STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

11/10/2025

Renton Special Care Community LLC
The Cottages of Renton
17033 108th Ave SE
Renton, WA 98055

RE: The Cottages of Renton # 2496

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68513 (Completion Date 11/10/2025) and 65549 (Completion Date 09/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

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;

WAC 388-112A-0611 Who in 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 below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-112A-1000 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112A-0200 (1), the department must preapprove the curriculum, including delivery mode, and instructors for all training required under this chapter.

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

(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:

(e) Continuing education.

The Department staff who did the On Site verification:

Jane Hermano, NCI
Kathy Young, Licensor

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 09/12/2025 of:

The Cottages of Renton
17033 108th Ave SE
Renton, WA 98055

This document references the following SOD dated: 09/12/2025

The following sample was selected for review during the unannounced on-site visit: 7 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Kathy Young, Licensor
Jane Hermano, NCI
Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2496	Compliance Determination # 65549
Plan of Correction	The Cottages of Renton	Completion Date
Page 2 of 6	Licensee: Renton Special Care Community LLC	09/12/2025

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.

Residential Care Services — 09/23/2025 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) — 9/25/2025 Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

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 facility failed to ensure 1 of 1 kitchen staff (Staff P) followed hand sanitation guidelines in the main commercial kitchen. These failures placed all 50 residents at risk of food contamination, foodborne illness, and a diminished quality of life.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 07/25/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 09/05/2025.

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.

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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(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 facility failed to ensure 1 of 1 kitchen staff (Staff P) followed hand sanitation guidelines in the main commercial kitchen. These failures placed all 50 residents at risk of food contamination, foodborne illness, and a diminished quality of life.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 07/25/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 09/05/2025.

Review of the facility's undated policy titled, "Hand Washing Protocol and Procedures" showed that dietary workers must wash their hands according to proper procedures stated by the Centers for Disease Control (CDC) and the State of Washington.

Review of the facility document titled, "Training and Memo", dated 08/26/2025, showed food employees must wash their hands for 20 – 40 seconds before touching clean equipment and utensils. Review showed Staff P, Cook Assistant, reviewed and signed the memo on 08/29/2025.

Observation on 09/12/2025 at 12:44 PM, showed Staff P washed dirty dishes brought in from the resident cottages. Observation showed Staff P completed four-second handwashing. Observation showed that with bare hands, Staff P loaded paper towels in the dispenser, touched their face, unloaded and put away pans and utensils without washing their hands. Then Staff P completed six second handwashing, completed date labels, which they added to juice pitchers before putting the juice into the refrigerator. Observation showed Staff P then put away the clean dishes with bare hands. Observation showed Staff P touched their face and put on fresh gloves. Observation showed Staff P loaded dirty dishes. Observation showed Staff P removed their gloves, left the kitchen, and returned with clean cleaning cloths and oven mitts. Observation showed Staff P dropped a pair of single-use gloves on the floor and put them on the counter. Observation showed Staff P put on the single-use gloves previously retrieved from the floor. Observation showed Staff P used sanitizing solution on the carts. Observation showed Staff P completed 10-second handwashing.

During an interview on 09/12/2025 at 1:17 PM, Staff P, stated that the procedure for handwashing was to wet their hands with "really" hot water, put some soap on them, and "scrub for a few seconds".

This is an uncorrected deficiency previously cited on 07/23/2025, for subsection (1).

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 10/27/2025

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

FR Mgmnocch - BSW
Administrator (or Representative)

9/25/2025
Date

Review of the facility's undated policy titled, "Hand Washing Protocol and Procedures" showed that dietary workers must wash their hands according to proper procedures stated by the Centers for Disease Control (CDC) and the State of Washington.

Review of the facility document titled, "Training and Memo", dated 08/26/2025, showed food employees must wash their hands for 20 – 40 seconds before touching clean equipment and utensils. Review showed Staff P, Cook Assistant, reviewed and signed the memo on 08/29/2025.

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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, The Cottages of Renton 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 388-112A-0611 Who in 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 below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-112A-1000 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112A-0200 (1), the department must preapprove the curriculum, including delivery mode, and instructors for all training required under this chapter.

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

(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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 5 sampled care staff (Staff E, Staff Q, and Staff R) completed the continuing education training, as required. This failure placed all 50 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 07/23/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 09/05/2025.

Review of the facility’s Assisted Living Facility Resident Characteristic Roster, dated 09/12/2025, showed that 50 residents received assisted living services.

Review of the facility’s undated document titled, “Job Description-Medication Technician”, showed Medication Technicians provided personal care and supervision to

the residents consistent with Washington State regulations.

Review of the facility's undated document titled, "Job Description-Nursing Assistant", showed Nursing Assistants provided personal care to the residents consistent with Washington State regulations.

