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

Mountlake Terrace Assisted Living Community LLC
Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

RE: Vineyard Park at Mountlake Terrace License # 2335

Dear Administrator:

This letter addresses Compliance Determination(s) 65907 (Completion Date 09/23/2025) and 62661 (Completion Date 08/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/23/2025 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-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2410-8-a-iii, WAC 388-78A-2300-2-a, WAC 388-78A-2300-2-a-i, WAC 388-78A-2300-2-a-ii, WAC 388-78A-2300-2-a-iii, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2, WAC 388-78A-2210, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2305-1, WAC 388-78A-2305-2, WAC 388-78A-3090-2-c-ii

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J

Residential Care Services

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 07/22/2025 and 07/25/2025 of:

Vineyard Park at Mountlake Terrace
23008 56th Ave W
Mountlake Terrace, WA 98043

The following sample was selected for review during the unannounced on-site visit: 10 of 81 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

8/7/2025
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.

Else Robinson
Administrator (or Representative)

8/11/25
Date

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

(1) The residents' characteristics and needs;

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

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Assisted Living Facility (ALF) failed to ensure personal care supplies were safely secured in 4 of 5 bathrooms in the secured memory care unit (MCU) and failed to ensure hazardous supplies were safely secured in the first-floor hair salon. These failures placed 28 of 28 dementia care residents and 45 of 53 assisted living residents diagnosed with [redacted] or [redacted] at risk of harm or poisoning.

Findings included...

The ALF consisted of four floors; the fourth floor had a secure MCU.

Record review of a Resident Characteristic Roster (RCR) showed 45 residents living on the ALF's first, second, third and fourth floors were identified with a diagnosis of [redacted] or with mental health, behavior or psychosocial concerns. Record review of the RCR showed the fourth-floor MCU had 28 residents with a diagnosis of [redacted].

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

(1) The residents' characteristics and needs;

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

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Assisted Living Facility (ALF) failed to ensure personal care supplies were safely secured in 4 of 5 bathrooms in the secured memory care unit (MCU) and failed to ensure hazardous supplies were safely secured in the first-floor hair salon. These failures placed 28 of 28 dementia care residents and 45 of 53 assisted living residents diagnosed with [redacted] or [redacted] at risk of harm or poisoning.

Findings included…

The ALF consisted of four floors; the fourth floor had a secure MCU.

Record review of a Resident Characteristic Roster (RCR) showed 45 residents living on the ALF's first, second, third and fourth floors were identified with a diagnosis of [redacted] r with mental health, behavior or psychosocial concerns. Record review of the RCR showed the fourth-floor MCU had 28 residents with a diagnosis of [redacted].

Observation, on 07/22/2025 at 11:09 AM, during an initial tour of the ALF with Staff G (Maintenance Director), showed a first-floor hair salon to be unlocked and accessible to residents, staff or visitors. Observation of the hair salon showed an unlocked cupboard to contain the following chemicals: Barbicide disinfectant solution, cleaner with bleach spray bottle, Windex, all-purpose cleaner and degreaser spray bottle, multiple shampoos, color care conditioners, hair care products and an unlabeled spray bottle to contain clear liquid. Further observation showed an unlocked upper cupboard with a biohazard sticker on the outside of the door to contain tubes of hair dye. All items had precautionary statements to include, “keep out of reach of children and avoid contact with eyes and skin.”

In an interview, on 07/22/2025 at 11:14 AM, Staff G stated, “the hair salon should be locked, I’m not sure why it isn’t.”

Observation, on 07/24/2025 at 12:21 PM, of a common bathroom located next to room 415 in the MCU, showed unlocked cupboards to contain tubes of dimethicone (silicone-based skin protectant) cream and antifungal cream with precautionary statements to include “do not use on children, avoid eye contact, contact- external use only.”

Observation, on 07/24/2025 at 12:22 PM, of the left side common bathroom located next to room 429 in the MCU, showed unlocked cupboards to contain Renew skin protectant, Remedy zinc oxide skin protectant, Sparkle mouth wash, with a “do not swallow” precautionary statement, and barrier moisture cream with precautionary statements to include “avoid eye contact, contact- external use only.”

