STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Amber Waves ALF LLC

Amber Waves ALF LLC
PO Box 368
Waterville, WA 98858

RE: Amber Waves ALF LLC License # 2324

Dear Administrator:

This letter addresses Compliance Determination(s) 65355 (Completion Date 09/11/2025) and 63464 (Completion Date 08/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2025 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-2610-2-d, WAC 388-78A-2610-2-e, WAC 388-78A-2474-2-b, WAC 388-78A-2474-4, WAC 388-112A-0080-5, WAC 388-112A-0105-1, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-78A-2462-2, WAC 388-78A-2462-3-b, WAC 388-78A-2466-1-a, WAC 388-78A-24701-1, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2300-1-c-i, WAC 388-78A-2300-1-c-vi

The Department staff who did the on-site verification:
Robin Barnes, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 08/04/2025, 08/05/2025, 08/06/2025 and 08/07/2025 of:
Amber Waves ALF LLC
302 East Ash Street
Waterville, WA 98858

The following sample was selected for review during the unannounced on-site visit: 4 of 15 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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 Williams-Davis
Residential Care Services

08/15/2025
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)

8-17-25
Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to follow resident care and housekeeping practices under current standards of infection control for 1 of 1 staff (Staff B). This failure placed residents at risk of illness from potential cross contamination.

Findings included...

In an interview on 08/04/2025 at 2:57 PM, Staff G, Administrator, stated that the facility used bleach water in the buckets used for sanitizing the kitchen surfaces. Staff G stated the bucket was refilled every shift.

In an interview on 08/05/2025 at 2:19 PM, Staff G stated that they ensured staff were following current infection control standards training by observing the staff.

Observation on 08/06/2025 showed the following:

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.

Residential Care Services | 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) | Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to follow resident care and housekeeping practices under current standards of infection control for 1 of 1 staff (Staff B). This failure placed residents at risk of illness from potential cross contamination.

Findings included…

In an interview on 08/04/2025 at 2:57 PM, Staff G, Administrator, stated that the facility used bleach water in the buckets used for sanitizing the kitchen surfaces. Staff G stated the bucket was refilled every shift.

In an interview on 08/05/2025 at 2:19 PM, Staff G stated that they ensured staff were following current infection control standards training by observing the staff.

Observation on 08/06/2025 showed the following:

- 8:50 AM, Staff B, Caregiver, handed a resident a plate of pancakes at the dining room table.
- 8:53 AM, Staff B went to the medication cart and dispensed medication into a plastic cup. Staff B retrieved a multivitamin from a bottle by pouring one out into the palm of their bare hand and added it to the cup. Staff B then took the pills to the intended resident.
- 8:55 AM, Staff B put on a pair of disposable gloves, retrieved their medication cart keys out from where they were hanging inside Staff B's shirt, on a lanyard worn around the neck. Then Staff B removed a plate of pancakes from the microwave. Staff B placed their gloved hand on the pancake while cutting it up for a resident.
- 9:00 AM, Staff B accepted a dirty coffee cup from a resident bare handed, took it to the sink and rinsed the cup. Staff B picked up a wet dishcloth from where it laid on the edge of the sink and wiped the counters down.
- 9:02 AM, the sanitizer bucket for the kitchen was empty.

Staff B had not sanitized or washed their hands between the numerous tasks or before touching medication and ready to eat food. Staff B did not sanitize the food preparation counters.

In an interview on 08/06/2025 at 12:49 PM, Staff B, acknowledged that they should have sanitized their hands before they touched food and resident medication.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 8-16-25

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

Administrator (or Representative) 8-19-25 Date

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 unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(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. Enhanced services facilities.

- 8:50 AM, Staff B, Caregiver, handed a resident a plate of pancakes at the dining room table.
- 8:53 AM, Staff B went to the medication cart and dispensed medication into a plastic cup. Staff B retrieved a multivitamin from a bottle by pouring one out into the palm of their bare hand and added it to the cup. Staff B then took the pills to the intended resident.
- 8:55 AM, Staff B put on a pair of disposable gloves, retrieved their medication cart keys out from where they were hanging inside Staff B's shirt, on a lanyard worn around the neck. Then Staff B removed a plate of pancakes from the microwave. Staff B placed their gloved hand on the pancake while cutting it up for a resident.
- 9:00 AM, Staff B accepted a dirty coffee cup from a resident bare handed, took it to the sink and rinsed the cup. Staff B picked up a wet dishcloth from where it laid on the edge of the sink and wiped the counters down.
- 9:02 AM, the sanitizer bucket for the kitchen was empty.

