



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

2016 S & S  
Welcome Home (Oak Harbor Senior Memory Care)  
235 SW 6TH AVE  
OAK HARBOR, WA 98277

RE: Welcome Home (Oak Harbor Senior Memory Care) License # 2424

Dear Administrator:

This letter addresses Compliance Determination(s) 75869 (Completion Date 05/01/2026) and 72339 (Completion Date 02/13/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/01/2026 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-24642-1, WAC 388-78A-2474-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3

The Department staff who did the on-site verification:

Melissa Phillips, Long Term Care Surveyor  
Cristina Gonzalez, Nursing Consultant Institutional

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

Sincerely,

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**

|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2424                              | Compliance Determination # 72339 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 1 of 5               | Licensee: 2016 S & S                         | 02/13/2026                       |

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 02/03/2026 and 02/04/2026 of:

Welcome Home (Oak Harbor Senior Memory Care)  
235 SW 6TH AVE  
OAK HARBOR, WA 98277

This document references the following SOD dated: 02/13/2026

The following sample was selected for review during the unannounced on-site visit: 3 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor  
Cristina Gonzalez, Nursing Consultant Institutional

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

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

|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 72359 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 2 of 5               | Licenses: 2016 S & S                         | 02/13/2026                       |

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

02/20/2026

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.

Mynud M  
Administrator (or Representative)

2-24-2026

Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 7 staff (Staff D, E, and G), whose positions required a national fingerprint background check, completed it within 120 days of their date of hire. This placed all residents at risk of receiving care and services from staff whose criminal background history was unknown.

**Findings included...**

Record review of employee files showed the ALF hired Staff D, Caregiver, on 04/09/2025. Staff D's fingerprint background check (FBC) had not been completed as of 02/03/2026, 300 days after their hire date.

Record review of employee files showed the ALF hired Staff E, Caregiver, on 09/26/2025. Staff E's FBC had not been completed as of 02/03/2026, 131 days after their hire date.

Record review of employee files showed the ALF hired Staff G, Caregiver, on 08/27/2025. Staff G's FBC had not been completed as of 02/03/2026, 160 days after their hire date.



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

02/20/2026  
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)

\_\_\_\_\_  
Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 7 staff (Staff D, E, and G), whose positions required a national fingerprint background check, completed it within 120 days of their date of hire. This placed all residents at risk of receiving care and services from staff whose criminal background history was unknown.

**Findings included...**

Record review of employee files showed the ALF hired Staff D, Caregiver, on 04/09/2025. Staff D's fingerprint background check (FBC) had not been completed as of 02/03/2026, 300 days after their hire date.

Record review of employee files showed the ALF hired Staff E, Caregiver, on 09/25/2025. Staff E's FBC had not been completed as of 02/03/2026, 131 days after their hire date.

Record review of employee files showed the ALF hired Staff G, Caregiver, on 08/27/2025. Staff G's FBC had not been completed as of 02/03/2026, 160 days after their hire date.

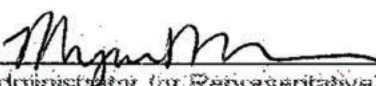
This document was prepared by Residential Care Services for the Locator website.



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 72338 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 3 of 5               | Licensee 2018 S & S                          | 02/13/2026                       |

In an interview, on 02/03/2026 at 4:20 PM, Staff A, Executive Director, stated that Staff D, E, and G did not have fingerprint background checks at this time as these staff members did not make it to their scheduled fingerprint appointments.

This is an uncorrected deficiency previously cited on 09/19/2025 and 12/05/2025.

| 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) <u>1-08-26</u> <u>3/30/2026</u> |                        |
| SB confirmed amended POC date with Provider on 2/24/2026.                                                                                                                                                                                                                                             |                        |
| In addition, I will implement a system to monitor and ensure continued compliance with this requirement.                                                                                                                                                                                              |                        |
| <br>Administrator (or Representative)                                                                                                                                                                                | <u>2-24-26</u><br>Date |

**WAC 388-78A-2474 Training and home care aide certification requirements.**

- (1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.
- (2) The assisted living facility must ensure all assisted living facility administration, 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:
- (b) Basic;
  - (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.
- (3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 8 of 8 staff members (Staff B, C, D, E, G, and H) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed all residents in the ALF at risk of not receiving proper care and services from staff.

In an interview, on 02/03/2026 at 4:20 PM, Staff A, Executive Director, stated that Staff D, E, and G did not have fingerprint background checks at this time as these staff members did not make it to their scheduled fingerprint appointments.

This is an uncorrected deficiency previously cited on 09/19/2025 and 12/05/2025.

|                                                                                                                                                                                                                                                                             |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Plan/Attestation Statement</b>                                                                                                                                                                                                                                           |               |
| 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, Welcome Home (Oak Harbor Senior Memory Care) 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.                                                                                                                                                                    |               |
| _____<br>Administrator (or Representative)                                                                                                                                                                                                                                  | _____<br>Date |

**WAC 388-78A-2474 Training and home care aide certification requirements.**

- (1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.
- (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:
- (b) Basic;
  - (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.
- (3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff members (Staff B, C, D, E, G, and H) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed all residents in the ALF at risk of not receiving proper care and services from staff



members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

#### BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B had no record of completing basic training as of 02/11/2026, 316 days after their hire date.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 11/07/2024. Staff C had no record of completing basic training as of 02/11/2026, 522 days after their hire date

Review of staff records showed that the ALF hired Staff D, Caregiver, on 04/09/2025. Staff D had no record of completing basic training as of 02/11/2026, 308 days after their hire date.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 09/25/2025. Staff E had no record of completing basic training as of 02/11/2026, 139 days after their hire date.