STAFF E
Review of the facility's Employee List, dated 09/12/2025, showed the facility hired Staff E, Medication Technician/Caregiver, on 04/03/2023. Review of the facility's care staff schedule showed that on 09/10/2025, Staff E provided care and services to the residents.

Review of Staff E's employee records showed Staff E held an active Nursing Assistant Certification that was first issued on 10/13/2023. The records showed Staff E completed 11.25 hours of Continuing Education (CE), approved by the Department of Social and Health Services (DSHS), between their April 2024 and April 2025 birthdays, 0.75 hours short of the required 12 hours of CE training.

STAFF Q
Review of the facility's Employee List, dated 09/12/2025, showed the facility hired Staff Q, Medication Technician/Caregiver, on 03/05/2021. Review of the facility's care staff schedule showed between 09/05/2025 and 09/12/2025, Staff Q provided care and services to the residents on six days.

Review of Staff Q's employee records showed Staff Q held an active Nursing Assistant Certification that was first issued on 09/25/2021. The records showed Staff Q completed one hour of CE, approved by the DSHS, between their September 2024 and September 2025 birthdays, 11 hours short of the required 12 hours of CE training.

STAFF R
Review of the facility's Employee List, dated 09/12/2025, showed the facility hired Staff R, Medication Technician/Caregiver, on 10/27/2020. Review of the facility's care staff schedule showed 09/08/2025, Staff R provided care and services to the residents.

Review of Staff R's employee records showed Staff R held an active Home Care Aide Certification that was first issued on 07/12/2019. The records showed Staff R completed 1.5 hours of CE, approved by the DSHS, between their August 2024 and August 2025 birthdays, 10.5 hours short of the required 12 hours of CE training.

During an interview on 09/12/2025 at 2:00 PM, Staff I, Administrator/Regional Executive Director, stated that they were unable to find any additional CE certificates and documents in the personnel files for Staff E, Staff Q, and Staff R. Staff I stated that Staff E, Staff Q, and Staff R did not complete the full 12 hours of CE trainings approved by DSHS between their 2024 and 2025 birthdays.

This is an uncorrected deficiency previously cited on 07/23/2025, for subsection (2)(e).

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 10/27/25.

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

[signature] BSW
Administrator (or Representative)

9/25/25
Date

This is an uncorrected deficiency previously cited on 07/23/2025, for subsection (2)(e).

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, The Cottages of Renton 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/14/2025 and 07/17/2025 of:
The Cottages of Renton
17033 108th Ave SE
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 7 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Jane Hermano, NCI
Michelle Yip, ALF Licensor
Kathy Young, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

07/25/2025
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.

FIZ Aldrich BSW
Administrator (or Representative)

7/28/25
Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 commercial kitchen (Main Kitchen) provided the kitchen staff with an updated dietary manual, as required. This failure placed all 54 residents at risk of unmet dietary needs.

Findings included...

Review of the facility's undated Disclosure of Services showed the facility provided prescribed low sodium diets, general diabetic diets, mechanical soft diets, pureed diets, and thickened liquid diets to the residents.

Review of the facility's document titled, "Diet Type Report", dated 07/15/2025, showed the facility provided special diets to 18 residents.

Review of the facility's dietary manual titled, "Food for Fifty" showed it was copyrighted in 2018.

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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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 commercial kitchen (Main Kitchen) provided the kitchen staff with an updated dietary manual, as required. This failure placed all 54 residents at risk of unmet dietary needs.

Findings included…

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Review of the facility's document titled, "Diet Type Report", dated 07/15/2025, showed the facility provided special diets to 18 residents.

Review of the facility's dietary manual titled, "Food for Fifty" showed it was copyrighted in 2018.

Observation of Cottages B and D on 07/14/2025 at 12:20 PM, showed staff served several residents food to meet their special prescribed diets which included diabetic, pureed, and mechanical soft. Observation of Cottage C on 07/15/2025 at 8:15 AM, showed staff served residents foods to meet their diabetic and mechanical soft diets.

During an interview on 07/14/2025 at 1:34 PM, Staff H, Dietary Services Manager, stated that they used "Food for Fifty" as the dietary guide. Staff H stated that they were not aware of the regulation that required the dietary manual be updated at least every five years.

During an interview on 07/15/2025 at 9:30 AM, Staff I, Executive Director/Regional, stated that the facility used the dietary manual "Food for Fifty". Staff I stated that facility management was aware of the 2018 copyright date for the manual. Staff I stated that they were aware of the requirement to replace the dietary manual at least every five years.

During an interview on 07/16/2025 at 10:55 AM, Staff J, Director of Nursing Services, stated that the facility did not have a dietician. Staff J stated that the facility used the "Food for Fifty" dietary manual as their guide for providing correct nutritional requirements for the residents.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/2025.