Staff B had not sanitized or washed their hands between the numerous tasks or before touching medication and ready to eat food. Staff B did not sanitize the food preparation counters.

In an interview on 08/06/2025 at 12:49 PM, Staff B, acknowledged that they should have sanitized their hands before they touched food and resident medication.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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 unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(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. Enhanced services facilities.

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

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:

(b) Basic;

(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 observation, interview and record review, the facility failed to ensure that caregivers met the long-term care worker training requirements for 1 of 1 staff (Staff C). This failure placed the residents at risk of being cared for by untrained staff.

Findings included…

Review of Washington Administrative Code (WAC) 246.980.030 showed that a Long-Term Care Worker (LTCW) must submit an application for a Home Care Aid (HCA) certification within 14 days of hire. The WAC also showed that LTCW training must be completed within 120 days of hire, and the HCA certification must be obtained within 200 days of hire.

In an interview on 08/04/2025 at 2:21 PM, Staff G, Administrator, stated that Staff C was the facility cook and was also qualified to be a caregiver.

Observation on 08/05/2025 at 12:04 PM, showed that Staff C, Cook/Caregiver, assisted Resident 4 with their meal by spooning their salad and chili to the resident's mouth and assisted another unnamed resident with their meal.

Review of the personnel file for Staff C on 08/05/2025 with Staff G showed that Staff C was hired on 06/16/2024. The file showed that Staff C had a Nursing Assistant Registration (NAR) credential Staff C’s file did not show that they had an HCA certification application submitted or a pending HCA credential. The file further showed that Staff C had not completed the 70-hour LTCW training. Staff C had worked at the facility for 415 days.

In an interview on 08/05/2025 at 11:40 AM, Staff G stated that they did not know that

Staff C was not qualified to provide feeding assistance to residents due to not having an HCA credential.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 8-16-25.

Not a caregiver cook only

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

Administrator (or Representative) 8-19-25 Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

(3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check:

(b) Staff persons who are not caregivers or administrators.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure a Washington state name and date of birth background check and a fingerprint background check were obtained for 1 of 4 staff (Staff D). This failure placed the residents at risk of being cared for by disqualified staff.

Findings included...

In an interview on 08/04/2025 at 02:20 PM, Staff G, Administrator, stated that Staff D was the facility activities person, housekeeper, and was also licensed as a caregiver. Staff G stated that Staff D typically worked Monday through Friday from 9:00 AM to 2:00 PM, every other week.

Staff C was not qualified to provide feeding assistance to residents due to not having an HCA credential.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

(3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check:

(b) Staff persons who are not caregivers or administrators;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure a Washington state name and date of birth background check and a fingerprint background check were obtained for 1 of 4 staff (Staff D). This failure placed the residents at risk of being cared for by disqualified staff.

Findings included…

In an interview on 08/04/2025 at 02:20 PM, Staff G, Administrator, stated that Staff D was the facility activities person, housekeeper, and was also licensed as a caregiver. Staff G stated that Staff D typically worked Monday through Friday from 9:00 AM to 2:00 PM, every other week.

Observation on 08/05/2025 at 11:16 AM showed that Staff D, Activities/Housekeeper, played Yahtzee with three residents, and no other staff were present.

Review of the personnel file for Staff D on 08/06/2025 with Staff G showed that Staff D was hired on 07/01/2024. Staff D's file showed that they did not have a Washington state name and date of birth background check completed. The personnel file also showed that Staff D did not have a fingerprint background check completed. Staff D had worked in the facility for 401 days.

Review of the facility activities calendar showed that Staff D routinely worked providing activities to the residents Tuesday through Friday every other week.

In an interview on 08/06/2025 at 10:59 AM, Staff G stated that they must have missed getting background checks submitted for Staff D when they started working at the facility.

This is a recurring citation previously cited on 05/21/2024 for subsection 2b.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 8-18-25

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

Administrator (or Representative) — 8-19-25 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

Observation on 08/05/2025 at 11:15 AM showed that Staff D, Activities/Housekeeper, played Yahtzee with three residents, and no other staff were present.

Review of the personnel file for Staff D on 08/06/2025 with Staff G showed that Staff D was hired on 07/01/2024. Staff D's file showed that they did not have a Washington state name and date of birth background check completed. The personnel file also showed that Staff D did not have a fingerprint background check completed. Staff D had worked in the facility for 401 days.

Review of the facility activities calendar showed that Staff D routinely worked providing activities to the residents Tuesday through Friday every other week.

In an interview on 08/06/2025 at 10:59 AM, Staff G stated that they must have missed getting background checks submitted for Staff D when they started working at the facility.

This is a recurring citation previously cited on 05/21/2024 for subsection 2b.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) 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 facility failed to ensure that staff that had a valid Washington state name and date of birth background check completed every two years for 1 of 3 staff (Staff F). This failure placed residents at risk of being cared for by potentially unqualified staff.

Findings included...

Review of personnel file for Staff F, Maintenance Assistant, showed that they had been hired on 07/20/2020. Staff F's file showed that they had an initial Washington state name and date of birth background check on 07/01/2020 that had expired on 07/01/2022. Staff F's file showed that they did not have a valid Washington state name and date of birth background check for 1,132 days as of 08/06/2025.

In an interview on 08/06/2025 at 10:05 AM, Staff G, Administrator, stated that there had not been a new background check completed for Staff F since they had been hired.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 8-15-25

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

Administrator (or Representative)

JS 8-29-25
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence, and suitability review for a staff with a non-disqualifying background check

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff that had a valid Washington state name and date of birth background check completed every two years for 1 of 3 staff (Staff F). This failure placed residents at risk of being cared for by potentially unqualified staff.

Findings included…

Review of personnel file for Staff F, Maintenance Assistant, showed that they had been hired on 07/20/2020. Staff F's file showed that they had an initial Washington state name and date of birth background check on 07/01/2020 that had expired on 07/01/2022. Staff F's file showed that they did not have a valid Washington state name and date of birth background check for 1,132 days as of 08/06/2025.

In an interview on 08/06/2025 at 10:05 AM, Staff G, Administrator, stated that there had not been a new background check completed for Staff F since they had been hired.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence, and suitability review for a staff with a non-disqualifying background check

result for 1 of 2 staff (Staff A). This failure placed residents at risk from being cared for by staff members who may not have been suitable to work with vulnerable adults.

Findings included...

Review of the personnel file for Staff A, Maintenance, on 08/06/2025 with Staff G, Administrator, showed that Staff A had a Washington state name and date of birth background check result dated 04/04/2023 which indicated that a Character, Competence, and Suitability (CCS) review was required. The personnel file showed that Staff A also had a fingerprint background check result dated 05/06/2024 which indicated that a CCS review was required. The file showed that a CCS review had not been completed for either of Staff A's background check results.

In an interview on 08/06/2025 at 9:57 AM, Staff G stated that they were not aware that they needed to do a CCS review for Staff A with every background check result that indicated a review was required.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 8-15-25.

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

Administrator (or Representative) — Date 8-19-25

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:

result for 1 of 2 staff (Staff A). This failure placed residents at risk from being cared for by staff members who may not have been suitable to work with vulnerable adults.

Findings included…

Review of the personnel file for Staff A, Maintenance, on 08/06/2025 with Staff G, Administrator, showed that Staff A had a Washington state name and date of birth background check result dated 04/04/2023 which indicated that a Character, Competence, and Suitability (CCS) review was required. The personnel file showed that Staff A also had a fingerprint background check result dated 05/06/2024 which indicated that a CCS review was required. The file showed that a CCS review had not been completed for either of Staff A's background check results.

In an interview on 08/06/2025 at 9:57 AM, Staff G stated that they were not aware that they needed to do a CCS review for Staff A with every background check result that indicated a review was required.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) 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 interview and record review, the facility failed to ensure an initial test for tuberculosis was completed within three days of hire for 3 of 3 staff (Staff B, C, and D). Additionally, the ALF failed to ensure a second step tuberculosis test was completed within one to three weeks for 3 of 3 staff (Staff B, C, and D). This failure placed residents at risk of potential exposure of a communicable disease.

Findings Included…

Review of the personnel file for Staff C, Cook/Caregiver, showed that they were hired on 06/16/2024. Staff C's file showed that they had not had their initial Tuberculosis B test completed as of 08/07/2025, 417 days after their date of hire. Additionally, Staff C's file showed that they had not had a second TB test completed.

Review of the personnel file for Staff D, Activity Staff/Caregiver, showed that they were hired on 07/01/2024. Staff D's file showed that they had not had their initial TB test completed as of 08/07/2025, 402 days after their date of hire. Additionally, Staff D's file showed that they had not had a second TB test completed.