In an interview, on 02/03/2026 at 2:49 PM, Staff A, Executive Director, stated that they did not have a qualified nurse instructor who was able to sign off on Staff B, C, D and E's 16-hours of skills practice and demonstration to finalize their basic training.

#### CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 72339 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 5 of 5               | Licensee: 2016 S & S                         | 02/13/2026                       |

NOTE: WAC 386-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities: (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B had no record of CPR and first aid training as of 02/11/2026, 316 days after their hire date.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 09/25/2025. Staff E had no record of CPR and first aid training as of 02/11/2026, 139 days after their hire date.

Review of staff records showed that the ALF hired Staff G, Caregiver, on 08/27/2025. Staff G had no record of CPR and first aid training as of 02/11/2026, 168 days after their hire date.

In an interview, on 02/03/2026 at 4:52 PM, Staff A stated that Staff B and E had not yet been able to attend any CPR classes. Staff A stated they were unable to find any documentation that Staff G had completed CPR/first aid training.

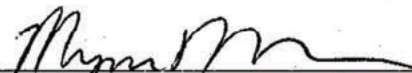
This is an uncorrected deficiency for subsections (2)(b) and (d), previously cited on 06/16/2025 and 12/05/2025.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 4-08-26 3/30/2026

**SB confirmed amended POC date with Provider on 2/24/2026.**

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

  
Administrator (or Representative)

2-24-26  
Date

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B had no record of CPR and first aid training as of 02/11/2026, 316 days after their hire date.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 09/25/2025. Staff E had no record of CPR and first aid training as of 02/11/2026, 139 days after their hire date.

Review of staff records showed that the ALF hired Staff G, Caregiver, on 08/27/2025. Staff G had no record of CPR and first aid training as of 02/11/2026, 168 days after their hire date.

In an interview, on 02/03/2026 at 4:52 PM, Staff A stated that Staff B and E had not yet been able to attend any CPR classes. Staff A stated they were unable to find any documentation that Staff G had completed CPR/first aid training.

This is an uncorrected deficiency for subsections (2)(b) and (d), previously cited on 09/19/2025 and 12/05/2025.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) 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



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

|                           |                                              |                                 |
|---------------------------|----------------------------------------------|---------------------------------|
| Statement of Deficiencies | License #: 2424                              | Compliance Determination #68896 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                 |
| Page 1 of 7               | Licensee: 2016 S & S                         | 12/05/2025                      |

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 11/18/2025 of:

Welcome Home (Oak Harbor Senior Memory Care)  
235 SW 6TH AVE  
OAK HARBOR, WA 98277

This document references the following SOD dated: 12/05/2025

The following sample was selected for review during the unannounced on-site visit: 40 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor  
Cristina Gonzalez, 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

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



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 68896 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 2 of 7               | Licenses: 2016 S & S                         | 12/05/2025                       |

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

12/16/2025  
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.

Mym MRM  
Administrator (or Representative)

12-16-2025  
Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 6 staff (Staff A, B, C, D, and E), whose positions required a national fingerprint background check, completed it within 120 days of their date of hire. This placed all residents at risk of receiving care and services from staff whose criminal background history was unknown.

**Findings included...**

Record review of employee files showed the ALF hired Staff A, Executive Director, on 01/27/2025. Staff A's fingerprint background check (FBC) had not been completed as of 11/18/2025, 295 days after their hire date.

Record review of employee files showed the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B's FBC had not been completed as of 11/18/2025, 231 days after their hire date.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 11/07/2024. Staff C's FBC had not been completed as of 11/18/2025, 376 days after their hire date.

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

12/16/2025  
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)

\_\_\_\_\_  
Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 6 staff (Staff A, B, C, D, and E), whose positions required a national fingerprint background check, completed it within 120 days of their date of hire. This placed all residents at risk of receiving care and services from staff whose criminal background history was unknown.

**Findings included...**

Record review of employee files showed the ALF hired Staff A, Executive Director, on 01/27/2025. Staff A's fingerprint background check (FBC) had not been completed as of 11/18/2025, 295 days after their hire date.

Record review of employee files showed the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B's FBC had not been completed as of 11/18/2025, 231 days after their hire date.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 11/07/2024. Staff C's FBC had not been completed as of 11/18/2025, 376 days after their hire date.



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 58896 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 3 of 7               | Licenses: 2016 S & S                         | 12/05/2025                       |

Record review of employee files showed the ALF hired Staff D, Caregiver, on 04/09/2025. Staff D's FBC had not been completed as of 11/18/2025, 223 days after their hire date.

Record review of employee files showed the ALF hired Staff E, Wellness Director, on 04/11/2025. Staff E's FBC had not been completed as of 11/18/2025, 221 days after their hire date.

In an interview, on 11/18/2025 at 1:17 PM, Staff A stated that they were struggling with getting their staff fingerprinted due to transportation and scheduling issues.

This is an uncorrected deficiency previously cited on 09/19/2025.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) 1-30-2026 1/19/2025

**SB confirmed amended POC date with the Provider on 12/23/2025.**

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

  
Administrator (or Representative)

12-16-2025  
Date

#### WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

#### 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 F) was screened for tuberculosis (TB) within three days of employment. This placed all residents at risk of exposure to a communicable disease.

Findings included ..

NOTE: Washington Administrative Code (WAC) 388-78A-2480 Tuberculosis—One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following: (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart.



Record review of employee files showed the ALF hired Staff D, Caregiver, on 04/09/2025. Staff D's FBC had not been completed as of 11/18/2025, 223 days after their hire date.

Record review of employee files showed the ALF hired Staff E, Wellness Director, on 04/11/2025. Staff E's FBC had not been completed as of 11/18/2025, 221 days after their hire date.