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

FR Maymonk JSW
Administrator (or Representative)

7/28/25
Date

WAC 246-215-02310 Hands and arms When to wash (FDA Food Code 2-301.14). foodemployees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and:

(5) After handling soiled equipment or utensils;

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;

Observation of Cottages B and D on 07/14/2025 at 12:20 PM, showed staff served several residents food to meet their special prescribed diets which included diabetic, pureed, and mechanical soft. Observation of Cottage C on 07/15/2025 at 8:15 AM, showed staff served residents foods to meet their diabetic and mechanical soft diets.

During an interview on 07/14/2025 at 1:34 PM, Staff H, Dietary Services Manager, stated that they used “Food for Fifty” as the dietary guide. Staff H stated that they were not aware of the regulation that required the dietary manual be updated at least every five years.

During an interview on 07/15/2025 at 9:30 AM, Staff I, Executive Director/Regional, stated that the facility used the dietary manual “Food for Fifty”. Staff I stated that facility management was aware of the 2018 copyright date for the manual. Staff I stated that they were aware of the requirement to replace the dietary manual at least every five years.

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Plan/Attestation Statement

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

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Administrator (or Representative) Date

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(5) After handling soiled equipment or utensils;

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(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 facility failed to ensure 1 of 1 kitchen staff (Staff H) followed proper hand sanitation guidelines in the main commercial kitchen. These failures placed all 54 residents at risk of food contamination, foodborne illness, and a diminished quality of life.

Findings included...

Review of the facility's undated policy titled, "Hand Washing Protocol and Procedures" stated that dietary workers must wash their hands according to proper procedures stated by the Centers for Disease Control (CDC) and the State of Washington.

Observation on 07/14/2025 at 12:42 PM, showed Staff H, Dietary Services Manager, washed two carts of dirty dishes brought in from the resident cottages. Observation showed that with bare hands, Staff H cleared the dirty dishes off the two carts and washed the carts. Observation showed that with bare hands, Staff H then put away the clean dishes. Observation showed that Staff H did not wash their hands between washing the dirty carts and handling the clean dishes.

During an interview on 07/15/2025 at 9:30 AM, Staff I, Executive Director/Regional, stated that Staff H exhibited a pattern of failing to wash their hands between washing down the carts and handling clean dishes.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/2025.

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

FR Dtegmouth, BSN
Administrator (or Representative)

7/28/25
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 kitchen staff (Staff H) followed proper hand sanitation guidelines in the main commercial kitchen. These failures placed all 54 residents at risk of food contamination, foodborne illness, and a diminished quality of life.

Findings included…

Review of the facility's undated policy titled, "Hand Washing Protocol and Procedures" stated that dietary workers must wash their hands according to proper procedures stated by the Centers for Disease Control (CDC) and the State of Washington.

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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, The Cottages of Renton 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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

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

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 10 of 10 mechanical air exchange vents in Cottage C and Cottage D (Common bathrooms C1, C2, C3, D1, D2, and D3; soiled utility/janitor closet C and closet D; and laundry room C and laundry room D) were functional. This failure placed all 54 residents at risk of poor air quality, respiratory distress, and a diminished quality of life.

Findings included…

NOTE: Washington Administrative Code 388-78A-3030, Toilet Rooms and Bathrooms, showed (2) the assisted living facility must provide each toilet room and bathroom with: (e) mechanical ventilation to the outside; and WAC 388-78A-3040, Laundry, showed (5) the assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility.

Observations of Cottage C and Cottage D on 07/14/2025 at 11:05 AM, showed nonfunctioning air exchange vents in each of the three common restrooms in Cottage C and Cottage D, in each Soiled Utility/Janitor closet for Cottage C and Cottage D, and each Laundry Room for Cottage C and Cottage D.

During an interview on 07/14/2025 at 11:14 AM, Staff G, Maintenance, stated each cottage had an individual mechanical ventilation system. Staff G stated that they were aware of the regulation requiring a functioning air exchange system. Staff G stated that they did not monitor the vents to ensure they were functioning. Staff G stated that an outside company monitored and provided maintenance on the ventilation systems for each cottage.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/2025.

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

FIZ Alejandro-BSN — Administrator (or Representative)

7/28/25 — Date

WAC 388-112A-0611 Who in 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 below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-112A-1000 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112A-0200 (1), the department must preapprove the curriculum, including delivery mode, and instructors for all training required under this chapter.

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

(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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 2 sampled care staff (Staff E) completed all professional certification and training, as required. This failure placed all 54 residents at risk for decreased quality of care provided by caregivers with incomplete training.

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, The Cottages of Renton 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 388-112A-0611 Who in 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 below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-112A-1000 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112A-0200 (1), the department must preapprove the curriculum, including delivery mode, and instructors for all training required under this chapter.

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

(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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 2 sampled care staff (Staff E) completed all professional certification and training, as required. This failure placed all 54 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the facility's undated document titled, "Job Description-Medication Technician", showed Medication Technicians provided personal care and supervision to the residents consistent with Washington State regulations.

