STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

RSL La Conner, LLC
La Conner Retirement Inn
PO Box 1087
La Conner, WA 98257

RE: La Conner Retirement Inn License # 2254

Dear Administrator:

This letter addresses Compliance Determination(s) 77057 (Completion Date 05/13/2026) and 73755 (Completion Date 03/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2026 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-3090-1-a, WAC 388-78A-3090-1-c, WAC 388-78A-3090-1-b, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2466-2, WAC 388-78A-2466, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-d, WAC 388-78A-2474-4, WAC 388-78A-2474-2-b, WAC 388-78A-2305-1, WAC 388-78A-2950-6

The Department staff who did the on-site verification:
Karen Glover, Nursing Consultant Institutional
Allison Nunn, 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
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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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 03/03/2026 and 03/06/2026 of:
La Conner Retirement Inn
204 N 1st St
La Conner, WA 98257

The following sample was selected for review during the unannounced on-site visit: 7 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jessica Sinyan
Residential Care Services

3/23/2026
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.

Administrator (or Representative)

3/24/26
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

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure the building was in good repair, clean and sanitary, and maintained home-like environment on 3 of 3 floors (Floors 1, 2 and 3). This failure placed 33 residents at risk for a decreased quality of life.

Findings included...

The following was observed on 03/03/2026:

At 12:36 PM, the first-floor women's bathroom ceiling exhaust fan had a buildup dust.

At 12:37 PM, the first-floor men's bathroom had rubber baseboard missing. The plastic wall covering was torn and peeling with an exposed brown surface underneath.

At 12:40 PM, the commercial laundry room's vinyl flooring had six holes and was

peeling up along the wall. The rubber baseboard was missing, and the standing floor fan had a buildup of dust.

At 1:07 PM, the light fixture in the hallway near apartment 314 was missing a cover.

At 1:38 PM, the entrance and exit doors that lead from the kitchen to the dining room had a build-up of dirt and had black scuff marks. The partition wall between the kitchen doors had missing drywall and had a build-up of dirt.

At 1:45 PM, there were 24 light fixtures in the dining room that had dead bugs in them. There was a pillar in the middle of the dining room that had drywall missing exposing metal underneath. A metal intake grate to the right of the dining room entrance had a build-up of dust.

At 2:00 PM, the back door to the main kitchen was propped open, there was no screen door to prevent insects from entering into the kitchen. Three flies were observed flying around the kitchen.

The following was observed on 03/04/2026:

At 11:39 AM, the wall mounted air conditioner in the main kitchen in the dishwashing area had a build-up of dust. The exhaust fan located over the dishwasher had a build-up of dust.

The following was observed on 03/06/2026:

At 9:25 AM, the first-floor resident laundry room had dust and debris under a folding table. The door to the laundry room had dried spilled liquid and black scuff marks.

At 9:30 AM, the second-floor resident laundry room had a strong odor of urine and had dust on the floor. The washing machine had a build-up of damp hair, lint and soap scum collected on the inside of the lid and around the agitator.

At 9:40 AM, the third-floor resident laundry room had a chair with a soiled cushion. The laundry room door had dried liquid and black scuff marks. The washing machine had dust and debris collected around the inside and outside of the lid.

At 9:49 AM, the staff entrance door to the kitchen, from the main hallway, had dried food particles and black scuff marks.

In an interview, on 03/03/2026 at 1:46 PM, Staff G (Maintenance Director) confirmed the dining room light fixtures had a collection of dead bugs and dust.

In an interview, on 03/04/2026 at 9:56 AM, Staff A (Executive Director) stated that the back door to the main kitchen should not be propped open.

In an interview, on 03/04/2026 at 11:40 AM, Staff H (Dining Services Director) confirmed the air conditioning unit, and the exhaust fan had accumulated dust. Staff H stated that they would need to have the Maintenance Director show them how to properly clean the appliance.

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, La Conner Retirement Inn is or will be in compliance with this law and / or regulation on (Date) 04/23/26.

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

Administrator (or Representative) 3/24/26 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 5 staff (Staff B, D, and F) were screened for Tuberculosis (TB - a contagious infection that was spread through bacteria in the air and primarily affects that lungs) within three days of hire and a second step TB test was given for 1 of 5 staff (Staff F). These failures placed all 33 residents at risk of possible exposure to a communicable disease.

Findings included...

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NOTE: Washington Administrative Code (WAC) 388-78A-2480 -Tuberculosis—Testing—Required. (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Record review showed the ALF hired Staff B (Medication Technician) on 03/06/2025. Staff B's employee file showed they received their first step TB test on 09/11/2025, 189 days after their date of hire.

Record review showed the ALF hired Staff D (Wellness Nurse) on 05/13/2024. Staff D's employee file did not have record of a first or second step TB test, 661 days after their date of hire.

Record review showed the ALF hired Staff F (Caregiver) on 07/13/2022. Staff F's employee file showed they received their first step TB test on 10/01/2024, 811 days after their date of hire. Staff F's employee file did not have record of a second step TB test given at the ALF.

In an interview, on 03/04/2026 at 4:00 PM, Staff D stated that they give new staff their first step TB test when they see them.

In an interview, on 03/05/2026 at 4:07 PM, Staff A (Executive Director) confirmed that Staff B, D and F's TB tests were not given on time.

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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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a two-year Washington state name and date of birth background check (BGC) for 1 of 5 staff (Staff A) and failed to complete a national fingerprint background check (FBGC) for 1 of 5 staff (Staff B). These failures placed 33 residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-24681 Background checks—Employment—Provisional hire—Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents.

Record review showed the ALF hired Staff A (Executive Director) on 12/19/2017. Staff A's BGC expired on 02/02/2024.

Record review showed the ALF hired Staff B (Medication Technician) on 03/06/2025. Staff B's employee file did not have a FBGC check available for review.

In an interview, on 03/04/2026 at 1:54 PM, Staff A confirmed their BGC had expired.

In an interview, on 03/05/2026 at 10:08 AM, Staff J (Business Office Director) stated that they missed the deadline for Staff A and Staff B's BGC and FBGC.

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Administrator (or Representative) [signature] Date 3/24/26

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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff B and C) met the long-term care worker training requirements under Washington Administrative Code (WAC) 388-112A. These failures resulted in Staff B and C not having the necessary training related to their job duties and expectations and placed 33 residents at risk of not receiving proper care and services from staff members.

Findings included...

Orientation and Safety training (ORSA)

NOTE: WAC 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

NOTE: 388-112A-0220(1) showed all long-term care workers must complete three hours

of safety training prior to providing care to a resident.

Record review showed the ALF hired Staff C (Caregiver) on 01/05/2026. Staff C's employee file showed they had completed ORSA training on 03/05/2026, 60 days after their date of hire.

In an interview on 03/04/2026, Staff A (Executive Director) stated that Staff C had been providing care to residents.

Cardiopulmonary Resuscitation (CPR) and First Aid Training

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Record review showed the ALF hired Staff C (Caregiver) on 01/05/2026. Staff C's employee file had no record of a completed CPR and first aid training, 61 days after their date of hire.

In an interview, on 03/04/2026 at 1:59 PM, Staff A stated that Staff C had not completed their CPR and first aid training.

Home Care Aide (HCA) Training and Certification

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training un less exempt as described in WAC 388-112A-0090:Assisted living facilities.(4) Assisted living facility administrators or their designees within one hundred twenty days of date of hire.(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

NOTE: WAC 388-112A-0105 Who is required to obtain HCA certification and by when? (1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC. (2) The following individuals must obtain home care aide certification as follows: (c) Assisted living facility administrators or their designees, within 200 calendar days of the date of hire;

NOTE: WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of their date of hire.

Record review of the Department of Health's (DOH) online Provider Credential Search database, on 03/06/2026, showed Staff B (Medication Technician) did not have HCA or Nursing Assistant Registered (NAR) certification in the State of Washington.

Record review showed the ALF hired Staff B on 03/06/2025. Staff B's employee file had no documentation that they had completed basic training or obtained their HCA or NAR certification, 365 days after their date of hire.

In an interview, on 03/04/2026 at 3:45 PM, Staff A (Executive Director) stated that Staff B was almost done with their training. Staff A confirmed that Staff B did not have DOH credentials.

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Administrator (or Representative) [signature] Date 3/24/26

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food. and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to keep food labeled and discarded appropriately in 1 of 1 kitchen (main kitchen). These failures placed 33 residents at risk of a food borne illness.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration ((FDA)) Food Code 3-501.17). (2) Except as specified in subsections (5) through (7) of this section, refrigerated, ready-to-eat, time/temperature

control for safety food prepared and packaged by a food processing plant must be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than twenty-four hours, to indicate the date or day by which the food must be consumed on the premises, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (4) a date marking system that meets the criteria stated in subsections (1) and (2) of this section may include: (c) marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under subsection (2) of this section; or

The following was observed during a kitchen inspection on 03/04/2026:

At 11:38 AM, the reach-in refrigerator had a covered glass of orange juice with no open date. A plastic container of soup was covered with no label to identify the contents or the date it was opened. One box of Italian dressing pouches had an expiration date of 11/04/2025. One box of balsamic dressing pouches had an expiration date of 01/09/2026. One box of bleu cheese dressing pouches had an expiration date of 01/04/2026. One box of 1000 Island dressing cups had an expiration date of 01/17/2026, and one box containing six containers of yogurt had an expiration date of 02/21/2026.

At 11:45 AM, in the dry food storage, there was one five-pound bag of uncooked egg noodles, a ten-pound bag of uncooked elbow macaroni and an eleven-pound bag of uncooked spaghetti noodles that were opened and did not have an open date. There were four plastic cereal containers that did not have an open date.

In an interview, on 03/04/2026 at 11:50 AM, Staff H (Dining Services Director) confirmed the dressing pouches were expired and that all opened items in the refrigerator should be labeled and dated.

In an interview, on 03/04/2026 at 12:01 PM, Staff H stated that when a package of food was opened and placed in the dry storage, it needed to have a date to show when it was opened.

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

Administrator (or Representative) [signature] Date 03/24/26

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, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure the hot water was maintained at a temperature of 105 to 120 degrees Fahrenheit (F). This failure resulted in the hot water temperature being as high as 134.7 F and placed 33 residents at risk of potential injury due to the water being too hot.

Findings included...

The following temperatures were observed on 03/05/2026:

At 12:18 PM, the first-floor women's restroom had a hot water temperature of 130.5 F.

At 12:20 PM, the sink in the activity room had a hot water temperature of 124.7 F.

At 2:23 PM, Resident 4's kitchen sink had a hot water temperature of 133.0 F.

At 2:45 PM, Resident 7's kitchen sink had a hot water temperature of 134.7 F.

At 2:49 PM, Resident 3's bathroom sink had a hot water temperature of 131.9 F.

At 3:21 PM, Resident 2's bathroom sink had a hot water temperature of 133.3 F.

At 3:38 PM, Resident 1's bathroom sink had a hot water temperature of 129.6 F.

Record review of the temperature log, dated 12/10/2025, showed apartment 324 had a hot water temperature of 121.0 F.

Record review of the temperature log, dated 01/28/2026, showed the hot water temperature in apartment 100 was 130.0 F, apartment 110 was 134.0 F, apartment 324 was 128.0 F, and the first-floor men's bathroom sink had a hot temperature of 134.0 F.

Record review of the temperature log, dated 02/16/2026, showed apartment 100 was 125.0 F, apartment 110 was 125.0 F, apartment 301 was 130.0 F, apartment 324 was 130.0 F, and the first-floor men's bathroom sink had a water temperature of 125.0 F.

In an interview, on 03/05/2026 at 2:49 PM, Resident 3 stated there were times when the water was too hot and they would have to turn it down.

In an interview, on 03/05/2026 at 2:50 PM, Staff G (Maintenance Director) stated that they could not turn down the water temperature for the resident rooms and bathrooms and still be able to keep the temperature where it needed to be for the commercial kitchen and laundry room water temperature requirements. Staff G stated that they think the mixing valve in the hot water heaters needed to be replaced.

In an interview, on 03/05/2026 at 3:07 PM, Resident 2 stated that the hot water temperature was too hot.

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Administrator (or Representative) [signature] Date 3/24/26