In an interview, on 11/18/2025 at 1:17 PM, Staff A stated that they were struggling with getting their staff fingerprinted due to transportation and scheduling issues.

This is an uncorrected deficiency previously cited on 09/19/2025.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

#### 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 F) was screened for tuberculosis (TB) within three days of employment. This placed all residents at risk of exposure to a communicable disease.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2483 Tuberculosis—One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following: (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart.

|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 58896 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 4 of 7               | Licenses: 2016 S & S                         | 12/05/2025                       |

Record review of employee files showed the ALF hired Staff F, Caregiver, on 11/04/2025. Staff F's TB screening had not been initiated as of 11/18/2025, 14 days after their hire date.

In an interview, on 11/18/2025 at 1:14 PM, Staff A stated they had not realized Staff F required a TB test as they had previous documentation of a negative two-step TB test.

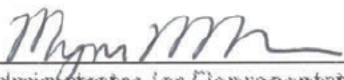
This is an uncorrected deficiency previously cited on 09/19/2025.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~1-30-2026~~ 1/19/2025

SB confirmed amended POC date with the Provider on 12/23/2025.

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

  
Administrator (or Representative)

12-16-2025  
Date

#### WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(b) Basic;

(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.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

**This requirement was not met as evidenced by:**



Record review of employee files showed the ALF hired Staff F, Caregiver, on 11/04/2025. Staff F's TB screening had not been initiated as of 11/18/2025, 14 days after their hire date.

In an interview, on 11/18/2025 at 1:14 PM, Staff A stated they had not realized Staff F required a TB test as they had previous documentation of a negative two-step TB test.

This is an uncorrected deficiency previously cited on 09/19/2025.

**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, Welcome Home (Oak Harbor Senior Memory Care) 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.**

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

- (b) Basic;
- (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.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

**This requirement was not met as evidenced by:**



Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 8 staff members (Staff B, C, D, E, G, and H) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed all residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

#### BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B had no record of completing basic training as of 11/18/2025, 231 days after their hire date.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 11/07/2024. Staff C had no record of completing basic training as of 11/18/2025, 376 days after their hire date.

Review of staff records showed that the ALF hired Staff D, Caregiver, on 04/09/2025. Staff D had no record of completing basic training as of 11/18/2025, 223 days after their hire date.

In an interview, on 11/18/2025 at 11:59 AM, Staff A, Executive Director, stated that Staff B, C, and D had not yet completed their basic training yet.

#### SPECIALTY TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of the ALF's Resident Characteristic Roster, dated 09/05/2025, showed 20 residents living in the ALF had [REDACTED]

[REDACTED] diagnosis and 15 residents living in the ALF had [REDACTED] diagnosis.

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B had no record of dementia or mental health specialty training as of 11/18/2025, 231 days after their hire date.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 11/07/2024. Staff C had no record of dementia or mental health specialty training as of 11/18/2025, 376 days after their hire date.

Review of staff records showed that the ALF hired Staff D, Caregiver, on 04/07/2025. Staff D had no record of dementia or mental health specialty training as of 11/18/2025, 223 days after their hire date.

Review of staff records showed that the ALF hired Staff E, Wellness Director, on 04/11/2025. Staff E had no record of dementia or mental health specialty training as of 11/18/2025, 221 days after their hire date.

In an interview, on 11/18/2025 at 11:55 AM, Staff A stated that Staff B, C, D, and E had not yet completed their dementia or mental health specialty training. Staff A stated they had had some difficulty with scheduling and being able to pull staff off the floor to be in a classroom for a full day.

#### CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities: (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B had no record of CPR and first aid training as of 11/18/2025, 231 days after their hire date.

Review of staff records showed that the ALF hired Staff G, Caregiver, on 09/25/2025. Staff G had no record of CPR and first aid training as of 11/18/2025, 54 days after their hire date.

Review of staff records showed that the ALF hired Staff H, Caregiver, on 08/16/2025. Staff H had no record of CPR and first aid training as of 11/18/2025, 94 days after their hire date.

In an interview, on 11/18/2025 at 1:38 PM, Staff A stated that Staff B, G, and H had no CPR or first aid training yet. Staff A stated they were in the process of becoming a certified CPR trainer, but the certification class was not available until a month out. Staff A stated they had no plan in place yet to get first aid training for their staff.

This is an uncorrected deficiency for subsections (2)(b)(c) and (d), previously cited on



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License # 2424                               | Compliance Determination # 53096 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 7 of 7               | Licensee: 2016 S & S                         | 12/05/2025                       |

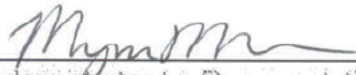
09/19/2025

**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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~1-30-2026~~ 1/19/2025

SB confirmed amended POC date with the Provider on 12/23/2025.

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

  
\_\_\_\_\_  
Administrator (or Representative)

12-16-2025  
Date

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



09/19/2025.

**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, Welcome Home (Oak Harbor Senior Memory Care) 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.



## Residential Care Services Investigation Summary Report

**Provider/Facility:** Welcome Home (Oak Harbor Senior Memory Care)  
**License/Cert.#:** 2424

**Provider Type:** Assisted Living Facility

**Compliance Determination #:** 65195

**Intake ID:** 191887

**Investigator:** Melissa Phillips

**Region/Unit #:** RCS Region 2 / Unit J

**Investigation Date(s):** 09/05/2025 through 09/19/2025

**Complainant Contact Date(s):**

---

### Allegation(s):

1. Identified resident with frequent falls
  2. Facility refused to pick residents up from the emergency room in a timely manner
  3. Facility had frequent issues with medications
- 

### Investigation Methods:

|                        |                                                                                                         |
|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Sample:</b>         | Total residents: 34<br>Resident sample size: 7<br>Closed records sample size: 0                         |
| <b>Observations:</b>   | Identified resident<br>Sampled residents<br>Environmental tour<br>Staff to resident interactions        |
| <b>Interviews:</b>     | Executive director<br>Direct care staff<br>Collateral contacts                                          |
| <b>Record Reviews:</b> | Incident investigation<br>Assessments<br>Charting notes<br>Electronic medication administration records |

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### Investigation Summary:

1. Review of investigative records showed the facility followed their process for incident investigations. Facility staff and collateral contact interviews showed resident was assessed, notifications were made to medical providers, and the care plan was followed. Collateral contact did not have concerns related to care. No failed practice identified.

