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

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 document references Compliance Determination 59928 (06/12/2025), which included complaint number(s) 179930, 180527.

The Department completed a complaint investigation of your Assisted Living Facility on 06/12/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Wesler Dumecquias, Community Complaint Investigator

Consultation:

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

The Named Resident (NR) exhibited forgetfulness, disorientation to person, time, place and situations and required directions. The NR goes for a daily walk on their own with their walker outside the Assisted Living Facility (ALF). The NR had a history of fall while walking outside the ALF. The ALF failed to include in the NR assessment topics their ability to leave the ALF unsupervised. The ALF corrected the assessment and included in the care plan the NR ability to leave the ALF unsupervised for their walking exercises.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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

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

If You Have Any Questions:

- Please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Harbour Pointe Retirement & Assisted Living Center
Provider Type: Assisted Living Facility
License/Cert.#: 2362
Intake ID: 180527
Compliance Determination #: 59928
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 05/21/2025 through 06/12/2025
Complainant Contact Date(s): 06/04/2025

Allegation(s):

1. The Assisted Living Facility (ALF) staff allowed the Named Resident (NR) to walk outside of the ALF unsupervised. The NR had a fall after they went for a walk outside of the ALF on their own.
2. A staff felt retaliated upon for advocating the safety of the NR.

Investigation Methods:

Sample:	Total residents: 96 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Resident care equipment
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Facility policies Incident investigation Care plans Assessments Progress notes

Investigation Summary:

1. The Named Resident (NR) goes for a daily walk with their walker outside the Assisted Living Facility (ALF). The ALF failed to include in the NR assessment topics their ability to leave the ALF unsupervised. The ALF corrected the assessment and included in the care plan the NR ability to leave the ALF unsupervised for their walking exercises. A consultation was issued for failure to comply with WAC 388- 78A- 2090 (6) (d). Full assessment topics.
2. Interview with Sampled Staff indicated that they felt comfortable bringing and

discussing complaints and concerns to their supervisors without fear of retaliation. The Sampled staff indicated that they bring to their direct supervisors issues or concerns and try to find resolution on that level. The Sampled staff stated they did not have issues speaking to and bringing their grievances to their supervisors and the Executive director. The ALF management receives concerns from staff and deal with the concerns individually or collectively during their daily morning meetings. In cases of disciplinary cases, the direct supervisor would start with staff reeducation and counselling. If the issues and concerns continued, the direct supervisor would write up the staff involved and in extreme cases of termination, the case were handled by the upper management. No failed practice was identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A