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) 62206 (Completion Date 07/08/2025) and 59321 (Completion Date 05/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/08/2025 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-2630-1-b

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Quail Park Memory Care Residences of West Seattle
Provider Type: Assisted Living Facility
License/Cert.#: 2458
Intake ID: 175322
Compliance Determination #: 59321
Region/Unit #: RCS Region 2 / Unit J
Investigator: Lisa Hauk
Investigation Date(s): 05/08/2025 through 05/15/2025
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) suspected two Named Residents (NR1 and NR2) had a physical altercation.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 3 Closed records sample size:
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Administrator Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies

Investigation Summary:
Interview showed NR1 was found with blood on his nose and bruising to his eye and NR2 was found with an injured hand with bleeding on his index finger during the same time period. The ALF suspected NR1 and NR2 had been in a physical altercation. The ALF did not follow their policy and report the incident of suspected physical abuse to local law enforcement. Citation written. See Washington Administrative Code 388-78A-2630(1)(b).

Conclusion / Action:

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

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 an unannounced on-site complaint investigation on 05/08/2025 of:

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

This document references the following complaint number(s): 175322

The following sample was selected for review during the unannounced on-site visit: 3 of 51 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

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Statement of Deficiencies	License #: 2458	Compliance Determination # 58321
Plan of Correction	Quail Park Memory Care Residences of West Seattle	Completion Date
Page 2 of 3	Licensee: Quail Park of West Seattle, LLC	05/15/2025

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.

Janice Singer
Residential Care Services

5/20/2025
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)

5/27/2025
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to notify local law enforcement of a suspected resident to resident altercation between 2 of 3 sampled residents (Resident 1 and Resident 2). This failure place 51 residents at risk when local law enforcement were not notified to conduct any needed investigations.

Findings included...

Record review of the ALF's undated 'Abuse, Neglect, or Exploitation' policy showed that any staff member who has reason to suspect an incident of physical assault had occurred would report to the local law enforcement as soon as the resident was protected.

Record review of an undated Resident Face Sheet (RFS), showed the ALF admitted Resident 1 on [redacted]/2022 with [redacted] ([redacted]) and other medically disabling diagnoses. A Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 04/16/2025, showed that Resident 1 made unsafe or inappropriate decisions and required protection and supervision from staff.

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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 | 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

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Based on interview and record review the Assisted Living Facility (ALF) failed to notify local law enforcement of a suspected resident to resident altercation between 2 of 3 sampled residents (Resident 1 and Resident 2). This failure place 51 residents at risk when local law enforcement were not notified to conduct any needed investigations.

Findings included…

Record review of the ALF's undated 'Abuse, Neglect, or Exploitation' policy showed that any staff member who has reason to suspect an incident of physical assault had occurred would report to the local law enforcement as soon as the resident was protected.

Record review of an undated Resident Face Sheet (RFS), showed the ALF admitted Resident 1 on [redacted]/2022 with [redacted] ([redacted]) and other medically disabling diagnoses. A Service Plan (SP – equivalent to a Negotiated Service Agreement), dated 04/16/2025, showed that Resident 1 made unsafe or inappropriate decisions and required protection and supervision from staff.

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Statement of Deficiencies	License #: 2458	Compliance Determination # 53021
Plan of Correction	Quail Park Memory Care Residences of West Seattle	Completion Date
Page 3 of 3	Licensee: Quail Park of West Seattle, LLC	05/15/2025

Record review of an undated RFS, showed the ALF admitted Resident 2 on [redacted] 2020 with [redacted] and other medically disabling diagnoses. A SP, dated 04/16/2025, showed Resident 2 had a history of occasional disruptive, aggressive or socially inappropriate behavior that would require staff to intervene.

Review of an Incident Investigation, dated 04/14/2025, showed Resident 1 and Resident 2 were suspected of having a physical altercation on 04/13/2025 at 1:30 AM. Resident 2 was found by staff to have bruising to the left eye. Resident 1 was found with swelling and a laceration to the left index finger.

In interview, on 05/08/2025, Staff A (Administrator) stated that the ALF did not notify local law enforcement of the incident.

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) 6/29/2025

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

Administrator (or Representative) — Date: 5/27/2025

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Record review of an undated RFS, showed the ALF admitted Resident 2 on [redacted]/2020 with [redacted] and other medically disabling diagnoses. A SP, dated 04/16/2025, showed Resident 2 had a history of occasional disruptive, aggressive or socially inappropriate behavior that would require staff to intervene.

Review of an Incident Investigation, dated 04/14/2025, showed Resident 1 and Resident 2 were suspected of having a physical altercation on 04/13/2025 at 1:30 AM. Resident 2 was found by staff to have bruising to the left eye. Resident 1 was found with swelling and a laceration to the left index finger.

In interview, on 05/08/2025, Staff A (Administrator) stated that the ALF did not notify local law enforcement of the incident.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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