Review of the facility's undated document titled, "Job Description-Nursing Assistant", showed Nursing Assistants provided personal care to the residents consistent with Washington State regulations.

Review of the facility's Employee Roster, dated 07/14/2025, showed that the facility hired Staff E, Medication Technician, on 04/03/2023. Review of the facility's Employee Schedule showed Staff E provided personal care to the residents between April 2025 and July 2025.

Review of Staff E's employee records showed that Staff E held an active Nursing Assistant Certification was first issued on 10/13/2023. The records showed Staff E completed four hours of Continuing Education (CE), approved by the Department of Social and Health Services (DSHS), between their April 2024 and April 2025 birthdays, eight hours short of the required 12 hours of CE training.

During an interview on 07/16/2025 at 11:55 AM, Staff I, Administrator, Regional Executive Director, stated that they were aware of the CE requirements for care staff. Staff I stated that Staff E completed several training courses through a third-party institute. Staff I stated that those training certificates did not show they were approved by DSHS. Staff I stated that they did not find any additional documents that showed Staff E completed the full 12 hours of CE trainings approved by DSHS between their 2024 and 2025 birthdays.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/2025.

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

FR Administrator, BSW

Administrator (or Representative)

7/28/25

Date

Findings included…

Review of the facility's undated document titled, "Job Description-Medication Technician", showed Medication Technicians provided personal care and supervision to the residents consistent with Washington State regulations.

Review of the facility's undated document titled, "Job Description-Nursing Assistant", showed Nursing Assistants provided personal care to the residents consistent with Washington State regulations.

Review of the facility's Employee Roster, dated 07/14/2025, showed that the facility hired Staff E, Medication Technician, on 04/03/2023. Review of the facility's Employee Schedule showed Staff E provided personal care to the residents between April 2025 and July 2025.

Review of Staff E's employee records showed that Staff E held an active Nursing Assistant Certification was first issued on 10/13/2023. The records showed Staff E completed four hours of Continuing Education (CE), approved by the Department of Social and Health Services (DSHS), between their April 2024 and April 2025 birthdays, eight hours short of the required 12 hours of CE training.

During an interview on 07/16/2025 at 11:55 AM, Staff I, Administrator, Regional Executive Director, stated that they were aware of the CE requirements for care staff. Staff I stated that Staff E completed several training courses through a third-party institute. Staff I stated that those training certificates did not show they were approved by DSHS. Staff I stated that they did not find any additional documents that showed Staff E completed the full 12 hours of CE trainings approved by DSHS between their 2024 and 2025 birthdays.

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, The Cottages of Renton 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 2 of 2 sampled staff's (Staff E and Staff F) Washington State name and date of birth background inquiry (BGI) every two years. This failure placed all 54 residents at risk of potential abuse, neglect, or exploitation from staff persons with unknown backgrounds.

Findings included…

STAFF E
Review of the facility's Employee Roster, dated 07/14/2025, showed that the facility hired Staff E, Medication Technician, on 04/03/2023. Review of Staff E's employee records showed their current Washington state name and date of birth BGI expired on 04/12/2025. The records showed that the facility submitted and completed a BGI on 07/15/2025, 94 days after the previous BGI expired.

STAFF F
Review of the facility's Employee Roster, dated 07/14/2025, showed that the facility hired Staff F, Medication Technician, on 07/11/2023. Review of Staff F's employee records showed their previous Washington state name and date of birth BGI expired on 07/10/2025. The records showed that the facility submitted and completed a BGI on 07/15/2025, five days after the previous BGI expired.

During an interview on 07/15/2025 at 12:15 PM, Staff I, Regional Executive Director, stated that they were unaware their former business office manager did not complete the two-year BGI for Staff E and Staff F, as required.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/25.

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

FR Ntgnworth BSW — Administrator (or Representative)

7/28/25 — Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement, and

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the facility failed to verify medical services with outside healthcare providers for 2 of 7 sampled residents (Resident 5 and Resident 7). This failure placed Resident 5 and Resident 7 at risk of improper care and services from staff without proper instructions and at risk for potential medical complications.

Findings included...

Review of the facility's policy titled, "Resident Arranged Health Care Services", revised 10/01/2020, showed that the facility allowed residents to arrange and receive onsite care and services from outside healthcare professionals. The policy showed when appropriate, the facility staff notified the residents' physician and obtained the necessary care services. The policy showed the facility was responsible for the general safety and well-being of its residents.

RESIDENT 5
Review of Resident 5's records showed the facility admitted Resident 5 on [redacted] 2024.

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, The Cottages of Renton 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-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the facility failed to verify medical services with outside healthcare providers for 2 of 7 sampled residents (Resident 5 and Resident 7). This failure placed Resident 5 and Resident 7 at risk of improper care and services from staff without proper instructions and at risk for potential medical complications.

