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

07/22/2025

CRP/CSH Mercer Island LLC
ISLAND HOUSE
7810 SE 30th St
Mercer Island, WA 98040

RE: ISLAND HOUSE # 2375

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 62912 (Completion Date 07/22/2025) and 61825 (Completion Date 06/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/22/2025 and found no deficiencies.

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

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

(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.

The Department staff who did the On Site verification:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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 06/24/2025 and 06/26/2025 of:
ISLAND HOUSE
7810 SE 30th St
Mercer Island, WA 98040

The following sample was selected for review during the unannounced on-site visit: 7 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Statement of Deficiencies	License #: 2375	Compliance Determination # 61825
Plan of Correction	ISLAND HOUSE	Completion Date
Page 2 of 7	Licensee: CRP/CSH Mercer Island LLC	06/27/2025

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.

Jamie Singer
Residential Care Services

07/01/2025
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)

7/2/25
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 ensure Care Plans (CP equal to Negotiated Service Agreement) were updated to reflect precautions and monitoring for 4 of 4 sample residents (Resident 4, 5, 6 and 7) on anticoagulant medications (commonly known as blood thinners; reduce the blood's ability to clot, while side effects increase the risk of bleeding, bruising, blood in the urine, coughing). This failure placed Resident 4, 5, 6 and 7 at risk for increased health issues.

Findings included...

Resident 4

A record review of the Resident Characteristic Roster (RCR), dated 06/24/2025, showed

the ALF admitted Resident 4 on [redacted]/2023 with multiple medical conditions including hypertension (high blood pressure). A record review of 4's Electronic Medication Administration Record (EMAR) for April 2025, May 2025, and June 2025 showed an order for Aspirin (an anticoagulant), 81milligrams (mg) be given to the resident every day. Further review showed Resident 4 began taking this medication on 09/18/2023. Record review of Resident 4's CP, dated 04/16/2025, showed no mention that the resident was taking an anticoagulant medication, or any instruction to the care staff regarding what to observe and report.

Resident 5

A record review of the RCR, dated 06/24/2025, showed the ALF admitted Resident 5 on [redacted]2023 with multiple medical conditions including hypertension. A record review of Resident 5's EMAR, for April 2025, May 2025, and June 2025 showed an order for Eliquis (an anticoagulant) 2.5 mg be given to the resident twice a day. Further review showed Resident 5 began taking this medication on 01/15/2025. Record review of Resident 5's CP, dated 04/16/2025, showed no mention that the resident was taking an anticoagulant medication, or any instruction to the care staff regarding what to observe and report.

Resident 6

A record review of the RCR, dated 06/24/2025, showed the ALF admitted Resident 6 on [redacted]/2022 with multiple medical conditions including hypertension. A record review of Resident 6's EMAR, for April 2025, May 2025, and June 2025, showed an order for Aspirin, 81 mg be given to the resident every day. Further review showed Residents 6 began taking this medication on 04/16/2025. Record review of Resident 6's CP, dated 04/16/2025, showed no mention that the resident was taking an anticoagulant medication, or any instruction to the care staff regarding what to observe and report.

Resident 7

A record review of the RCR, dated 06/24/2026, showed the ALF admitted Resident 7 on [redacted]/2019 with multiple medical conditions including hypertension. A record review of 7's EMAR for April 2025, May 2025, and June 2025 showed an order for Aspirin, 81mg be given to the resident every day. Further review showed Resident 7 began taking this medication on 04/03/2023. Record review of Resident 7's CP, dated 06/20/2025, showed no mention that the resident was taking an anticoagulant medication, or any instruction to the care staff regarding what to observe and report.

In an interview, on 06/26/2025 at 9:43 AM, Staff B (Caregiver) stated that all the

information for resident's needs would be located in the CP. Staff B stated that he did not know what to observe and report for residents taking anticoagulation medications.

In an interview, on 06/26/2025 at 12:30 PM, Staff F (Director of Health Services) stated that she missed the addition of anticoagulation precautions in the CPs.

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, ISLAND HOUSE is or will be in compliance with this law and / or regulation on (Date)__ 7/4/25 __.

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

Administrator (or Representative) [signature] Date 7/2/25

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

(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 complete a full annual assessment for 1 of 7 sample residents (Resident 1) within 14 days of the resident's move-in date. This placed Resident 1 at risk for an incomplete medical history and unmet needs.

Findings included...

Record review of the Resident Characteristic Roster (RCR), updated 06/24/2025, showed the ALF admitted Resident 1 on [redacted]/2025. Record review showed the ALF completed a pre-admission Assessment for Resident 1's on 04/01/2025.

Record review showed the ALF did not complete a full annual Assessment within 14 days of Resident 1's move-in date.

In an interview, on 06/25/2025 at 2:20 PM, Staff F stated a meeting was scheduled with Resident 1 for the following day, to complete the full annual assessment and discuss ALF services.

Statement of Deficiencies	License #: 2375	Compliance Determination # 61825
Plan of Correction	ISLAND HOUSE	Completion Date
Page 7 of 7	Licensee: CRP/CSH Mercer Island LLC	06/27/2025

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, ISLAND HOUSE is or will be in compliance with this law and / or regulation on (Date) 7/4/25 .

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

Administrator (or Representative) [signature] Date 7/2/25