2. Review of resident records and interviews with staff, collaterals, and residents showed no recent delays in residents being brought back to the facility in a reasonable amount of time. Interview with executive director showed the facility's location and resources available contribute to a challenging systemic issue around transporting residents on ████████ back from the hospital, particularly during non-

business hours. No failed practice identified.

3. Review of resident Electronic Medication Administration Records and interviews with staff showed the facility failed to address medication issues in a timely manner. A citation was issued for non compliance with Washington Administrative Code 388-78A-2240 Nonavailability of medications.

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**Conclusion / Action:**

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A





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

|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2424                              | Compliance Determination # 65195 |
| Plan of Correction        | Welcome Home (Oak Harbor Senior Memory Care) | Completion Date                  |
| Page 1 of 21              | Licensee: 2016 S & S                         | 09/19/2025                       |

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 and complaint investigation on 09/05/2025, 09/08/2025, 09/09/2025 and 09/10/2025 of:

Welcome Home (Oak Harbor Senior Memory Care)  
235 SW 6TH AVE  
OAK HARBOR, WA 98277

This document references the following complaint numbers: 191887, 192159, 192138, 193678.

The following sample was selected for review during the unannounced on-site visit: 7 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor  
Cristina Gonzalez, 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

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

|                           |                                              |                                  |
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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

9/23/2025  
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)

9-24-2025  
Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 4 of 4 staff (Staff A, C, D, and E), whose positions required a national fingerprint background check, completed it within 120 days of their date of hire. This placed 34 of 34 residents at risk for receiving care and services from staff whose criminal background history was unknown.

**Findings included...**

Record review of employee files showed the ALF hired Staff A, Executive Director, on 01/27/2025. Staff A's fingerprint background check (FBC) had not been completed as of 09/05/2025, 221 days after their hire date.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 12/15/2024. Staff C's FBC had not been completed as of 09/05/2025, 264 days after their hire date.

Record review of employee files showed the ALF hired Staff D, Lead Caregiver, on 11/07/2024. Staff D's FBC had not been completed as of 09/05/2025, 302 days after their hire date.

|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
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Record review of employee files showed the ALF hired Staff E, Caregiver, on 08/22/2024. Staff E's FBC had not been completed as of 09/05/2025, 379 days after their hire date.

In an interview, on 09/08/2025 at 1:20 PM, Staff A stated that they had staff get fingerprinted at the local police station. Staff A stated they had not realized the fingerprint cards taken at the police station were then required to be mailed to the Background Check Central Unit to complete the FBC process.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~4-27-2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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



Administrator (or Representative)

9-24-2025

Date

**WAC 388-78A-2240 Nonavailability of medications.** When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain medications in a timely manner for 5 of 7 residents (Resident 1, 4, 5, 6 and 7). This failure resulted in Residents 1, 4, 5, 6 and 7 not receiving prescribed medications and placed them at risk of medical complications.

Findings included...

Review of the ALF's undated policy, titled "Unavailable Medication", showed that when a medication was unavailable from the dispensing pharmacy, immediate action must be taken to address the situation, including contacting the Wellness Director (WD), pharmacy, and prescribing physician. The actions taken must be thoroughly documented in the resident's chart and on a designated "Medication Unavailability Report" form.



#### Resident 1

Review of an undated face sheet showed the ALF admitted Resident 1 on [REDACTED]/2024 with multiple diagnoses including [REDACTED].

Review of an Assessment, dated 08/19/2025, showed that ALF staff would administer Resident 1's medications per physician's orders and order their medications through the ALF's contracted pharmacy.

Review of the Electronic Medication Administration Record (EMAR), dated 06/01/2025 through 09/05/2025, showed Resident 1 had physician's orders for Entresto (a medication that lowers blood pressure to treat heart failure) once daily; Lantus Solostar (an insulin pen used to help lower blood sugar levels throughout the day); levetiracetam (a medication used to prevent seizures); and metoprolol (a medication used to lower blood pressure).

Review of the EMAR, dated 06/01/2025 through 09/05/2025, showed that Resident 1's Entresto was marked as not given due to medication unavailability for a total of 37 doses; Lantus Solostar was marked as not given due to medication unavailability for a total of 19 doses; levetiracetam was marked as not given due to medication unavailability for a total of 7 doses; and metoprolol was marked as not given due to medication unavailability for a total of 21 doses.

#### Resident 4

Review of an undated face sheet showed the ALF admitted Resident 4 on [REDACTED]/2024 with multiple medical diagnoses including [REDACTED] and [REDACTED].

Review of an Assessment, dated 06/10/2025, showed staff would assist Resident 4 with medication administration, including ordering the medication through the ALF's contracted pharmacy.

Review of the EMAR, dated 06/01/2025 through 09/04/2025, showed Resident 4 had physician's orders for citalopram (used for depression and other mood disorders) once a day and pregabalin (often used for epilepsy but can be used to help with pain or anxiety) twice a day.

Review of the EMAR, dated 06/01/2025 through 06/23/2025, showed that Resident 4's citalopram was marked as not given due to medication unavailability, for a total of 19 doses.