Review of the personnel file for Staff B, Caregiver, showed that they were hired on 08/13/2024. Staff B's file showed that they had their initial TB test completed on 09/17/2024, 35 days after their date of hire. Additionally, Staff B's file showed that they had not had a second TB test completed.

In an interview on 08/06/2025 at 10:58 AM, Staff G, Administrator, acknowledged that Staff B's initial TB test was late and stated that they had not had a second test completed.

In an interview on 08/07/2025 at 9:18 AM, Staff G stated that Staff C and Staff D did not have an initial TB test or a second test completed.

Statement of Deficiencies	License # 2324	Compliance Determination # 63464
Plan of Correction	Amber Waves ALF LLC	Completion Date
Page 10 of 11	Licensee: Amber Waves ALF LLC	08/07/2026

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 8-27-25 last reading.

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

Administrator (or Representative) 8-19-25 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;

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that a written menu were posted for residents to view and that menu items were not repeated for 3 of 3 weeks (Week 1, Week 2 and Week 3). This failure placed residents at risk of dissatisfaction with repeated menus items.

Findings included...

During the facility environmental tour on 08/04/2025 at 3:00 PM, observation showed that there was not a weekly menu posted for residents in the facility.

In an observation on 08/04/2025 at 4:05 PM, Staff C, Cook/Caregiver, was boiling chili in a large metal pot on the stove. Staff C stated they were serving chili for dinner.

In an interview on 08/05/2025 at 10:13 AM, Staff C stated that they were reheating chili for lunch that day and acknowledge that it had been served for dinner the night before.

In an observation on 08/05/2025 at 11:49 AM, Staff C scooped chili into bowls and

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) 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;

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that a written menu were posted for residents to view and that menu items were not repeated for 3 of 3 weeks (Week 1, Week 2 and Week 3). This failure placed residents at risk of dissatisfaction with repeated menus items.

Findings included…

During the facility environmental tour on 08/04/2025 at 3:00 PM, observation showed that there was not a weekly menu posted for residents in the facility.

In an observation on 08/04/2025 at 4:05 PM, Staff C, Cook/Caregiver, was boiling chili in a large metal pot on the stove. Staff C stated they were serving chili for dinner.

In an interview on 08/05/2025 at 10:13 AM, Staff C stated that they were reheating chili for lunch that day and acknowledge that it had been served for dinner the night before.

In an observation on 08/05/2025 at 11:49 AM, Staff C scooped chili into bowls and

placed the bowls onto the resident plates for lunch.

In an interview on 08/05/2025 at 2:44 PM, Staff G, Administrator, stated that there should be a weekly menu posted for residents in the dining room and acknowledged that it was not there.

In an observation on 08/06/2025 at 8:52 AM, there was not a weekly menu posted for residents in the facility.

Review of the facility menus, dated 07/08/2025 through 07/28/2025, showed that every lunch and dinner entrée was duplicated each week for weeks one, two, and three.

In an interview on 08/06/2025 at 9:31 AM, Staff C acknowledged that the weekly menus for July had the same entrées for lunch and dinner each week for three weeks.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date) 9-1-25 .

Staff new menu

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

Administrator (or Representative) 8-19-25 Date

placed the bowls onto the resident plates for lunch.

In an interview on 08/05/2025 at 2:44 PM, Staff G, Administrator, stated that there should be a weekly menu posted for residents in the dining room and acknowledged that it was not there.

In an observation on 08/06/2025 at 8:52 AM, there was not a weekly menu posted for residents in the facility.

Review of the facility menus, dated 07/08/2025 through 07/28/2025, showed that every lunch and dinner entrée was duplicated each week for weeks one, two, and three.

In an interview on 08/06/2025 at 9:31 AM, Staff C acknowledged that the weekly menus for July had the same entrées for lunch and dinner each week for three weeks.

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, Amber Waves ALF LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Amber Waves ALF LLC
Amber Waves ALF LLC
PO Box 368
Waterville, WA 98858

RE: Amber Waves ALF LLC # 2324

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/07/2025 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:

Laura Williams-Davis, ALF Field Manager
Residential Care Services
Region 1, Unit G
Preferred methods:

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• 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-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

The facility did not have a medical test site waiver for laboratory tests that were completed by the facility. The facility completed the medical test site waiver application during the full inspection and had the payment ready to be processed.

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 (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure