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

10/31/2025

CSH Harbour Pointe Lessee LLC
Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

RE: Harbour Pointe Retirement & Assisted Living Center # 2362

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68071 (Completion Date 10/31/2025) and 66079 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/31/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

The Department staff who did the On Site verification:
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

This document was prepared by Residential Care Services for the Locator website.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

The department completed data collection for an unannounced on-site follow-up on 09/24/2025 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 09/25/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 89 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Kindle, Nursing Consultant Institutional

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2362	Compliance Determination # 66079
Plan of Correction	Harbour Pointe Retirement & Assisted Living Center	Completion Date
Page 2 of 4	Licensee: CSH Harbour Pointe Lessee LLC	09/25/2025

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 — 10/06/2025 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) — 10/08/2025 Date

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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff B) completed Cardiopulmonary Resuscitation (CPR) and First Aid training. This failure resulted in Staff B not having the required training related to their job responsibilities and expectations and placed all residents at risk of compromised care, services and safety.

Findings included...

Note: WAC 388-112A-0710 What is Cardiopulmonary Resuscitation/first aid training? CPR/first aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

This document was prepared by Residential Care Services for the Locator website.

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-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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff B) completed Cardiopulmonary Resuscitation (CPR) and First Aid training. This failure resulted in Staff B not having the required training related to their job responsibilities and expectations and placed all residents at risk of compromised care, services and safety.

Findings included…

Note: WAC 388-112A-0710 What is Cardiopulmonary Resuscitation/first aid training? CPR/first aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

This document was prepared by Residential Care Services for the Locator website.

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 07/31/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 09/14/2025.

Review of the National CPR Foundation’s online web page showed they offer online training only. They do not require a return skills demonstration to receive a certification.

Review of the ALF’s employee files showed Staff B, Medication Technician (MT), was hired on 09/08/2021. (A MT provides medication services to residents.) Staff B’s file showed a CPR/First-Aid certificate, dated 07/30/2025, that was obtained from National CPR Foundation (an online CPR certification course).

On 09/24/2025 at 10:46 AM, Staff A, Executive Director (ED), stated that they had looked at the National CPR Foundation’s website and they only did online training. Staff A printed and provided a statement from the National CPR Foundation support website that stated they do not offer hands-on training. Staff A stated that Staff B had worked last night.

On 09/24/2025 at 3:11 PM, Staff B, MT, stated that their CPR/First-Aid training was all done online and there was no hands-on skills training.

On 09/25/2025 at 11:40 AM, Staff A, ED, stated that they were new in their position and when they came on board they had been told the citation had been corrected, but they had not yet verified that, and it turned out that it wasn’t corrected.

This is an uncorrected deficiency previously cited on 07/31/2025 and 06/03/2025 for subsection (2)(d).

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2362	Compliance Determination # 66079
Plan of Correction	Harbour Pointe Retirement & Assisted Living Center	Completion Date
Page 4 of 4	Licensee: CSH Harbour Pointe Lessee LLC	09/25/2025

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, Harbour Pointe Retirement & Assisted Living Center is or will be in compliance with this law and / or regulation on (Date) 10/20/2025 .

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

Administrator (or Representative) — Date: 10/08/2025

This document was prepared by Residential Care Services for the Locator website.

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, Harbour Pointe Retirement & Assisted Living Center 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

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 an unannounced on-site follow-up on 07/30/2025 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

This document references the following SOD dated: 07/31/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2362	Compliance Determination # 63368
Plan of Correction	Harbour Pointe Retirement & Assisted Living Center	Completion Date
Page 2 of 4	Licensee: CSH Harbour Pointe Lessee LLC	07/31/2025

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laurie Anderson for Jamie Singer — 08/13/2025

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) — 9/3/2025 Date

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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 Staff (Staff A and B) completed Dementia Specialty Training, and 2 of 2 Staff (Staff A and B) completed Cardiopulmonary Resuscitation (CPR) and First aid training. These failures resulted in Staff A and B not having the required training related to the job responsibilities and expectations and placed all 93 residents at risk of compromised care, services, and safety.

Findings included...

Dementia specialty training

Review of Washington Administrative Code (WAC) 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete

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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.

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-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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 Staff (Staff A and B) completed Dementia Specialty Training, and 2 of 2 Staff (Staff A and B) completed Cardiopulmonary Resuscitation (CPR) and First aid training. These failures resulted in Staff A and B not having the required training related to the job responsibilities and expectations and placed all 93 residents at risk of compromised care, services, and safety.

Findings included…

Dementia specialty training

Review of Washington Administrative Code (WAC) 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete

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specialty training within 120-days of their date of hire.

Review of the ALF's Resident Characteristic Roster dated 07/30/2025, showed 38 residents living in the ALF had a Dementia/Alzheimer's (a group of symptoms that affects memory, thinking and interferes with daily tasks) impairment.

Review of the ALF's employee files showed the Staff A, Executive Director, was hired on 03/11/2024. Staff A's file had no record of a completed Dementia specialty training.

Review of the ALF's employee files showed Staff B, Medication Technician (Med Tec), was hired on 09/08/2021. Staff B's file had no record of a completed Dementia specialty training.

On 07/30/2025 at 11:55 AM, Staff A stated that spending eight hours doing specialty training was not a good use of their time because their last working day at the ALF was August 15th.

On 07/30/2025 at 12:28 PM, Staff C, Memory Care Director, stated that Staff B had not completed their Dementia specialty training. Staff C stated that Dementia specialty training was scheduled in August.

CPR and First Aid Training

Review of WAC 388-112A-0710 What is Cardiopulmonary Resuscitation/first aid training? CPR/first aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of National CPR Foundations online web page showed they offer online training only. They do not require a return skills demonstration to receive a certification.

Review of the ALF's employee files showed Staff A was hired on 03/11/2024. Staff A's file had no record of completed CPR/First Aid certification.

Review of the ALF's employee files showed Staff B was hired on 09/08/2021. Staff B's file showed a CPR certificate that was obtained from National CPR Foundation (an online CPR certification course).

On 07/30/2025 at 12:30 PM, Staff C stated that the ALF held a CPR/First Aid class, but Staff B did not attend the class.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2362	Compliance Determination # 63368
Plan of Correction	Harbour Pointe Retirement & Assisted Living Center	Completion Date
Page 4 of 4	Licensee: CSH Harbour Pointe Lessee LLC	07/31/2025

This is an uncorrected deficiency previously cited on 06/03/2025.

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, Harbour Pointe Retirement & Assisted Living Center is or will be in compliance with this law and / or regulation on (Date) 9/14/2025 .

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

Administrator (or Representative) 9/3/2025 Date

This document was prepared by Residential Care Services for the Locator website.

This is an uncorrected deficiency previously cited on 06/03/2025.

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, Harbour Pointe Retirement & Assisted Living Center 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

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/28/2025 and 06/02/2025 of:

Harbour Pointe Retirement & Assisted Living Center
10200 HARBOUR PLACE
MUKILTEO, WA 98275

The following sample was selected for review during the unannounced on-site visit: 9 of 97 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

This document was prepared by Residential Care Services for the Locator website.

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-2270 Resident controlled medications.

(2) The assisted living facility must allow a resident to control and secure the medications that he or she self-administers or self-administers with assistance if the assisted living facility assesses the resident to be capable of safely and appropriately storing his or her own medications and the resident desires to do so.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to assess 1 of 2 residents (Resident 5) to ensure they were able to safely control and store their self-administered medication. This failure resulted in two inhaler medications being accessible and placed all residents at risk of harm related to the ingestion of unprescribed medications.

Findings included…

Review of the ALF's policy titled, "Resident Self-Administration of Medications," dated 04/01/2017, showed the ALF's nurse was to assess the resident's ability to self-administer all or some of their medications.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2022 with multiple medication diagnoses including [redacted].

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Review of a Negotiated Service Agreement dated 05/12/2025 showed a section titled, “Medication Responsibilities” and qualified staff were responsible for storing medications.

On 06/02/2025 at 10:12 AM, Staff H, Wellness Director, stated that Resident 5 kept their inhalers in their room and would self-administer the medication. Staff H stated that Resident 5 did not have an assessment to self-administer their inhaled medication.

On 05/292025 at 3:00 PM, Resident 5 stated that they were able to lock their apartment door but they didn't always lock the door when they left.

On 06/02/2025 at 10:23 AM, Resident 5 stated that they kept two inhalers in their bathroom and they would self-administer the medication when they need it.

On 06/02/2025 at 10:32 AM, two medicated inhalers were observed sitting on the counter in Resident 5’s bathroom.

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, Harbour Pointe Retirement & Assisted Living Center 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-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

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(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, C, and D) completed facility orientation prior to providing care. This failure resulted in Staff B, C, and D not receiving timely orientation and placed 97 residents at risk for compromised care and safety.