Review of the EMAR, dated 07/23/2025 through 08/21/2025, showed that Resident 4's pregabalin was marked as not given due to medication unavailability, for a total off 54 doses.

Review of a Charting Note, dated 06/08/2025, showed that the ALF had received a fax from their contracted pharmacy stating that they required a new prescription for Resident 4's citalopram. The ALF faxed this to the prescribing physician on 06/08/2025. Between 06/08/2025 and 06/23/2025, there was no additional documentation available for review that showed efforts to address the unavailable medication.

Review of a Charting Note, dated 07/23/2025, showed that the ALF had called their contracted pharmacy to request a refill of Resident 4's pregabalin. Between 07/23/2025 and 08/21/2025, there was no additional documentation available for review that showed efforts to address the unavailable medication.

#### Resident 5

Review of an undated face sheet showed the ALF admitted Resident 5 on [REDACTED]/2025 with multiple diagnoses including [REDACTED].

Review of an Assessment, dated [REDACTED]/2025, showed that ALF staff would assist Resident 5 with their medications and order their medications through the ALF's contracted pharmacy.

Review of the EMAR, dated [REDACTED]/2025 through 09/05/2025, showed Resident 5 had physician's orders for levetiracetam (a medication used to prevent seizures) twice daily.

Review of the EMAR, dated 08/15/2025 through 08/21/2025, showed that Resident 5's levetiracetam was marked as not given due to medication unavailability for a total of 12 doses.

#### Resident 6

Review of an undated face sheet showed the ALF admitted Resident 6 on [REDACTED]/2018 with multiple diagnoses including [REDACTED] and [REDACTED].

Review of an Assessment, dated 02/19/2025, showed that ALF staff would administer Resident 6's medications per the EMAR and order Resident 6's medication through the ALF's contracted pharmacy.

Review of the EMAR, dated 06/01/2025 through 09/05/2025, showed Resident 6 had physician's orders for Basaglar Kwikpen injections (a prefilled injection pen with insulin, a medication used to lower blood sugar in people with diabetes) once daily; clonidine (a medication used to lower blood pressure) twice daily; famotidine (a medication used to treat acid reflux) twice daily; farxiga (a medication used to lower blood sugar) once daily; FeroSul (a medication used to prevent or treat low levels of iron in the blood) every other day; Humalog Kwikpen (a prefilled injection pen with insulin) three times daily; insulin glargine (a medication used to lower blood sugar throughout the day) once daily; liraglutide (a medication used to lower blood sugar) once daily; metformin (a medication used to lower blood sugar) twice daily; oxybutynin (a medication used to treat symptoms of an overactive bladder) once daily; therapeutic multivitamin (a supplement with a high dose of vitamins and minerals used to prevent nutritional deficiencies) once daily; and vitamin D3 (a supplement used to prevent vitamin D deficiencies) once daily.

Review of the EMAR, dated 06/01/2025 through 09/05/2025, showed that Resident 6's Basaglar Kwikpen injections were marked as not given due to medication unavailability for a total of 19 doses; clonidine was marked as not given due to medication unavailability for a total of 46 doses; famotidine was marked as not given due to medication unavailability for a total of 19 doses; farxiga was marked as not given due to medication unavailability for a total of 21 doses; FeroSul was marked as not given due to medication unavailability for a total of 9 doses; Humalog Kwikpen was marked as not given due to medication unavailability for a total of 2 doses; insulin glargine was marked as not given due to medication unavailability for a total of 26 doses; liraglutide was marked as not given due to medication unavailability for a total of 21 doses; metformin was marked as not given due to medication unavailability for a total of 25 doses; oxybutynin was marked as not given due to medication unavailability for a total of 15 doses; therapeutic multivitamin was marked as not given due to medication unavailability for a total of 4 doses; and vitamin D3 was marked as not given due to medication unavailability for a total of 19 doses.

#### Resident 7

Review of an undated face sheet showed the ALF admitted Resident 7 on [REDACTED]/2020 with multiple diagnoses including [REDACTED].

Review of an Assessment, dated 02/19/2025, showed ALF staff would assist Resident 7 with their medications and order Resident 7's medications through the ALF's contracted pharmacy.



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
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Review of the EMAR, dated 06/01/2025 through 09/05/2025, showed Resident 7 had physician's orders for furosemide (a medication used to treat fluid build up and high blood pressure) once daily; olanzapine (a medication used to balance brain chemicals to regulate mood, behaviors, and thoughts) once daily; and trazodone (a medication used treat depression and insomnia) once daily.

Review of the EMAR, dated 06/01/2025 through 09/05/2025, showed that Resident 7's furosemide was marked as not given due to medication unavailability for a total of 9 doses; olanzapine was marked as not given due to medication unavailability for a total of 43 doses; and trazodone was marked as not given due to medication unavailability for a total of 95 doses.

In an interview, on 09/09/2025 at 10:24 AM, Staff G, Wellness Director, stated that they were aware that Residents 1, 5, 6 and 7 were missing some medications due to unavailability. Staff G stated that they were still working on a system to better document their attempts of reaching out to the pharmacy and prescriber.

In an interview, on 09/10/2025 at 10:41 AM, Staff G stated that they were aware that Resident 4's citalopram had not been available for a significant period and that it was due to an issue with the prescribing physician having not responded to requests for an updated prescription. Staff G stated that they were unable to provide any additional documentation of the efforts made by the ALF to address the unavailable medication.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~11-07-2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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

  
Administrator (or Representative)

9-24-2025

Date

#### WAC 388-78A-2371 Investigations. The assisted living facility must:

- (1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;
- (2) Determine the circumstances of the event;

**This requirement was not met as evidenced by:**

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to investigate and document investigative actions for 4 of 7 Residents (Residents 2, 3, 6 and 7) following fall incidents for Residents 2, 3 and 7 and a leg injury for Resident 6. This resulted in the circumstances surrounding these incidents not being determined and placed Residents 2, 3, 6, and 7 at risk for not receiving care interventions that may prevent further falls or injuries.

**Findings included...**

Review of the ALF's undated policy, titled "Welcome Home Incident Report Investigation Policy", showed that the ALF was required to investigate resident falls or injuries in order to identify root causes, implement corrective and preventative actions, ensure resident and staff safety, and comply with all state and federal regulations.

**Resident 2**

Review of an undated face sheet showed the ALF admitted Resident 2 on [REDACTED]/2025 with multiple medical diagnoses including [REDACTED].

Review of a Charting Note, dated 06/25/2025, showed that Resident 2 was placed on alert charting due to a non-injury fall.

Review of Resident 2's records showed no documentation of an investigation for the fall.

**Resident 3**

Review of an undated face sheet showed the ALF admitted Resident 3 on [REDACTED]/2023 with multiple medical diagnoses including [REDACTED].

Review of a Charting Note, dated 07/14/2025, showed that the resident had been put on alert charting on 07/10/2025 for a non-injury fall.

Review of Resident 3's records showed no documentation of an investigation for the fall.

**Resident 6**

Review of an undated face sheet showed the ALF admitted Resident 6 on [REDACTED] 2018 with multiple diagnoses including [REDACTED].

Review of a Charting Note, dated 08/23/2025, showed that Resident 6 was found with a scrape on their shin and first aid had to be administered by staff.

Review of Resident 6's records showed no documentation of an investigation for this injury of unknown origin.

#### Resident 7

Review of an undated face sheet showed the ALF admitted Resident 7 on [REDACTED] /2020 with multiple diagnoses including [REDACTED].

Review of a Charting Note, dated 07/19/2025, showed that Resident 7 had a non-injury fall out of bed.

Review of a Charting Note, dated 08/26/2025, showed that Resident 7 had a non-injury fall out of bed.

Review of Resident 7's records showed no documentation of an investigation for the fall on 07/19/2025 or 08/26/2025.

During an interview, on 09/10/2025 at 10:41 AM, Staff G (Wellness Director) stated that any staff who discovered a resident fall or injury was to notify Staff A (Executive Director) and Staff G and should have completed an investigation. Staff G stated that if the investigation was not in the resident records, it likely meant no investigation had been completed.



|                           |                                              |                                  |
|---------------------------|----------------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2424                              | Compliance Determination # 65195 |
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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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~7-6-7-2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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



Administrator (or Representative)

9-24-2025

Date

#### WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

#### This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician or evaluate the significance when 1 of 1 residents (Resident 6) when Resident 6 refused their medications as prescribed. These failures resulted in the residents' physicians not being aware of the missed medications and placed Resident 6 at risk for not receiving informed decisions by their health care provider and complications related to untreated health care needs.

#### Findings included...

Record review of the ALF's undated policy, titled "Medication Refusal by a Resident", showed that the licensed nurse would evaluate the significance of the resident not receiving their medication and take appropriate action including notifying the prescriber when there was a consistent pattern of the resident refusing their medications. The refusal and response from the provider should be documented in the resident's record.

Review of an undated face sheet showed the ALF admitted Resident 6 on [REDACTED] 2018 with multiple diagnoses including [REDACTED].

Review of an Assessment, dated 02/19/2025, showed ALF staff would administer Resident 6's medications per the Medication Administration Record (MAR).

Review of the MAR, dated 06/01/2025 through 09/05/2025, showed Resident 6 had physician's orders for chlorhexidine gluconate liquid (a skin cleanser to help reduce bacteria on the skin that can potentially cause disease) once a day; polyethylene glycol powder (a medication used to prevent and treat constipation) once a day; clindamycin solution (an antibiotic solution used to prevent the growth of bacteria on your skin) twice a day; and ketoconazole shampoo (a medicated shampoo used to treat fungal infections on the scalp) three times a week.

Review of the MAR, dated 06/01/2025 through 06/30/2025, showed Resident 6 refused 30 of 30 prescribed doses of chlorhexidine; 28 of 30 prescribed doses of polyethylene glycol; 58 of 60 prescribed doses of clindamycin, and 12 of 13 prescribed doses of ketoconazole shampoo.

Review of the MAR, dated 07/01/2025 through 07/11/2025, showed Resident 6 refused 10 of 10 prescribed doses of chlorhexidine until it was discontinued on 07/11/2025; 8 of 8 prescribed doses of polyethylene glycol until it was discontinued on 07/08/2025; 20 of 21 prescribed doses of clindamycin until it was discontinued on 07/11/2025, and 5 of 5 prescribed doses of ketoconazole shampoo until it was discontinued on 07/11/2025.

Review of Progress Notes, dated 06/01/2025 to 09/05/2025, showed no documentation of a licensed nurse assessing the significance of Resident 6 consistently refusing their medications nor documentation of communication with Resident 6's primary care provider regarding the refusals.

Review of Physician Fax Notifications, dated 06/01/2025 to 09/05/2025, showed no documents alerting Resident 6's primary care provider of Resident 6's refusals of chlorhexidine, polyethylene glycol, clindamycin, or ketoconazole shampoo.

In an interview, on 09/09/2025 at 10:26 AM, Staff G, Wellness Director, stated that they had not completed an evaluation to determine the significance of Resident 6 consistently refusing their medications. Staff G stated Medication Technicians were supposed to tell them when a resident refuses their medication and then they would alert the doctor via fax. Staff G stated that all doctor fax notifications would be in the resident's chart.



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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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~11/07/2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.  
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.