Observation, on 07/24/2025 at 12:24 PM, of the right-side common bathroom located next to room 429 in the MCU, showed unlocked cupboards to contain hair gel, aquafoam (hair styling product), face cream moisturizer and a refill bag of liquid hand soap with precautionary statements to include “external use only and avoid contact with eyes.”

Observation, on 07/24/2025 at 12:27 PM, of a common bathroom across the hall from room 411 in the MCU, showed an unlocked upper cupboard to contain Remedy foam cleanser and anti-perspirant spray bottle with precautionary statements to include “external use only, keep away from face and mouth and avoid inhaling.” Observation of an unlocked lower cupboard showed multiple shampoos and remedy skin protectant. Observation at 12:29 PM of an unlocked upper cupboard showed an unlabeled pink spray bottle with unknown liquid contents.

Observations on 07/22/2025 at 10:35 AM, 07/23/2025 at 8:00 AM and 07/24/2025 at 12:30 PM in the MCU showed residents walked throughout the hallways and entered the unstaffed common bathrooms without staff supervision.

In an interview and observation, on 07/24/2025 at 12:34 PM, of all four bathrooms, Staff F (Memory Care Coordinator) stated, “Yes, residents use these bathrooms, it's

[bathroom cupboard] supposed to be locked. I don't have a key for this." Staff F further clarified the dimethicone and anti-fungal creams should be kept in the medication cart as residents need a physician order for treatment and resident names should be written on each product.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 9-17-25 .

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

Else Reibenspies — Administrator (or Representative)

8/11/25 — Date

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(iii) The signature or initials of the person providing any medication assistance or administration; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure a prescribed medication for 1 of 9 residents (Resident 2) was correctly entered in the electronic Medication Administration Record (eMAR) and that Medication Technicians (MTs) signed or initialed a record after assisting or administering medication. This failure resulted in Resident 2 not having accurate medication records and placed them at risk for potential medical complications.

Findings included...

In an interview, on 07/22/2025 at 9:30 AM, Staff H (Administrator) stated MTs passed

[bathroom cupboard] supposed to be locked. I don't have a key for this." Staff F further clarified the dimethicone and anti-fungal creams should be kept in the medication cart as residents need a physician order for treatment and resident names should be written on each product.

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Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure a prescribed medication for 1 of 9 residents (Resident 2) was correctly entered in the electronic Medication Administration Record (eMAR) and that Medication Technicians (MTs) signed or initialed a record after assisting or administering medication. This failure resulted in Resident 2 not having accurate medication records and placed them at risk for potential medical complications.

Findings included…

In an interview, on 07/22/2025 at 9:30 AM, Staff H (Administrator) stated MTs passed

medications to residents in the ALF. Staff H stated the ALF used PointclickCare (PCC), an electronic medication administration (eMAR) system, to document resident medication administration.

Review of a Face Sheet showed the ALF admitted Resident 2 on [redacted]/2025 with multiple diagnoses. Review of an Assessment, dated 04/20/2025, showed Resident 2 required Medication Assist level 3 and the ALF would order, store and administer all medications. Review of the assessment showed the contracted pharmacy would supply prescribed medications.

Review of Resident 2's May, June and July 2025 eMAR showed a physican's order for the medication Donepezil 10mg, with orders to give one tab daily in the morning, was not signed as given by staff. Review of the signature line for the medication showed the letters, US-A, to indicate unsupervised self-administration.

Observation, on 07/23/2025 at 7:50 AM, showed the ALF's pharmacy had resident medications in pre-packaged BINGO cards (a card-type medication package that contained medication-filled compartments, labeled from 1 to 30 for each day of the month) in a drawer in the medication cart.