Findings included…

Review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 09/08/2021. Staff B did not have documentation of a completed facility orientation.

Staff C, Caregiver, was hired on 01/03/2025. Staff C did not have documentation of a completed facility orientation.

Staff D, Caregiver, was hired on 03/26/2025. Staff D did not have documentation of a completed facility orientation.

On 05/29/2025 at 11:02 AM, Staff G, Business Office Manager, stated that the ALF did not have a document showing specific facility orientation and tasks completed by new staff. Staff G stated that a facility orientation document had not been a routine activity of the on-boarding process.

On 06/02/2025 at 2:08 PM, Staff D stated that they did not receive a facility orientation at their time of hire.

On 06/02/2025 at 2:20 PM, Staff C stated that they did not receive a facility orientation at their time of hire.

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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, Harbour Pointe Retirement & Assisted Living Center 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-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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 7 staff (Staff B, C, and D), completed Orientation and Safety training prior to providing care to residents, 70 Hour Basic training within 120 days from their date of hire for 1 of 7 staff (Staff C), Dementia specialty training for 3 of 7 staff (Staff A, B, and C), Cardiopulmonary Resuscitation (CPR) and First Aid training for 3 of 7 staff (Staff A, B, and C), and Department of Social and Health Services (DSHS) approved annual continuing education (CE) for 1 of 2 staff (Staff E). These failures resulted Staff A, B, C, D, and E not having the required training related to their job responsibilities and expectations and placed all 97 residents at risk of compromised care, services and safety.

Findings included…

Orientation and Safety Training

Review of WAC 388-112A-0200(2)(a) showed all long-term care workers must complete

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two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 09/08/2021 and had no record of a completed Orientation and Safety training.

Staff C, Caregiver, was hired on 01/03/2025 and had no record of a completed Orientation and Safety training.

Staff D, Caregiver, was hired on 03/26/2025 and had no record of a completed Orientation and Safety training.

On 05/29/2025 at 11:07 AM, Staff G, Business Office Manager stated that they had no documentation of completed Orientation and Safety training for Staff B, C, and D. Staff G stated that they would assign Orientation and Safety Training in Relias (an on-line caregiver training program) during the hiring process but did not have a system in place to follow up to confirm completion prior to the new employee providing care.

On 06/02/2025 at 2:08 PM, Staff D stated that they had not taken the Orientation and Safety training

On 06/02/2025 at 2:18 PM, Staff C stated that they had not taken the Orientation and Safety training.

70-hour Basic Training

Review of WAC 388-112A-0080(5) showed long-term care workers in ALFs must complete the 70-hour Basic training within 120 days of their date of hire.

Review of the ALF's employee files showed the following:

Staff C was hired on 01/03/2025 and had no record of a completed 70-hour Basic training within 120 days of hire.

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On 06/02/2025 at 2:22 PM, Staff C stated that they had not completed the 70-hour Basic training within the required 120 days.

Dementia Specialty Training

Review of WAC 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Review of the ALF's Resident Characteristic Roster dated 05/28/2025, showed forty-four residents living in the ALF had a Dementia/Alzheimer's impairment.

Review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities or Mental Illness, showed if the ALF choose to serve residents with Dementia, Developmental Disabilities and/or Mental Illness, the ALF must provide employees with specialty training in these areas.

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 03/11/2024 and had no record of a completed Dementia Specialty training.

Staff B was hired on 09/08/2021 and had no record of a completed Dementia Specialty training.

Staff C was hired on 07/23/2022 and had no record of a completed Dementia Specialty training.

On 05/29/2025 at 11:21 AM Staff G stated that they did not have documentation for Dementia Specialty training for Staff B and C and is unclear if the training had been completed.

On 06/02/2025 at 2:16 PM, Staff A stated that they had not completed the Dementia Specialty Training.

On 06/02/2025 at 2:23PM, Staff C stated that they had not completed the Dementia Specialty training.

Cardiopulmonary Resuscitation and First Aid Training

This document was prepared by Residential Care Services for the Locator website.

Review of WAC 388-112A-0710 What is Cardiopulmonary Resuscitation/first-aid training? CPR/first aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of the ALF's employee files showed the following:

Staff A was hired on 03/11/2024 and had no documentation of a completed CPR/First Aid training.

Staff B was hired on 09/08/2021 and had no documentation of a completed CPR/First Aid training.

Staff C, was hired on 01/03/2025. Staff C had a current CPR certification but failed to have the required first aid component.

Staff F, Caregiver, was hired on 12/06/2024 and had no documentation of a completed CPR/First Aid training.

