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

Edmonds Memory Care, LLC
Cedar Creek Memory Care Community
21006 72nd Ave W
Edmonds, WA 98026

RE: Cedar Creek Memory Care Community License # 2453

Dear Administrator:

This letter addresses Compliance Determination(s) 61414 (Completion Date 06/23/2025) and 58359 (Completion Date 04/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/23/2025 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-2305-1, WAC 388-78A-3090-2-c-ii, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:
Erin Steinbrenner, Nursing Consultant Institutional

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

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 04/22/2025 and 04/24/2025 of:

Cedar Creek Memory Care Community
21006 72nd Ave W
Edmonds, WA 98026

This document references the following complaint numbers: 173233.

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Judith Mellon, RN, Licensor
Erin Steinbrenner, 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

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.

Jeanie Seitzer
Residential Care Services

5/5/2025
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)

5/7/2025
Date

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

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure ready-to-eat food was labeled, dated, and safe for Memory Care Unit (MCU) residents to consume. These failures placed 48 of 48 residents at risk for food borne illnesses.

Findings included...

Reference Washington Administrative Code (WAC) 246-215-03526 Temperature and time control---Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration (FDA) Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is

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Jamie Singer
Residential Care Services

5/5/2025
Date

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Administrator (or Representative)

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opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Record review of an undated Characteristic Roster, showed the ALF provided care and services for 48 residents residing in the MCU. Twenty-one of the residents resided on the second floor. Twenty-seven residents resided on the third floor.

Observation during a kitchen tour with Staff I (Culinary Director), on 04/23/2025 at 9:40 AM, showed a walk-in refrigerator (WR) in the main kitchen. Observation of the contents of the WR, showed an opened gallon of blue cheese dressing with no opened or use by date; an opened gallon of tartar sauce with no opened or use by date; an opened gallon of caesar dressing had with no opened or use by date; an opened bag of feta cheese with no opened or use by date; sliced white cheese, wrapped in cellophane, with no label or date.

Observation, on 04/23/2025 at 12:18 PM, showed a freezer-refrigerator in the kitchenette located on the second floor. Observation of the contents of the refrigerator, showed a half empty gallon of milk with no opened or use-by date. Observation of the contents in the freezer, showed two uncovered clear cups of unidentifiable food had no label or date.

Observation, on 04/23/2025 at 12:26 PM, showed a freezer-refrigerator in the kitchenette located on the third floor. Observation of the contents of the refrigerator, showed a half empty gallon of milk with no opened or use-by date.

In interview, on 04/23/2025 at 12:40 PM, Staff I reported any opened contents in the refrigerators and freezers should have a label indicating an opened or prepared date.

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, Cedar Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) June 9, 2025

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

Administrator (or Representative) — Date: 5/7/2025

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement a system to ensure wet mops were consistently hung up to dry following their use. This failure placed 48 of 48 Memory Care Unit (MCU) residents at risk of harm from a potential infection control issues and decreased quality of life.

Findings included...

Record review of an undated Characteristic Roster, showed the ALF provided care and services for 48 residents residing in the MCU. Twenty-one of the residents resided on the second floor. Twenty-seven residents resided on the third floor.

Observation and interview during an environmental tour with Staff A (Administrator) and Staff H (Physical Plant Director), on 04/22/2025 at 11:03 AM, inside a “soiled linen room” located on the third floor, showed a mop bucket that contained gray water with a wet mop stored inside the bucket. Staff H could not recall how long the wet mop had been stored inside the bucket or when the mop was last used. Staff H stated the dirty water should be disposed of and mop should be hung up.

Observation and interview during a kitchen tour with Staff I (Culinary Director), on 04/23/2025 at 9:33 AM in the dishwashing area, showed a mop bucket with a wet mop stored inside the bucket. Staff I reported the mop head should be placed in the soiled laundry at the end of the day to be washed. Staff I stated her evening staff must have forgotten to complete their cleaning tasks from the night before.

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

Administrator (or Representative) — Date: 5/7/2025

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to secure oxygen tanks were safely secured for 1 of 2 residents (Resident 2). This failure placed 48 of 48 Memory Care Unit (MCU) residents at risk for harm.

Findings included...

Record review of an undated Characteristic Roster, showed the ALF provided care and services for 48 residents residing in the MCU. Twenty-one of the residents resided on the second floor. Twenty-seven residents resided on the third floor.

Observation, on 04/24/2025 at 9:40 AM, in Resident 2's apartment with staff E (Resident Assistant) showed a clothing closet located near the resident's bed to contain two oxygen tanks, one tank was half full and the other tank was one-quarter full. The oxygen tanks were unsecured.

In an interview, on 04/24/2025 at 10:40 AM, Staff G (Director of Resident Services) stated extra oxygen tanks were securely stored in her office and was unsure why the extra oxygen tanks were kept in Resident 2's apartment.

Plan/Attestation Statement

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Statement of Deficiencies	License #: 2453	Compliance Determination # 58359
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page 6 of 6	Licensee: Edmonds Memory Care, LLC	04/30/2025

Plan/Attestation Statement

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

Edmonds Memory Care, LLC
Cedar Creek Memory Care Community
21006 72nd Ave W
Edmonds, WA 98026

RE: Cedar Creek Memory Care Community # 2453

Dear Administrator:

This document references the following complaint numbers 173233.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 04/30/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jamie Singer, Field Manager
Residential Care Services

Region 2, Unit J
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

The Assisted Living Facility failed to ensure a staff member completed the required two-step tuberculin skin test within three days of hire. This placed the residents at risk of exposure to a communicable disease.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure