02 AM, Staff P, Housekeeping Director, stated that since all four buildings were connected by skybridges, the residents walked throughout the hallways for exercise. Staff P stated that they were concerned about resident safety when the handrails were covered or blocked with items. Staff P stated

that the items prevented residents the ability to use the handrails when needed.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25 .

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

Administrator (or Representative) 4/7/25 Date

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to post a copy of the last full inspection report in a conspicuous location. This failure placed all 93 residents and all visitors at risk of being uninformed about facility's noncompliance issues related to care and services.

Findings included...

During the environmental tour of the facility's four buildings on 03/11/2025 between 11:43 AM and 2:00 PM and 03/12/2025 between 9:14 AM and 12:30 PM, observations showed the facility failed to post a copy of the last full inspection report in a conspicuous location. Observation showed no signage that indicated the availability or location of the full inspection report.

During an interview on 03/11/2025 at 12:14 PM, Staff S, Concierge in Building D, stated that residents and visitors could access the full inspection survey, if requested. Staff S stated that they were unaware of how residents and visitors would know that the full inspection report was available for their review.

During an interview on 03/12/2025 at 10:33 AM, Staff T, Concierge in Building A, stated that the full inspection survey was in an unmarked binder, on the lobby wall, next to the rent payments box. Staff T stated that they were unaware of how residents and visitors would know that the binder contained the full inspection report for their review.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25.

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

Administrator (or Representative) 4/7/25 Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure the water temperature in 3 of 4 buildings (Building A, Building B, and Building D) measured between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed all 74 assisted living residents at risk of burns from scalding water and a diminished quality of life.

Findings included...

Review of the facility's undated policy titled, "Water Testing Policy", stated the facility maintained the water temperature between 105 degrees F and 120 degrees F.

Observations on 03/11/2025 at 12:37 PM, showed the common bathroom water temperature in Building D, by the Pub, measured 122.0 degrees F. Observations on 03/12/2025 showed at 9:24 AM in the residents' laundry room located in the basement of Building B, the water temperature measured 123.2 degrees F. At 9:31 AM in Building B, Apartment [redacted], the water temperature measured 121.6 degrees F. At 10:53 AM in Building A, library common sink, the water temperature measured 123.3 degrees F. At 11:05 AM in the second-floor resident laundry room located in Building A, the water temperature measured 121.4 degrees F.

Observation on 03/12/2025 at 9:28 AM, showed the hot water heater (boiler) was set at 121.6 degrees Fahrenheit.

During an interview on 03/12/2025 at 9:28 AM, Staff H, Maintenance Director, stated that they were unaware the boiler in Building B was set to 121.6 degrees F.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 4/1/25 .

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

Administrator (or Representative) 4/7/25 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 4 of 11 mechanical air exchange vents in Buildings A and C (building A-pool men's room; building A-pool women's room; building C-commercial laundry; and building C-first floor housekeeping closet) and 2 of 3 air exchange vents in Memory Care (Common Bathroom and Commercial Laundry) were functional. This failure placed all 93 residents at risk of poor air quality, respiratory distress, and a diminished quality of life.

Findings included...

NOTE: Washington Administrative Code 388-78A-3030, Toilet Rooms and Bathrooms, showed that (2) the assisted living facility must provide each toilet room and bathroom with: (e) ... mechanical ventilation to the outside; and WAC 388-78A-3040, Laundry, showed (7) the assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is: (a) equipped with: (iv) mechanical ventilation to the outside of the assisted living facility.

Observations of assisted living Buildings A and C and the Memory Care Unit on 03/12/2025 between 9:42 AM and 12:30 PM, showed nonfunctioning air exchange vents in the men's and women's common restrooms adjacent to the Building A pool, in Building C's first-floor housekeeping closet with mop sink, and the common bathroom and commercial laundry room in the memory care unit.

During an interview on 03/12/2025 between 9:42 AM and 12:30 PM, Staff H, Maintenance Director, stated that the vents were not functioning to exchange air. Staff H stated that they were aware of the regulation.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25.

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

Administrator (or Representative) — Date: 4/7/25

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted

living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document 2 of 5 residents' (Resident 10 and Resident 12) care needs and interventions in their service plan. This failure placed Resident 10 and Resident 12 at risk for unmet care needs and the potential for worsening medical conditions.