In an interview, on 07/25/2024 at 12:07 PM, when asked about Resident 2's Donepezil order and the eMAR documentation of US-A instead of staff initials to indicate administration, Staff I (Director of Nursing) stated "it is an error." Staff I explained the pharmacy received and entered the order into the electronic system, PCC, and selected self-administer instead of staff administration. Staff I confirmed that the monthly cycle-fill refills had been delivered each month, and the medication had been dispensed to Resident 2 from the BINGO cards, but staff had not signed the eMAR.

Plan/Attestation Statement

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

Administrator (or Representative) Else Rebmann Date 8/11/25

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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.

(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;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure its diet manual was approved by a dietitian and reviewed and updated at least every five years. This placed 81 of 81 residents at risk of not receiving prescribed and general diets up to the latest known nutritional standards.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 81 residents, 28 of the residents resided on the Memory Care Unit. The RCR showed nine residents that were identified receiving Special Dietary Needs.

Review of the ALF's diet manual showed it was last updated and approved by a dietitian in 2018.

In interview, on 07/23/2025 at 2:01 PM, Staff J (Executive Chef) confirmed the diet manual was out of compliance.

In a follow up interview, 07/24/2025 at 12:07 PM, Staff H (Administrator) stated the ALF did not have an updated diet manual, and that staff at the corporate level were working to get an updated diet manual since other facilities had the same issue.

On 07/28/2025 at 2:54 PM, in electronic mail communication, Staff H reported the ALF had not obtained an updated diet manual.

Plan/Attestation Statement

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

Administrator (or Representative) Else Robertson Date 8/11/25

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 10), who required medication management, had all of their medications listed in the Medication Administration Record (MAR) and were stored and managed by the ALF. This failure placed Resident 10, with a diagnosis of [redacted] at risk for ingesting medications without monitoring and increased health issues.

Findings included...

Record review of the Face Sheet, dated 07/25/2025, showed the ALF admitted Resident 10 on [redacted]/2023 with multiple medical conditions to include [redacted] and [redacted].

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, Vineyard Park at Mountlake Terrace 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

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(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 10), who required medication management, had all of their medications listed in the Medication Administration Record (MAR) and were stored and managed by the ALF. This failure placed Resident 10, with a diagnosis of [redacted] at risk for ingesting medications without monitoring and increased health issues.

Findings included…

Record review of the Face Sheet, dated 07/25/2025, showed the ALF admitted Resident 10 on [redacted]/2023 with multiple medical conditions to include [redacted] and [redacted].

Review of the Assessment, dated 04/24/2025, showed Resident 10 received assistance with medication management.

Observation and interview, 07/24/2025 at 1:41 PM, showed Resident 10 in her apartment. On the countertop of the kitchenette were unsecured medication bottles. Observation showed a bottle of CinSulin (a supplement to maintain blood sugar), a bottle of Crominex (a supplement to maintain blood sugar), a bottle of melatonin (a supplement to help with sleep), a bottle of Alpha Lipoic Acid (a supplement to maintain blood sugar), two bottles of fish oil (a dietary supplement), a bottle of PhysioTru Physio Omega (a dietary supplement), a bottle of ibuprofen (pain reliever, fever reducer), a bottle of stool softener, and a bottle of B Complex (a dietary supplement). Resident 10 reported she took the medications on her countertop when needed and also received medications from the ALF staff.

Review of May, June, July 2025 MAR showed none of the medications observed in Resident 10's apartment were transcribed with the medication name, dose, time, or route.

In interview, on 07/24/2025 at 3:12 PM, Staff I (Director of Nursing) reported the ALF administered Resident 10's medications, and that Resident 10 "does not do her own medications, and her family might have brought them." Staff I confirmed Resident 10 should not have any medications in her apartment.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 9-17-25 .

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

Administrator (or Representative) Elle Kelsum Date 8/11/25

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:

(i) The resident's preadmission assessment;

Review of the Assessment, dated 04/24/2025, showed Resident 10 received assistance with medication management.