On 06/02/2025 at 2:16 PM, Staff A stated that in August 2024, the facility had a CPR class scheduled but they didn't attend. Staff A stated they had signed up three times but never made it to the class.

On 06/02/2025 at 2:26 PM, Staff C provided a copy of a current CPR training with an expiration of 05/2027. The CPR training failed to include the required first aid component. Staff C stated that they thought the training covered both and would need to take an additional First Aid class.

Continuing Education (CE)

Review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education by their birthday each year

Review of WAC 388-112A-0600 showed Department of Social and Health Services (DSHS) must approve continuing education curricula.

Review of DSHS's website on the Continuing Education Approval Process (https://www.dshs.wa.gov/altsa/faq?field_altsa_topics_value=ce) showed once DSHS approved a CE, it was assigned a unique DSHS CE approval code and that without a DSHS CE approval

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code on the certificate or transcript, the CE could not be used to meet the 12-hour CE requirement.

Review of the ALF's employee files showed the following:

Staff E, Medication Technician, was hired on 09/06/2022. There was no documentation for the approved continuing education between their birthday in 2023 to 2024.

On 05/31/2025 at 3:01 PM, Staff E stated that they did not have any approved continuing education for review.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Harbour Pointe Retirement & Assisted Living Center 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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff A, B, C, and D) completed the initial step of two-step Tuberculosis (TB) testing within three days of hire. This failure resulted in Staff A, B, C, and D not having been tested for TB and placed all 97 residents at risk of exposure to a communicable disease.

Findings included…

Review of the ALF's employee files showed the following:

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Staff A, Executive Director, was hired 03/11/2024. Staff A's file showed they completed the first step of the TB testing on 05/30/2024, 78 days after their hire date.

Staff B, Medication Tech, was hired 09/08/2021. Review of Staff B's TB test documentation showed that a TB test was read on 09/17/2022, 374 days after Staff B's hire date.

Staff C, Caregiver, was hired 01/03/2025. There was no TB test documentation available for review.

Staff D, Caregiver, was hired 03/26/2025. There was no TB test documentation available for review.

On 05/29/2025 at 11:28 AM, Staff G, Business Office Manager, stated that they give a new employee paperwork to get a TB test completed at an off-site location. Staff G stated that they did not follow up with Staff A, B, C, or D to ensure their TB testing was completed.

On 06/02/2025 at 2:11 PM, Staff D stated that they did not have a TB test when they were hired at the ALF.

On 06/02/2025 at 2:18 PM, Staff C stated that they did not have a TB test when they were hired at the ALF.

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, Harbour Pointe Retirement & Assisted Living Center 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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that

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the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff B) had a Washington State name and date of birth background check that was submitted within one business day after Staff B's date of hire. This failure placed all 97 residents at risk for being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 09/08/2021. Staff B completed a Washington State name and date of birth background check on 09/10/2021, two days after Staff B's date of hire.

On 05/29/2025 at 11:00 AM, Staff G, Business Office Manager, stated that they did not have any other background check documentation for Staff B.

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, Harbour Pointe Retirement & Assisted Living Center 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

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background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff B and E) had a valid Washington State name and date of birth background check completed every two years, and failed to ensure 1 of 4 staff (Staff C) had a national fingerprint background check completed. These failures resulted in Staff B, C, and E not having a cleared background check and placed all 97 residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's employee files showed the following:

Staff B, Medication Technician (MT), was hired on 09/08/2021. Staff B had a Washington State name and date of birth background check dated 09/10/2021 and was valid until 09/20/2023. There were no other Washington State name and date of birth background checks available for review.

Staff C, Caregiver, was hired on 01/03/2025. Staff C did not have a national fingerprint background check available for review.

Staff E, MT, was hired on 09/06/2022. Staff E had a Washington State name and date of birth background check dated 09/06/2022 and was valid until 09/06/2024. There were no other Washington State name and date of birth background checks available for review.

On 05/29/2025 at 11:00 AM, Staff G, Business Office Manager, stated that the ALF did not have any other background check documentation for Staff B, C or E.

On 05/31/2025 at 3:03 PM, Staff E stated that they did not know their background check was expired. Staff E stated that they had not been asked to complete a new background check.

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On 06/02/2025 at 2:18 PM, Staff C, Caregiver, stated that they did not get their fingerprints done after they were 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, Harbour Pointe Retirement & Assisted Living Center 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

This document was prepared by Residential Care Services for the Locator website.