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

02/20/2026

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 letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 71507 (Completion Date 02/20/2026) and 68811 (Completion Date 12/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the Off Site verification:
Hayley Pinkham, ALF Licensor

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

Sincerely,

Jamie Singer, Field Manager
Jamie Singer

Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cedar Creek Memory Care Community
Provider Type: Assisted Living Facility
License/Cert.#: 2453
Intake ID: 200764
Compliance Determination #: 68811
Region/Unit #: RCS Region 2 / Unit J
Investigator: Hayley Pinkham
Investigation Date(s): 11/17/2025 through 12/01/2025
Complainant Contact Date(s):

Allegation(s):

1) The facility failed their second fire and life safety inspection and have been issued a State Fire Marshal's Office Letter of Noncompliance.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Fire Marshal
Record Reviews:	Fire Marshal Report Facility Records

Investigation Summary:

1) Interview and observation showed documented violations identified in report were not corrected in a timely manner. The facility failed to pass the required Fire Marshal safety inspection. See statement of deficiencies dated 12/01/2025.

Conclusion / Action:

- [x] 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 #: 2453	Compliance Determination # 68811
Plan of Correction	Cedar Creek Memory Care Community	Completion Date
Page 1 of 3	Licensee: Edmonds Memory Care, LLC	12/01/2025

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 complaint investigation on 11/17/2025 of:

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

This document references the following complaint number(s): 201759, 200764, 200833

The following sample was selected for review during the unannounced on-site visit: 2 of 55 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Hayley Pinkham, ALF Licensor

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

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 Seigler
Residential Care Services

12/2/2025
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.

Manuel Salais
Administrator (or Representative)

12/5/2025
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Marshal Office (OSFM) when the ALF failed their second follow-up Fire and Life Safety Inspection (LSI). This placed 55 assisted living residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 11/17/2025, showed the ALF was licensed for 80 beds. Review of a Resident Characteristic Roster showed the ALF was providing care and services for 55 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 06/26/2025 and their first follow-up visit on 09/07/2025. The second follow-up visit on 10/29/2025 showed the ALF failed to comply with following International Fire Codes (IFC):

- Facility was unable to provide documentation for the monthly single or multi station smoke alarm testing.

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

Residential Care Services _____ Date _____

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-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Marshal Office (OSFM) when the ALF failed their second follow-up Fire and Life Safety Inspection (LSI). This placed 55 assisted living residents, staff, and visitors' safety at risk.

Findings included…

Review of the Department's Secure Tracking and Reporting System, on 11/17/2025, showed the ALF was licensed for 80 beds. Review of a Resident Characteristic Roster showed the ALF was providing care and services for 55 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 06/26/2025 and their first follow-up visit on 08/07/2025. The second follow-up visit on 10/29/2025 showed the ALF failed to comply with following International Fire Codes (IFC):

• Facility was unable to provide documentation for the monthly single or multi station smoke alarm testing.

• Facility was unable to provide documentation for the monthly carbon monoxide detector testing. National Fire Protection Association (NFPA) 720 9.7.1 Single and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly.

• Facility was unable to provide documentation for the annual service of the emergency generator. Facility failed to provide documentation indicating a monthly generator battery test was being conducted in accord with NFPA 110 2021 edition section 8.3.6.1

• Facility was unable to provide annual fuel testing results per NFPA 110 8.3.7

• Facility could not provide documentation for the completion of unannounced fire drills, one drill per shift, per quarter, in the previous 12 months.

In an interview, on 11/17/2025 at 12:40 PM, Staff A (Executive Director) stated that she was aware of the violations, and the documentation for testing was not available at the time of the OSFM visit.

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) January 7, 2026

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

Administrator (or Representative) — 12/5/2025 Date

• Facility was unable to provide documentation for the monthly carbon monoxide detector testing. National Fire Protection Association (NFPA) 720 8.7.1 Single and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly.

• Facility was unable to provide documentation for the annual service of the emergency generator. Facility failed to provide documentation indicating a monthly generator battery test was being conducted in accord with NFPA 110 2021 edition section 8.3.6.1

• Facility was unable to provide annual fuel testing results per NFPA 110 83.7

• Facility could not provide documentation for the completion of unannounced fire drills, one drill per shift, per quarter, in the previous 12 months.

In an interview, on 11/17/2025 at 12:40 PM, Staff A (Executive Director) stated that she was aware of the violations, and the documentation for testing was not available at the time of the OSFM visit.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date