Observation and interview, 07/24/2025 at 1:41 PM, showed Resident 10 in her apartment. On the countertop of the kitchenette were unsecured medication bottles. Observation showed a bottle of CinSulin (a supplement to maintain blood sugar), a bottle of Crominex (a supplement to maintain blood sugar), a bottle of melatonin (a supplement to help with sleep), a bottle of Alpha Lipoic Acid (a supplement to maintain blood sugar), two bottles of fish oil (a dietary supplement), a bottle of PhysioTru Physio Omega (a dietary supplement), a bottle of ibuprofen (pain reliever, fever reducer), a bottle of stool softener, and a bottle of B Complex (a dietary supplement). Resident 10 reported she took the medications on her countertop when needed and also received medications from the ALF staff.

Review of May, June, July 2025 MAR showed none of the medications observed in Resident 10's apartment were transcribed with the medication name, dose, time, or route.

In interview, on 07/24/2025 at 3:12 PM, Staff I (Director of Nursing) reported the ALF administered Resident 10's medications, and that Resident 10 "does not do her own medications, and her family might have brought them." Staff I confirmed Resident 10 should not have any medications in her apartment.

Plan/Attestation Statement

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

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Administrator (or Representative) Date

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(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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Service Plan (SP- equivalent to the Negotiated Service Agreement) care needs and interventions associated with bed side rails (BSR) for 1 of 1 sampled resident (Resident 3). This placed Resident 3 at risk of not receiving care and services needed to safely use a BSR.

Findings included…

Record review a Face Sheet, dated 07/23/2025, showed the ALF admitted Resident 3 on [redacted]/2017 with multiple diagnoses to include [redacted] and [redacted].

Observation, on 07/24/2025 at 12:13 PM, showed BSR installed on both sides of Resident 3's bed.

Record review of an Assessment, dated 07/16/2025, showed Resident 3 resided in the Memory Care Unit and received hospice care services (care provided to the terminally ill). The Assessment showed Resident 3 used bilateral BSR as "an enabler to help with sitting up."

Record review of Resident 3's SP, gave no documentation to show Resident 3 used BSR. There were no interventions or instructions on how care staff would assist with a BSR or monitor for the safe use of BSR.

In interview, on 7/25/2025 at 9:18 AM, Staff F (Memory Care Coordinator) reported in order for residents to use BSR, instruction for monitoring and use of bed rails needed to be documented in resident's SP. Staff F confirmed the there was no documentation in Resident 3's SP along with instructions for monitoring on the use of BSR.

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

Administrator (or Representative) Elve Robinson Date 8/11/25

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;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure proper sanitizing of food prep surfaces and equipment, ready-to-eat foods were safe for residents to consume and 5 of 11 staff (Staff D, F, K, L, and M) had valid food worker cards (FWC) on file with the facility. These failures placed 81 of 81 residents at risk for illness and increased health issues.

Finding included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 81 residents, 28 of the residents resided on the Memory Care Unit (MCU).

NOTE: Reference Washington Administrative Code (WAC) 246-215-03333 Preventing contamination from equipment, utensils, and linens—In-use utensils, between-use storage (Food and Drug Administration (FDA) Food Code 3-304.12).
During pauses in food preparation or dispensing, food preparation and dispensing utensils must be stored: (5) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not time/temperature control for safety food;

NOTE: Reference WAC 246-215-03339 Preventing contamination from equipment, utensils, and linens--Wiping cloths, use limitation (FDA Food Code 3-304.14).
(2) Cloths in-use for wiping counters and other EQUIPMENT surfaces must be: (a) Held between uses in a chemical SANITIZER solution at a concentration specified under

Plan/Attestation Statement

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure proper sanitizing of food prep surfaces and equipment, ready-to-eat foods were safe for residents to consume and 5 of 11 staff (Staff D, F, K, L, and M) had valid food worker cards (FWC) on file with the facility. These failures placed 81 of 81 residents at risk for illness and increased health issues.

Finding included…

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(2) Cloths in-use for wiping counters and other EQUIPMENT surfaces must be: (a) Held between uses in a chemical SANITIZER solution at a concentration specified under

04565.