Findings included…

Review of the facility's policy titled, "Resident Arranged Health Care Services", revised 10/01/2020, showed that the facility allowed residents to arrange and receive onsite care and services from outside healthcare professionals. The policy showed when appropriate, the facility staff notified the residents' physician and obtained the necessary care services. The policy showed the facility was responsible for the general safety and well-being of its residents.

RESIDENT 5
Review of Resident 5's records showed the facility admitted Resident 5 on [redacted]/2024.

Review of Resident 5's semi-annual assessment, dated 07/10/2025, showed multiple diagnoses that included [redacted] and [redacted]. The assessment showed Resident 5 required assistance to coordinate diabetic care needs with an outside health care provider. The assessment showed that Resident 5's blood sugar levels were to remain within the physician's recommended parameters. The records showed no documentation that explained what parameters the physician recommended for Resident 5's high blood sugar levels. The records showed no documentation the facility reached out to the physician to clarify the acceptable high parameter levels.

Review of Resident 5's May 2025, June 2025, and July 2025 medication administration records (MAR) showed Resident 5's blood sugar levels ranged from 124 milligrams per deciliter (mg/dL- a unit of measurement used to determine blood glucose levels) and 362 mg/dL at irregular intervals. The MAR showed a physician's order to hold the insulin medications if Resident 5's blood glucose level was 100 mg/dL or below. There was nothing in the order about what the physician considered a high level of blood sugar.

Observation on 07/16/2025 at 9:20 AM showed Staff K, Medication Technician, opened the electronic health record system and accessed Resident 5's information. Observation showed Staff K expanded the physician order that included Resident 5's parameters for low blood sugar. During an interview at this time, Staff K stated that they were unaware of any order that explained what the physician considered acceptable for Resident 5's high blood sugar range.

During an interview on 07/16/2025 at 11:24 AM, Staff J, Director of Nursing Services, stated that they were aware that Resident 5 used insulin to manage their diabetes. Staff J was unaware that there were no parameters and instructions for Resident 5's elevated blood sugar level. Staff J stated that it was difficult to coordinate with Resident 5's previous outside health provider. Staff J stated that Resident 5 just started under the care of the in-house health care provider.

RESIDENT 7
Review of the facility's Resident Characteristics Roster, dated 07/14/2025, showed the facility admitted Resident 7 in [redacted] 2022 with a diagnosis of [redacted] and [redacted]. The roster showed Resident 7 received Hospice care services (specialized medical care focused on providing comfort and support to individuals and their families during the end-of-life process).

Review of Resident 7's Hospice notes, dated 07/13/2025, showed that Hospice was notified by facility staff that Resident 7 had difficulty breathing which prompted a visit from the Hospice staff. The Hospice notes showed that the Hospice nurse found Resident 7's oxygen tubing and Nasal Canula (NC-a device that provides supplemental oxygen through the nostrils of the nose) removed from Resident 7's nose and the oxygen tube laid on the bed. The Hospice notes showed bruises were discovered on Resident 7's left upper eyelid and bilateral bruises on both upper arm extremities. The

Hospice notes showed that the care staff denied Resident 7 fell and were unable to explain the causes of the bruises. The Hospice notes showed that the Hospice Nurse educated the facility staff to contact Hospice about any falls or change of condition.

Review of Resident 7's Hospice notes, dated 07/14/2025, showed that Resident 7 was "transitioning" and that Resident 7 had not eaten or drank anything since 07/12/2025. The Hospice notes showed that follow-up was required for care coordination, increased visits, and care plan adjustments.

Review of Resident 7's Hospice notes, dated 07/15/2025, showed that Resident 7 was "transitioning" was not "eating or drinking anything". The Hospice notes showed Resident 7 exhibited signs of fluid overload (a condition when there is too much fluid in the body).

Review of Resident 7's service plan, dated 07/02/2025 and service plan dated 07/16/2025, showed no documentation of the updates provided by the Hospice nurse related to Resident 7's change in condition.

Observation on 07/15/2025 at 12:50 PM, showed Collateral Contact 1 (CC1), Hospice Nurse and Staff K, Medication Technician, repositioned Resident 7 in hospital bed. Observation showed CC1 provided specific instructions to Staff K about changes in care for Resident 7 due to Resident 7's change in condition. During an interview at this time, CC1 stated that Resident 7 was "transitioning". CC1 stated that Resident 7 was no longer able to consume food or fluid due to Resident 7's unresponsive state.

Observation on 07/15/2025 at 2:33 PM, showed Staff A, Medication Technician/Caregiver, cleaned Resident 7's teeth and oral cavity with a moistened Toothette (a disposable oral care swab). Observation showed Resident 7 clamped down on the Toothette as a natural reflex. Observation showed Staff A asked Resident 7 to open their mouth. Resident 7 remained unresponsive. During an interview at this time, Staff A stated that they planned to provide Resident 7 with a snack around 3:30 PM and then feed Resident 7 dinner. Staff A stated that they realized Resident 7 was in an unresponsive state. Staff A stated that if Resident 7 did not want to eat, they would not feed them. Staff A stated that at the change of shift, from the dayshift to the evening shift, Staff A was informed by the off-going staff that Resident 7 was good and that they had fed Resident 7. Staff A stated that the off-going staff did not inform them that Resident 7 was no longer able to consume food.

During an interview on 07/15/2025 at 2:48 PM, Staff J stated that they were unaware there was a lack of communication between the care staff during shift change. Staff J stated that they spoke with CC1 about Resident 7's change in condition that the care staff needed to provide oral care.

During an interview on 07/16/2025 at 8:30 AM, Staff J stated that even though Resident 7 was unresponsive, it was a dignity issue to offer Resident 7 food.

Plan/Attestation Statement

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

FIR Stegmaier, BSN — Administrator (or Representative)

7/28/25 — Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 4 care staff (Staff B and Staff D) completed the national fingerprint background check within 120 days of hire. This failure placed all 54 residents at risk of abuse, neglect, or exploitation from staff with an unknown background.

Findings included...

Review of the facility's undated "Job Description-Medication Technician" showed Medication Technicians provided personal care and supervision to the residents consistent with Washington State regulations.

Review of the facility's undated "Job Description-Nursing Assistant" showed Nursing Assistants provided personal care to the residents consistent with Washington State regulations.

STAFF B
Review of the facility's employee roster, dated 07/14/2025, showed the facility hired Staff B, Medication Technician/Caregiver, on 11/07/2024 to provide personal care and services to the residents.

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, The Cottages of Renton 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-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 4 care staff (Staff B and Staff D) completed the national fingerprint background check within 120 days of hire. This failure placed all 54 residents at risk of abuse, neglect, or exploitation from staff with an unknown background.

Findings included…

Review of the facility's undated "Job Description-Medication Technician" showed Medication Technicians provided personal care and supervision to the residents consistent with Washington State regulations.

Review of the facility's undated "Job Description-Nursing Assistant" showed Nursing Assistants provided personal care to the residents consistent with Washington State regulations.

STAFF B
Review of the facility's employee roster, dated 07/14/2025, showed the facility hired Staff B, Medication Technician/Caregiver, on 11/07/2024 to provide personal care and services to the residents.

Review of the facility's Care Staff Schedules showed Staff B provided personal care to the residents in March 2025, April 2025, May 2025, June 2025, and through July 06, 2025.

Review of Staff B's employee file showed that Staff B completed a national fingerprint background check on 07/08/2025, 243 days after hire.

During an interview on 07/16/2025 at 1:07 PM, Staff I, Administrator/Regional Executive Director, stated that they were aware of the requirement to complete fingerprint background checks on all staff. Staff I stated that they realized Staff B's fingerprint background check was completed late.

STAFF D
Review of the facility's employee roster, dated 07/14/2025, showed the facility hired Staff D, Medication Technician, on 07/01/2024 to provide personal care and services to the residents.

Review of the facility's Care Staff Schedules showed Staff D provided personal care to the residents in March 2025, April 2025, and May 2025.

Review of Staff D's employee file showed that Staff D completed a national fingerprint background check on 05/13/2025, 316 days after hire.

During an interview on 07/16/2025 at 11:55 AM, Staff I stated that Staff D provided unsupervised personal care to the residents between October 2024 and May 2025, without a national fingerprint background check. Staff I stated that they requested Staff D obtain their national fingerprint background check results from their former employer. Staff I stated that Staff D failed to provide their fingerprint background check, as requested. Staff I stated that they were unaware Staff D's fingerprint background check was done late.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/25

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

FC Hancock - BSW
Administrator (or Representative)

9/28/25
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 4 of 7 sampled residents (Resident 1, Resident 2, Resident 6, and Resident 7) service plans when there was a change in the residents' care needs. This failure placed Resident 1, Resident 2, Resident 6, and Resident 7 at risk for unmet care needs and a diminished quality of life.

Findings included...

RESIDENT 1
Review of Resident 1's records showed the facility admitted Resident 1 in [redacted] 2023 with the medical diagnosis of [redacted] The records showed Resident 1 had a medical history of stage one pressure injury (localized damage to the skin and underlying tissue from chronic pressure to the same area of the body).

Observation in Resident 1's apartment on 07/15/2025 at 2:44 PM showed Resident 1 lay in an electric bed on an electric alternating pressure mattress (a mattress designed to prevent and treat pressure injuries).

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, The Cottages of Renton 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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 4 of 7 sampled residents (Resident 1, Resident 2, Resident 6, and Resident 7) service plans when there was a change in the residents' care needs. This failure placed Resident 1, Resident 2, Resident 6, and Resident 7 at risk for unmet care needs and a diminished quality of life.

Findings included…

RESIDENT 1
Review of Resident 1's records showed the facility admitted Resident 1 in [redacted] 2023 with the medical diagnosis of [redacted]. The records showed Resident 1 had a medical history of stage one pressure injury (localized damage to the skin and underlying tissue from chronic pressure to the same area of the body).

Observation in Resident 1's apartment on 07/15/2025 at 2:44 PM showed Resident 1 lay in an electric bed on an electric alternating pressure mattress (a mattress designed to prevent and treat pressure injuries).

Observation on 07/16/2025 at 8:33 AM showed Resident 1 sat in their wheelchair on a Roho cushion (a pressure relief cushion that is made of soft, flexible air cells to decrease the amount of pressure on the sitting area).

Review of Resident 1's Department of Social and Health Services' (DSHS) "Assessment Details", dated 06/11/2025, showed that Resident 1 used an electric bed and an alternating pressure mattress. The assessment showed that Resident 1 required staff assistance to use durable medical equipment (reusable medical equipment, such as an alternating pressure mattress). The assessment showed the care staff were responsible for ensuring the low-pressure air mattress functioned properly.

Review of Resident 1's Service Plan, dated 06/18/2025, showed no documentation that Resident 1 used an electric bed, an electric alternating pressure mattress, or a Roho cushion in their wheelchair. There was no documentation that instructed care staff how to ensure the electric bed and the alternating pressure mattress operated properly. There was no documentation that instructed care staff how to assess and adjust the Roho cushion for proper inflation.

RESIDENT 2
Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2023 with the diagnosis of [redacted].

Observation in Resident 2's apartment on 07/15/2025 at 2:27 PM showed Resident 2 used an electric bed and an electric alternating pressure mattress.

Observation on 07/15/2025 at 2:40 PM showed Resident 2 sat in their wheelchair on a Roho cushion.

Review of the Department of Social and Health Services' (DSHS) "Assessment Details", dated 02/24/2025, showed that Resident 2 used an alternating pressure mattress. The assessment showed Resident 2 required staff assistance to use durable medical equipment.

Review of Resident 2's Service Plan, dated 07/14/2025, showed no documentation that Resident 2 used an electric bed, an electric alternating pressure mattress, or a Roho cushion in their wheelchair. There was no documentation that instructed care staff how to ensure the electric bed and the alternating pressure mattress operated properly. There was no documentation that instructed care staff how to assess and adjust the Roho cushion for proper inflation.

During an interview on 07/17/2025 at 12:35 PM, Staff J, Director of Nursing Services, stated that the electric bed, electric alternating pressure mattress, and Roho cushion were considered as preventive types of durable medical equipment. Staff J stated that their electronic documentation system currently did not document the preventive types

of durable medical equipment. Staff J stated that they were unfamiliar with entering the preventive durable medical equipment into the residents' service plans. Staff J stated that they did not document Resident 1 and Resident 2's use of electric bed, electric alternating pressure mattress, and Roho cushion in their service plans.

RESIDENT 6
Review of the facility's Resident Characteristics Roster, dated 07/14/2025, showed the facility admitted Resident 6 in [redacted] 2020 with the medical diagnosis of [redacted], and [redacted]. The roster showed that Resident 6 received Hospice care services (end of life care). Review of Resident 6's records showed Resident 6 had a medical history of wounds.

Observations of Resident 6's room on 07/15/2025 at 8:40 AM showed an alternating pressure relieving air mattress overlay on top of Resident 6's hospital bed mattress, with an air pump attached to the footboard of the bed.

Review of Resident 6's service plan, revised on 02/07/2025, showed no documentation that Resident 6 used an electric hospital bed, or an alternating pressure relieving air mattress. There was no documentation that instructed care staff how to ensure the electric hospital bed and the alternating pressure relieving air mattress operated correctly.

Review of the facility's undated policy titled, "Change of Condition-Monitoring and Reporting" showed that it was the company's policy to monitor residents for change in health, baseline function, and cognition. The policy showed that staff were to be educated about how to recognize a resident change from baseline and to report the changes to the Licensed Nurse or through the facility's electronic "simple alerts" program.

Review of the facility's undated policy titled, "Resident Arranged Health Care Services", showed that the facility would partner with outside health care partners, such as Hospice agencies. The policy showed that the facility would document outside service provider's recommended interventions in the residents negotiated service plan.

During an interview on 07/15/2025 at 2:48 PM, Staff J stated that Hospice brought in the alternating pressure relieving air mattress and hospital bed. Staff J stated that they were not aware that the service plan needed to be updated to show when a resident used an alternating pressure relieving air mattress or hospital bed.