Administrator (or Representative)

9-24-2025

Date

#### WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

#### 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 C) with reported criminal information on a Washington name and date of birth background check had a character, competence and suitability (CCS) review completed. This failure resulted in Staff C being hired without a review being completed to identify if the staff member was suitable to work with vulnerable adults.

#### Findings included...

Record review of employee files showed the ALF hired Staff C, Caregiver, on 12/15/2024.

Record review of a Washington name and date of birth background check, dated 12/18/2025, showed Staff C required a CCS review to decide whether or not they were able to have unsupervised access to vulnerable adults. No CCS review for Staff C was available.

In an interview, on 09/08/2025 at 10:27 AM, Staff A, Executive Director, stated that previous management had initiated Staff C's background check, but that they were unable to find documentation that a CCS review was completed during that time. Staff A stated they had not completed a CCS review for Staff C either.



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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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~11-07-2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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



Administrator (or Representative)

9-24-2025

Date

#### WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

#### This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 staff (Staff A, B, C, D, and E) initiated tuberculosis (TB) screening within three days of employment. This placed 34 of 34 residents at risk of exposure to a communicable disease.

#### Findings included...

Record review of employee files showed the ALF hired Staff A, Executive Director, on 01/27/2025. Staff A's TB screening was initiated on 03/31/2025, 63 days after their hire date.

Record review of employee files showed the ALF hired Staff B, Caregiver, on 04/01/2025. Staff B's TB screening not been initiated as of 09/05/2025, 157 days after their hire date.

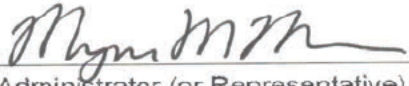
Record review of employee files showed the ALF hired Staff C, Caregiver, on 12/15/2024. Staff C's TB screening was initiated on 03/28/2025, 103 days after their hire date.

Record review of employee files showed the ALF hired Staff D, Lead Caregiver, on 11/07/2024. Staff D's TB screening was initiated on 03/31/2025, 144 days after their hire date.

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Record review of employee files showed the ALF hired Staff E, Caregiver, on 08/22/2024. Staff E's TB screening was initiated on 09/25/2024, 34 days after their hire date.

In an interview, on 09/08/2025 at 1:55 PM, Staff A stated that they were still working on trying to get a process in place to get staff tested for TB within three days of hire.

| Plan/Attestation Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <p>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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) <del>11-03-2025</del> <u>11/3/2025</u><br/> <u>SB confirmed amended POC date with Provider on 9/24/2025.</u><br/>           In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p> |                          |
| <br>Administrator (or Representative)                                                                                                                                                                                                                                                                                                                                                                                            | <u>9-24-2025</u><br>Date |

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(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 ensure 2 of 6 dietary staff (Staff I and J) had a current food workers card (FWC). This failure placed all 34 residents at risk for food borne illnesses.

Findings included...

NOTE: Washington Administrative Code (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.

NOTE: WAC 246-217-035 Validity and form of food worker cards. (5) The card shall be approximately three inches by five inches in size and contain the following information: (a) The identification of the card as a Washington state food worker card or "limited duty card," as applicable; (b) The identity of the jurisdictional health department issuing the card; (c) Printed (or typed written) name and signature of the food service worker; (d) Card expiration date; (e) Signature of the health officer; and (f) Any other identifier or other information deemed necessary by the health officer.



|                           |                                              |                                  |
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Review of staff records showed the facility hired Staff I on 08/23/2023 as kitchen staff. Staff I did not have a valid FWC on file.

Review of staff records showed the facility hired Staff J on 11/27/2024 as dietary staff. Staff J did not have a FWC on file.

During an observation and interview, on 09/08/2025 at 11:20 AM, Staff I was observed to be finishing preparation of the lunch meal. Staff I stated that they were one of the cooks at the ALF and that they had not realized their FWC had expired on 06/07/2024.

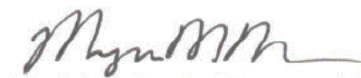
During an interview, on 09/10/2025 at 11:15 AM, Staff H, Kitchen Manager, stated that they were not aware that Staff I's FWC had expired or that Staff J did not have a FWC on file. Staff H stated that Staff J sometimes helped with cooking.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~11/07/2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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

  
Administrator (or Representative)

9-24-2025  
Date

#### WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(b) Basic;

(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.



Review of staff records showed the facility hired Staff I on 08/23/2023 as kitchen staff. Staff I did not have a valid FWC on file.

Review of staff records showed the facility hired Staff J on 11/27/2024 as dietary staff. Staff J did not have a FWC on file.

During an observation and interview, on 09/08/2025 at 11:20 AM, Staff I was observed to be finishing preparation of the lunch meal. Staff I stated that they were one of the cooks at the ALF and that they had not realized their FWC had expired on 06/07/2024.

During an interview, on 09/10/2025 at 11:15 AM, Staff H, Kitchen Manager, stated that they were not aware that Staff I's FWC had expired or that Staff J did not have a FWC on file. Staff H stated that Staff J sometimes helped with cooking.

**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, Welcome Home (Oak Harbor Senior Memory Care) 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.**

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

- (b) Basic;
- (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.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff members (Staff A, B, C, D, E and F) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed all 34 residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

**FACILITY ORIENTATION**

NOTE: WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 12/15/2024. Staff C had no record of facility orientation training as of 264 days after their date of hire.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 08/22/2024. Staff E had no record of facility orientation training as of 379 days after their date of hire.

In an interview, on 09/08/2025 at 1:26 PM, Staff A, Executive Director, stated that previous management had issues with getting facility orientation started and that unfortunately they were still working on getting this process handled.

In an interview, on 09/09/2025 at 11:15 AM, Staff C stated that they did not have any orientation when they were first hired.

In an interview, on 09/17/2025 at 10:14 AM, Staff E stated they did not have an orientation when they were hired.

## BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 12/15/2024. Staff C had no record of basic training as of 264 days after their date of hire.

Review of staff records showed that the ALF hired Staff D, Lead Caregiver, on 11/07/2024. Staff D had no record of basic training as of 302 days after their date of hire.

In an interview, on 09/08/2025 at 1:23 PM, Staff A stated that previous management had assigned all staff an irrelevant training program instead of the required basic training. Staff A stated that staff who had completed this training were frustrated and lost all motivation to complete the new coursework required.

In an interview, on 09/09/2025 at 11:15 AM, Staff C stated that they were still working on finishing their basic training.

In an interview, 09/09/2025 at 12:41 PM, Staff D stated that they had not had time to finish their online basic training program yet.

## SPECIALTY TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of the ALF's Resident Characteristic Roster, dated 09/05/2025, showed nineteen residents living in the ALF had a [REDACTED] diagnosis, sixteen residents living in the ALF had a [REDACTED]



[REDACTED] diagnosis and three residents living in the ALF had a [REDACTED]

[REDACTED] diagnosis.

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Review of staff records showed that the ALF hired Staff A, Executive Director, on 01/27/2025. Staff A had no record of developmental disability specialty training as of 221 days after their date of hire.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 12/15/2024. Staff C had no record of dementia, mental health, or developmental disability specialty training as of 264 days after their date of hire.

Review of staff records showed that the ALF hired Staff D, Lead Caregiver, on 11/07/2024. Staff D had no record of dementia, mental health, or developmental disability specialty training as of 302 days after their date of hire.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 08/22/2024. Staff E had no record of mental health or developmental disability specialty training as of 379 days after their date of hire.

In an interview, on 09/08/2025 at 1:33 PM, Staff A stated that they, nor Staff C, D, and E, had completed developmental disability training yet. Staff A stated Staff C, D, and E still needed to complete their mental health training and both Staff C and D needed dementia training.

In an interview, on 09/09/2025 at 11:15 AM, Staff C stated that if they were not completely sure if they finished these courses, but if they did, it would be with management.

In an interview, on 09/09/2025 at 12:41 PM, Staff D stated that they were working on completing their dementia and mental health specialty training through the online program provided by the ALF. Staff D stated they had not taken developmental disability training.

In an interview, on 09/17/2025 at 10:14 AM, Staff E stated they had not taken specialty training for mental health or developmental disabilities.

## CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 06/01/2025. Staff B had no record of CPR and first aid training as of 96 days after their date of hire.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 12/15/2024. Staff C's record showed an initial CPR and first aid certification on 02/09/2025, 56 days after their date of hire.

Review of staff records showed that the ALF hired Staff D, Lead Caregiver, on 11/07/2024. Staff D's record showed an initial CPR and first aid certification on 02/09/2025, 94 days after their date of hire.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 09/05/2010. Staff E had no record of current first aid training.

In an interview on 09/08/2025 at 1:33 PM, Staff A stated that CPR and first aid training was hard to schedule within the 30 days of hire due to the location of the ALF, but that they were working on getting a trainer to come periodically to the ALF.

In an interview, on 09/09/2025 at 11:15 AM, Staff C stated the CPR class in February was the first time the ALF offered the class to them. Staff C stated they did not have any previous CPR and first aid certification before this job.

In an interview, 09/09/2025 at 12:41 PM, Staff D stated CPR and first aid training was not offered to them until February of this year. Staff D stated they did not have a current CPR card when they were hired at the ALF.

## 12 HOURS CONTINUING EDUCATION (CE)

NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide (HCA); (ii) A long-term care worker who is exempt from the 70-hour home care aide

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basic training under WAC 388-112A-0090 (1) and (2);

Review of staff records showed that the ALF hired Staff F, Caregiver, on 09/05/2010. Staff F had no record of any completed CE in the time period between their birthday in 2024 and their birthday in 2025.

In an interview on 09/08/2025 at 1:25 PM, Staff A stated that Staff F had not completed any CE in 2024 or 2025. Staff A stated CE was lacking and they would have to create a better system to monitor staff's completion of CE.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~11-04-2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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



Administrator (or Representative)

9-24-2025

Date

**WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:**

- (1) Notify construction review services:
  - (a) In writing;
  - (b) Thirty days or more before the intended change in use;
  - (c) Describe the current and proposed use of the room; and
  - (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room; and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to report a change in use of rooms for 4 of 32 resident rooms (Room 17, 18, 19, and 20) to Construction Review Services (CRS). This failure resulted in a reduction of rooms made



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available to residents.

Findings included...

Review of the Department of Social and Health Services (DSHS) room list showed the ALF had 32 resident rooms.

Review of the updated DSHS room list, dated 09/05/2025, showed that four resident rooms (Rooms 17, 18, 19 and 20) were being used as offices.

On 09/19/2025 review of the CRS provider search website <https://fortress.wa.gov/doh/constructionreviewsearch/Search> showed no historical or active submissions related to room changes.

In an interview, on 09/09/2025 at 1:32 PM, Staff A (Executive Director) stated that Rooms 18, 19 and 20 had been changed to offices prior to Staff A being hired on 01/24/2025 and that Room 17 had been temporarily changed to an office after their hire date. Staff A was not aware that changing the purpose of a resident room required the ALF to contact CRS.

#### 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, Welcome Home (Oak Harbor Senior Memory Care) is or will be in compliance with this law and / or regulation on (Date) ~~4-27-2025~~ 11/3/2025

SB confirmed amended POC date with Provider on 9/24/2025.

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

  
Administrator (or Representative)

9-24-2025

Date