NOTE: Reference WAC 246-215-04565 Equipment--Manual and mechanical warewashing equipment, chemical sanitization--Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114).
A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 04710(3) must meet the requirements specified under 07220, must be used in accordance with the EPA-registered label use instructions, and must be used as follows: (3) A quaternary ammonium compound solution must: (a) Have a minimum temperature of 75°F (24°C); (b) Have a concentration as specified under 07220 and as indicated by the manufacturer's use directions included in the labeling; and (c) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions.

NOTE: Reference WAC 246-215-04600 Objective—Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (FDA Food Code 4-601.11).
(1) equipment, food-contact surfaces, and utensils must be clean to sight and touch.

NOTE: Reference WAC 246-215-07220 Chemicals--Sanitizers, criteria (FDA Food Code 7-204.11).
Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACES must: (1) Meet the requirements specified in 40 C.F.R. 180.940 Tolerance exemptions for active and inert ingredients for Use in Antimicrobial Formulations (food contact surface sanitizing food contact surface sanitizing solutions)

Observation and interview during the kitchen tour with Staff J (Executive Chef), on 07/23/2025 at 9:10 AM, showed an ice machine (IM) in the main kitchen. Inside the IM, an ice scoop sat on top of the ice. Above the door of the IM, showed an air vent cover. A layer of dust as well as multiple hairs were observed on the air vent cover. Staff J stated the ice scoop should not be inside the IM, and the air vent needed to be cleaned.

Observation and interview, on 07/23/2025 at 9:14 AM, showed Staff J tested the quaternary ammonium (QA) (A class of chemicals used for controlling bacteria, viruses, and other germs on surfaces) concentration level of the sanitation bucket solution located at the beverage counter. Observation showed Staff J used various quat/chlorine (A way to measure the concentration of QA in sanitizer solutions) test strips and dipped the strips into the sanitation bucket. The strips showed a concentration level over 400 parts per million (PPM). Staff J stated the sanitation solution’s PPM level was too high and should have been at around 250 PPM and would consult with a service technician to make adjustments. Staff J reported the service technician had been a week late for the scheduled monthly maintenance appointment.

Observation and interview, on 07/23/2025 at 9:37 AM, showed a cutting board on the sandwich station. Multiple black marks, imbedded into cut marks, were observed on

both sides of the cutting board. Staff J reported the cutting board gets cleaned each night but the black marks were not removable. Staff J could recall what caused the black marks. Staff J could not confirm or deny that marks could be mold.

NOTE: Reference WAC 246-215-03235 Specifications for receiving--Temperature (FDA Food Code 3-202.11).
(1) Except as specified in subsections (2) through (4) of this section, refrigerated, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD must be at a temperature of 41°F (5°C) or below when received.
(5) TIME/TEMPERATURE CONTROL FOR SAFETY FOOD that is cooked to a temperature and for a time specified under 03400 through 03410 and received hot must be at a temperature of 135°F (57°C) or above.

Observation and interview during a kitchen tour with Staff J, on 07/23/2025 at 9:27 AM, showed a refrigerated sandwich station in the main kitchen. Observation showed Staff J taking the temperature of sliced turkey (ST) and prepared tuna salad (TS). The temperature of the ST was 42.6 degrees Fahrenheit (F), and the temperature of the TS was 42.8 degrees F. Staff J stated the sandwich station was not holding the correct temperature and had been scheduled to be repaired. Staff J confirmed the ST and TS are not at safe holding temperatures and needed to be below 41 degrees F.

Observation during lunch service on the MCU on 7/23/2025 at 12:39 PM, showed Staff O (Medication Technician) and Staff M (Caregiver) setting up utensils and serving beverages to MCU residents. Further observation showed a bowl containing mixed salad on the kitchenette countertop. Inside the salad bowl showed a smaller bowl containing ranch dressing. Next to the salad bowl showed an electric food warmer on “Off” position. Inside the food warmer showed prepared ham and cheese sandwiches. On the kitchenette countertop showed a metal bowl containing a MCU resident’s puree meal.

