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

Quail Park of West Seattle, LLC
Quail Park Memory Care Residences of West Seattle
4515 41st Ave SW
Seattle, WA 98116

RE: Quail Park Memory Care Residences of West Seattle License # 2458

Dear Administrator:

This letter addresses Compliance Determination(s) 68048 (Completion Date 11/03/2025) and 65619 (Completion Date 09/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/03/2025 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-3100-1, WAC 388-78A-2305-1, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Sincerely,

Jamie Singer

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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

The department completed data collection for the unannounced on-site full inspection on 09/09/2025 and 09/11/2025 of:

Quail Park Memory Care Residences of West Seattle
4515 41st Ave SW
Seattle, WA 98116

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

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Statement of Deficiencies	License #: 2458	Compliance Determination # 65619
Plan of Correction	Quail Park Memory Care Residences of West Seattle	Completion Date
Page 2 of 6	Licensee: Quail Park of West Seattle, LLC	09/16/2025

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.

Janie Singer
Residential Care Services

9/18/2025
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)

9/22/2025
Date

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 housekeeping carts were secured in a population of vulnerable adults with dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain). This failure placed 22 residents at risk for poisoning and illness.

Findings included...

Record review of the Resident Characteristic Roster, updated 09/09/2025, showed that the ALF housed 57 residents on 3 floors. All floors were secured memory care units, and all Residents had a diagnosis of [redacted], or an assessment showing cognitive decline.

An observation with Staff G (Administrator), on 09/09/2025 at 11:05 AM, showed a housekeeping cart, unattended, in the hall next to apartment 303. The cart was unlocked and contained multiple bottles of cleaning products, including a poly-clean disinfectant, toilet bowl cleaner, glass cleaner, and peroxide multi-surface cleaner.

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

9/18/2025
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In an interview, on 09/09/2025 at 11:07 AM, Staff G stated he was not sure where the Housekeeper was, and that the cart should be locked.

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, Quail Park Memory Care Residences of West Seattle is or will be in compliance with this law and / or regulation on (Date) 10/20/2025

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

Administrator (or Representative) — 9/22/2025 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, and interview, the Assisted Living Facility (ALF) failed to ensure ready-to-eat food was labeled, and dated, in 3 of 3 refrigerators (Floor 2, 3 and 4). This failure placed 57 of 57 residents at risk for food-borne illness.

Findings included...

Note: Food Code 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration Food Code 3-501.17). (4) A date marking system that meets the criteria stated in subsections (1) and (2) of this section may include: (b) Marking the date or day of preparation, with a procedure to discard the FOOD on or before the last date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded as specified under subsection (1) of this section.

An observation, and interview, on 09/09/2025 at 10:29 AM, showed the ALF had a kitchen on the 1st floor, and smaller server kitchens on the 2nd, 3rd, and 4th floors. In an interview, Staff G (Administrator) stated that all food was prepared in the kitchen, on the 1st floor, placed in hotboxes, and delivered to the upper floors, where the residents lived. Observation of the 4th floor server kitchen reach-in refrigerator, at 10:33 AM, showed a container of orange slices without a label or date, a pitcher of apple juice

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without a label or date, a bottle of 1,000 Island salad dressing, expired on 11/22/2024, and a bottle of pickled relish, expired on 08/05/2025. Observation of the 3rd floor server kitchen reach-in refrigerator, at 10:50 AM, showed a container of orange slices without a label or date, a small plastic container holding an unidentified thick brown liquid without a label or date, half of a cheesecake without a label or date, and a cupcake, uncovered and without a label or date. Observation of the 2nd floor server kitchen reach-in refrigerator, at 11:05 AM, showed nine danishes, uncovered, on a server plate without a label or date, a container of orange slices without label or date, a pitcher of apple juice without a label or date, and a pitcher of orange juice without a label or date.

In an interview, on 09/11/2025 at 9:10 AM, Staff D (Director of Dining Services) stated they were made aware, and made changes to that system.

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

Administrator (or Representative) — Date: 9/22/2025

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to update the Service Plan (SP - equivalent to the Negotiated Service Agreement) for 2 of 7

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(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to update the Service Plan (SP - equivalent to the Negotiated Service Agreement) for 2 of 7

sample residents (Residents 5 and 7) based on assessed needs. This placed Resident 5 and 7 at risk for health complications and unmet needs.

Findings included...

Resident 5

Record review of the Resident Characteristic Roster (RCR), updated on 09/09/2025, showed the ALF admitted Resident 5 on [redacted]/2024 with multiple medical conditions to include dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain) and skin issues.

In an interview, on 09/09/2025 at 9:30 AM, Staff F (Director of Health and Wellness) stated that Resident 5 had a wound on each shin, and possibly on his toes.

Record review of Resident 5's Assessment, dated 05/15/2025, showed the resident had "skin issues." Further review stated "Resident may resist care at times. Needs protection and supervision because participant makes unsafe or inappropriate decisions. May have behavior management plan in place." Resident 5's Assessment also stated that they were a high fall risk.

Record review of Resident 5's SP showed no information specifically regarding their wounds, or what Care Staff should observe and report. Resident 5's SP gave no information of resistance to care, unsafe, or inappropriate decisions, and no directions, or interventions for Care Staff. Resident 5's SP stated they were a "high fall risk" but gave no direction, or interventions for Care Staff regarding fall prevention.

In an interview, on 09/10/2025 at 2:30 PM, Staff F stated that they would make the necessary adjustment to the SP.

Resident 7

Review of a Face Sheet, dated 09/09/2025, showed the ALF admitted Resident 7 on [redacted]/2025 with multiple conditions including a seizure disorder.

Review of the electronic Medication Administration Record (eMAR) for June of 2025 showed Resident 7's Primary Care Provider prescribed three seizure medications. Review of the July, August and September 2025 eMARS showed the prescriber slowly reduced Resident 7 off two of the three seizure medications, leaving one medication for nightly administration.

Review of Resident 7's SP, dated 01/31/2025, showed no documentation of the seizures, what they may look like or how staff should intervene if Resident 7 experienced seizure activity consistent with their specific type of seizures.

In an interview, on 09/11/2025 at 12:52 PM, Staff F acknowledged there was no seizure plan for Resident 7. Staff F described Resident 7's seizure activity as minimal, involving only the fingers.

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Administrator (or Representative) — Date: 9/22/2025

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