Findings included...

Review of the facility's policy titled, "Policy #62 Resident Assessment," dated 08/17/2023, showed that the facility completed resident assessments. The policy showed that the completed assessment served as the negotiated service agreement (NSA). The policy showed that the assessments included topics outlined in Washington Administrative Code (WAC) 388-78A-2090 and WAC 388-78A-2140. The policy showed that the completed NSA generated a care plan that provided directions for caregivers on how to assist the resident based on their needs.

RESIDENT 10
Review of Resident 10's records showed that the facility admitted Resident 10 on [redacted]/2024.
Review of Resident 10's assessment, dated 07/10/2024, showed that Resident 10 used a pacemaker (a battery-powered device placed under the skin in the chest to prevent the heart from beating too slowly).

Observation on 03/13/2025 at 9:46 AM, showed an area of elevated skin on Resident 10's left upper chest where the pacemaker was surgically implanted. Observation showed a medical transmitter device sat on top of a side table. During an interview at this time, Resident 10 stated that the device tracked their heart activity and sent the data to their cardiologist's office.

Review of Resident 10's NSA, dated 03/01/2025, showed no documentation that Resident 10 used a pacemaker. The NSA showed no staff instructions about what actions to take if Resident 10 experienced cardiac pacemaker-related complications, such as signs and symptoms of irregular heartbeat, chest pain, palpitations (fast heartbeat) or shortness of breath. The NSA showed no instructions about when to report any signs and symptoms of a failing pacemaker to the nurse.

RESIDENT 12
Review of Resident 12's records showed that the facility admitted Resident 12 on [redacted]/2016.

Review of Resident 12's NSA, dated 02/28/2025, showed no documentation that Resident 12 used a pacemaker. The NSA showed no instructions about what actions to take if Resident 12 experienced cardiac pacemaker-related complications, such as signs and symptoms of irregular heartbeat, chest pain, palpitations (fast heartbeat) or shortness of breath.

During an interview on 03/14/2025 between 9:12 AM and 9:45 AM, three unidentified staff were unable to identify any residents with a pacemaker. During an interview in three separate occasions, the same three unidentified staff were unable to describe the symptoms of a failing pacemaker.

During an interview on 03/14/2025 at 10:18 AM, Staff L stated that they were responsible for Resident 10 and Resident 12's assessment. Staff L stated that Resident 12 used a pacemaker. Staff L stated that they were unaware that the service plan generated from the assessment did not transfer the pacemaker information.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 5/2/25.

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

Administrator (or Representative) 4/7/25 Date

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

03/24/2025

CBL RETIREMENT LLC
CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY
17543 102ND AVENUE NE
BOTHELL, WA 98011

RE: CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY # 2228

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/20/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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.

Observation on 03/13/2025 at noon showed Resident 11 struggled to unwrap eating utensils from the napkin rolled around the utensils. Observation showed staff were unaware Resident 11 required assistance. Resident 11's service plan showed staff were expected to provide Resident 11 with assistance during meals. When prompted, staff unwrapped the utensils which allowed Resident 11 to independently eat their meal. During the full inspection, observations on 03/14/2025 at 8:00 AM and 12:06 PM showed staff corrected the issue when they provided Resident 11 access to utensils to eat their meal and to open a bag of chips, without any prompting to complete the tasks.

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The memory care unit exit door did not provide information for visitors and appropriate residents about how to exit the unit. During the full inspection, the facility added signage that informed visitors, staff, and appropriate residents how they may exit the secured unit.

WAC 388-78A-2220 Prescribed medication authorizations.

(2) The documentation required above in subsection (1) of this section must include the following information:

(a) The name of the resident;

Resident medications stored on the facility medication carts were not labeled with any residents' name. During the full inspection, the staff labeled all medication bottles with the resident name and apartment number.

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;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

In the memory care unit, 13 oxygen cylinder tanks were stored in a shared apartment. The oxygen tanks were unsecured. During the full inspection, the facility staff removed the oxygen tanks from the resident's apartment and secured them in racks in the designated oxygen storage area.

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.

Twelve shift audit records were not signed by staff after each shift, following the count of controlled substance medications. During the inspection, the facility provided the medication technician staff with in-service training and reviewed the controlled substance management process.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.

o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:
- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure