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

CRP/CSH Northgate LLC
NORTHGATE PLAZA
11030 NE 5TH AVE
SEATTLE, WA 98125

RE: NORTHGATE PLAZA License # 2374

Dear Administrator:

This letter addresses Compliance Determination(s) 77930 (Completion Date 05/28/2026) and 75132 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/28/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-a, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2690-1, WAC 388-78A-2690-6-c, WAC 388-78A-2690-7, WAC 388-78A-2690-7-a, WAC 388-78A-2690-7-b, WAC 388-78A-2210, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

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

HOME AND COMMUNITY LIVING 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 03/31/2026 and 04/02/2026 of:
NORTHGATE PLAZA
11030 NE 5TH AVE
SEATTLE, WA 98125

The following sample was selected for review during the unannounced on-site visit: 12 of 105 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

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

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

Jennie Swigert
Residential Care Services

4/14/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

4/16/2026
Date

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;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on 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) interventions that supported the care needs of 1 of 12 sampled residents (Resident 6). This failure placed Resident 6 at risk of health complications related to use of anti-coagulant medication (medication that thins the blood to prevent clots) and history of falls.

Findings included...

Record review of a Face Sheet showed the ALF admitted Resident 6 on [redacted]/2024 with multiple diagnoses to include [redacted]. Review of an Assessment, dated 03/04/2025, showed Resident 6 received assistance with Medication Services. Review of a progress note, dated 03/17/2026, showed Resident 6 had an unwitnessed fall with injury and

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 _____

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Administrator (or Representative) _____ Date _____

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Findings included…

Record review of a Face Sheet showed the ALF admitted Resident 6 on [redacted]/2024 with multiple diagnoses to include [redacted]. Review of an Assessment, dated 09/04/2025, showed Resident 6 received assistance with Medication Services. Review of a progress note, dated 03/17/2026, showed Resident 6 had an unwitnessed fall with injury and

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bruising to the resident's head.

Record review of Resident 6's January, February and March 2026 Medication Administration Record (MAR) showed a physician's order for twice daily Eliquis 2.5 mg (anti-coagulant medication that reduces risk of clots by inhibiting clotting factors which thin the blood) and once daily Aspirin 81mg (reduces stroke risk by inhibiting platelet formation).

Review of an SP, dated 12/09/2025, showed no information or interventions on how to monitor the increased risk of bleeding or bruising related to Eliquis or Aspirin medications. Resident 6's SP did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding or bruises related to the medication or as it related to their fall history and risk.

In interview, on 04/02/2026 at 1:15 PM, Staff F (Interim Director of Nursing) stated risks of anticoagulant use and signs of bleeding should be on Resident 6's SP.

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, NORTHGATE PLAZA is or will be in compliance with this law and / or regulation on (Date) 5/17/2026.

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

Administrator (or Representative) 4/16/2026 Date

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

bruising to the resident's head.

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(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

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

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure a full assessment was completed 14 days after move-in, for 2 of 3 sample residents (Residents 10 and 11). This failure placed the residents at risk for unmet needs and a decreased quality of life.

Findings included…

Resident 10

Review of ALF records showed the facility admitted Resident 10 on [redacted]/2026 and

provided services to include Activities of Daily Living (a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) and medication management.

Record review showed a pre-admission Assessment was completed on 01/28/2026 and a full Assessment was completed on 02/24/2026, twenty-four days after Resident 10's admission.

Resident 11

Review of ALF records showed the facility admitted Resident 11 on [redacted]/2025 and provided to include increased monitoring.
Record review showed a pre-admission Assessment was completed on 11/24/2025, and no full Assessment was found

In interview, on 04/02/2026 at 10:29 AM, Staff G (Executive Director) confirmed a full Assessment was not performed within 14 days of Resident 10's admission, and acknowledged Resident 11's full Assessment had not been completed since her date of admission.

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, NORTHGATE PLAZA is or will be in compliance with this law and / or regulation on (Date) 5/17/2026.

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

Administrator (or Representative) — 4/16/2026 Date

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(5) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

provided services to include Activities of Daily Living (a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) and medication management.

Record review showed a pre-admission Assessment was completed on 01/28/2026 and a full Assessment was completed on 02/24/2026, twenty-four days after Resident 10's admission.

Resident 11

Review of ALF records showed the facility admitted Resident 11 on [redacted]/2025 and provided to include increased monitoring.
Record review showed a pre-admission Assessment was completed on 11/24/2025, and no full Assessment was found.

In interview, on 04/02/2026 at 10:29 AM, Staff G (Executive Director) confirmed a full Assessment was not performed within 14 days of Resident 10's admission, and acknowledged Resident 11's full Assessment had not been completed since her date of admission.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 7) who had a video camera in her apartment completed a quarterly evaluation, that included duration and was signed by the resident or their representative. This placed Resident 7 at risk of violation of privacy rights.

Findings included…

Review of a Facesheet showed the ALF admitted Resident 7 on [redacted]/2024 with multiple disabling diagnoses.

Review of a Needs and Service Plan (NSP - equivalent to a Negotiated Service Agreement), dated 09/24/2025, showed Resident 7 had, “video monitoring in progress at all times in her apartment.”

Observation, on 04/01/2026 at 11:13 AM, showed an electronic video camera mounted to Resident 7’s dresser, pointing towards her bed. Resident 7 reported her family installed the video camera.

Record review showed no signed quarterly evaluation for video monitoring.

In interview, on 04/02/2026 at 10:27 AM, Staff G (Executive Director) stated she was unaware that regulations required quarterly reevaluation and for video monitoring and will implement the required reevaluation process.

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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, NORTHGATE PLAZA is or will be in compliance with this law and / or regulation on (Date) 4/3/2026 .

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

Administrator (or Representative) — Date: 4/16/2026

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 implement a system to promote safe medication services for 1 of 12 sampled residents (Resident 12) when staff administered a medication for a resident that was not assessed for medication administration without documentation or nurse delegation. This failure placed Resident 12 at risk of medication errors and deteriorated health condition.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and BS

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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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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement a system to promote safe medication services for 1 of 12 sampled residents (Resident 12) when staff administered a medication for a resident that was not assessed for medication administration without documentation or nurse delegation. This failure placed Resident 12 at risk of medication errors and deteriorated health condition.

Findings included…

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and BS

testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections:
(8) Verify that the nursing assistant or home care aide: (b) Has completed both the basic caregiver training and core delegation training before performing any delegated task; (c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training; (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision. (10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

NOTE: 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:
(7) Any orders for medications, treatments, and modified or therapeutic diets, including any directions for addressing a resident's refusal of medications, treatments, and prescribed diets.
(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:
(i) The medication name, dose, and route of administration;
(ii) The time and date of any medication assistance or administration;
(iii) The signature or initials of the person providing any medication assistance or administration; and
(iv) Documentation of a resident choosing to not take their medications.

NOTE: WAC 388-78A-2100 Ongoing assessments.
(2) The assisted living facility must:
(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually; (b) Complete an assessment specifically focused on a resident's identified problems and related issues:
(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120; (ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences; (iii) When the resident has an injury requiring the intervention of a practitioner.
(c) Ensure the staff person performing the ongoing assessments is qualified to perform them.

Review of a Face Sheet showed that the ALF admitted Resident 12 on [redacted]/2019 with multiple diagnoses to include [redacted].

Review of an Assessment, dated 02/03/2026, showed Resident 12 was assessed as being safe to self-administer medications and, "did not take any medications at this time."

Record review showed Resident 12 did have a medication included in a Prescription Summary, dated 10/21/2025, for Nystatin powder to "apply topically to rash three times daily."

Record review showed the ALF had a Medication Administration Records (MAR) for each resident on medication assistance services with a box for initials of the staff member to document that the medication was given.

Observation and interview, on 04/02/2026 at 12:22 PM, showed two opened bottles of Nystatin powder medication on Resident 12's bathroom shelf. Resident 12 reported caregivers applied the Nystatin powder medication each morning during peri-care. Resident 12 confirmed she was not self-administering the Nystatin.

In interview, on 04/02/2026 at 1:52 PM, Staff H (Caregiver) reported she applied Nystatin powder medication onto Resident 12's skin in the mornings when assisting her with peri-care.

Record review showed the ALF had no documentation to show Resident 12 received medication from caregiving staff. Record review showed Resident 12 did not have a MAR documenting ALF care staff were administering Nystatin. Records showed no nurse delegation was in place for non-licensed staff to administer Nystatin. Resident 12's assessment did not indicate medication assistance.

In interview, on 04/02/2026 at 3:30 PM, Staff G (Executive Director) confirmed Resident 12 received Nystatin powder medication and care staff had been applying the medication. Staff G reported Resident 12 had not been assessed for staff assistance with medications and confirmed caregiving staff should not be applying the medicated powder to Resident 12.

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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, NORTHGATE PLAZA is or will be in compliance with this law and / or regulation on (Date) 4/2/2026

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

Administrator (or Representative) — Date: 4/16/2026

Plan/Attestation Statement

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Administrator (or Representative) Date