In a joint interview, on 07/23/2025 at 12:40 PM, when asked for the temperatures of the food to be served to MCU residents, Staff O says she did not record temperatures of the food and could not provide a record log of food temperatures. When asked how the ALF ensured food for MCU residents were at the correct temperatures before serving, Staff M stated, “I know it’s at correct temperature because it came from the kitchen.” The Department requested food temperatures to be taken, Staff O did not have a thermometer and called Staff J for assistance.

Observation and interview, on 07/23/2025 at 12:49 PM showed Staff J taking the temperature of the ranch dressing (RD), ham and cheese sandwich (HC), and pureed food (PF). The temperature of the RD was 44.9 degrees F, the temperature of the HC was 52 degrees F, and the temperature for the PF was 124 degrees F. Staff J stated the RD, HC, and PF are not at safe holding temperatures and should not be served to residents.

Further observation, on 07/23/2025 at 1:03 PM, when the Department returned to the kitchenette on the MCU, the mixed salad with the RD and the HC had been served to

residents.

NOTE: Reference WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Observation during lunch service on the MCU, on 07/23/2025 at 12:39 PM, showed Staff M (Caregiver) serving beverages to MCU residents.

Review of staff record showed the facility hired Staff K on 06/02/2025 as a Server. Staff K did not have a valid FWC on file. Review of the staff schedule, from 07/06/2025 through 07/22/2025, showed Staff K worked 2 shifts.

Review of staff record showed the facility hired Staff L on 04/17/2025 as a Server. Staff L did not have a valid FWC on file. Review of the staff schedule, from 07/06/2025 through 07/22/2025, showed Staff L worked 10 shifts.

Review of staff record showed the facility hired Staff M on 06/08/2024 as a Caregiver. Staff M did not have a valid FWC on file. Review of the staff schedule, from 06/29/2025 through 07/22/2025, showed Staff M worked 9 shifts.

Review of staff record showed the facility hired Staff D on 03/23/2020 as a Medication Technician. Staff D did not have a valid FWC on file. Review of the staff schedule, from 06/29/2025 through 07/22/2025, showed Staff D worked 26 shifts.

Review of staff record showed the facility hired Staff F on 03/23/2020 as a Memory Care Coordinator. Staff F did not have a valid FWC on file.

In interview, on 07/23/2025 at 1:05 PM, Staff F (Memory Care Coordinator) stated all Caregivers and Medication Technicians working in MCU were required to have FWC because they served food to MCU residents during mealtimes.

In interview, on 7/23/2025 at 2:28 PM, Staff N (Business Office Manager) reported Staff K and Staff L did not have valid FWC.

In interview, on 07/23/2025 at 3:08 PM, Staff H (Administrator) stated Staff F was required to have a FWC on file.

In a follow up interview, on 07/24/2025 at 3:18 PM, Staff H reported Staff F did not have a valid FWC.

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, Vineyard Park at Mountlake Terrace is or will be in compliance with this law and / or regulation on (Date) 9-17-25 .

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

Administrator (or Representative) Else Rasmussen Date 8/11/25

WAC 388-78A-3090 Maintenance and housekeeping.

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

(c) Equipped with:

(ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observations, interview and record review, the Assisted Living Facility (ALF) failed to implement a system to ensure wet mops were consistently hung up to dry following their use. This failure placed 28 of 28 Memory Care Unit (MCU) residents at risk of harm from potential infection control issues and decreased quality of life.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 81 residents, 28 of the residents resided on the MCU.

Observation and interview during an environmental tour with Staff G (Maintenance Director), on 07/22/2025 at 10:46 AM, inside a "Janitor" closet, located on the MCU on the fourth floor, showed a two mop buckets with a wet mops stored inside each bucket. Staff G could not recall how long the wet mops had been stored inside the bucket or when the mops were last used. Staff G stated the mops should be hung up after use.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

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Statement of Deficiencies	License #: 2335	Compliance Determination # 62661
Plan of Correction	Vineyard Park at Mountlake Terrace	Completion Date
Page 15 of 15	Licensee: Mountlake Terrace Assisted Living Community LLC	08/05/2025

Plan/Attestation Statement

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

Administrator (or Representative) Elie Robinson Date 8/11/25

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date