RESIDENT 7
Review of the facility's Resident Characteristics Roster, dated 07/14/2025, showed the facility admitted Resident 7 in [redacted] 2022 with a diagnosis of [redacted] and [redacted]. The roster showed Resident 7 received

Hospice care services.

Observation on 07/14/2025 at 8:45 AM, showed Resident 7 laid on an alternating pressure relieving air mattress overlay in an electric hospital bed. Observation showed Resident 7 used a Nasal Canula (medical device used to provide supplemental oxygen through the nostrils of the nose) was inserted in their nostrils with oxygen tubing connected to an oxygen concentrator. Observation showed Resident 7 in bed, with their mouth open and audible breathing through their mouth. Observation showed Resident 7 was unresponsive to verbal and tactile stimuli.

Observation on 07/15/2025 at 10:00 AM, showed Staff C, Medication Technician (unlicensed staff who dispense and administer medications)/Caregiver, and Staff L, Medication Technician/Caregiver, repositioned and turned Resident 7 on their side. Observation showed Resident 7 remained unresponsive to verbal stimuli and physical touch. Staff C and Staff L did not attempt to feed Resident 7 due to their unresponsive state. Observation showed Resident 7 was connected to the oxygen concentrator via a NC and oxygen tubing. Observation showed Resident 7 breathed through their mouth which made audible sounds when they breathed.

Observation on 07/15/2025 at 12:50 PM, showed Collateral Contact 1 (CC1), Hospice Nurse, and Staff K, Medication Technician, repositioned Resident 7 in the hospital bed. Observation showed CC1 provided Staff K about changes in care for Resident 7 due to Resident 7's change in condition. During an interview at this time, CC1 stated that Resident 7 was "transitioning". CC1 stated that the swollen arms and other areas of Resident 7's body was due to Resident 7's congestive heart failure. CC1 stated that Resident 7 was literally drowning in their own fluids from congestive heart failure. CC1 stated that Resident 7 stopped consuming food on 07/14/2025.

Review of Resident 7's service plan, dated 07/02/2025, showed Resident 7 required staff assistance with showers and toileting, with instructions for staff to frequently encourage Resident 7 to use the bathroom. The plan showed Resident 7 exhibited wandering behaviors and dis-robed in public. The plan showed no diet restrictions, and that Resident 7 was able to feed themself while they sat in the dining room. The plan showed Resident 7 swallowed their medication pills whole. The plan showed Resident 7 used a wheelchair and walker for mobility. The plan showed Resident 7 was able to verbalize pain, if asked directly. The plan showed Resident 7's skin integrity was compromised (a condition where there may be damage or vulnerability in the skin, impairing its ability to provide a protective barrier) and may bruise easily. The plan showed that Resident 7 received Hospice care services, and the plan included the name of the Hospice service provider without a contact phone number or any other contact information. There was no documentation in the service plan that showed Resident 7 used an alternating pressure relieving air mattress overlay, an electric hospital bed, continuous supplemental oxygen from an oxygen concentrator, and received bathing assistance from a Hospice bath aide. The plan showed no documentation of the updates provided by the Hospice nurse related to Resident 7's change in condition.

During an interview on 07/15/2025 at 8:38 AM, Staff C and Staff L both stated that they

did not do anything with Resident 7's oxygen. Both Staff C and Staff L stated that the Medication Technician or the nurse managed the oxygen for Resident 7.

During an interview on 07/15/2025 at 2:48 PM, Staff J stated that they spoke with CC1 and received an update on Resident 7's condition. Staff J stated they were unaware of the change in Resident 7's condition prior to the Hospice nurse visit.

Review of Resident 7's updated service plan, dated 07/16/2025, showed that Resident 7 received "comfort feeding". Review of the updated service plan showed no other changes or updates were made.

During an interview on 07/17/2025 at 10:20 AM, Staff I, Administrator/Regional Executive Director, and Staff N, CNA/Assistant Executive Director, stated that they were aware the service plan dated 07/16/2025 was not updated to show Resident 7's change in condition. Staff I stated that the facility used temporary service plans to address specific resident concerns. Staff I stated that when a significant change in a resident's condition occurred, the entire service plan would be updated to provide staff with care instructions to meet the resident's current care needs.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/25.

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

FZ Hopwood - BSN
Administrator (or Representative)

7/28/25
Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 4 of 6 medication carts (Cart 1 and cart 2 "Cedar Cottage" and Cart 3 and Cart 4 "Birch Cottage") were locked and secured. This placed all 54 memory care residents at risk for potential harm if medications were accessed and ingested.

did not do anything with Resident 7's oxygen. Both Staff C and Staff L stated that the Medication Technician or the nurse managed the oxygen for Resident 7.

During an interview on 07/15/2025 at 2:48 PM, Staff J stated that they spoke with CC1 and received an update on Resident 7's condition. Staff J stated they were unaware of the change in Resident 7's condition prior to the Hospice nurse visit.

Review of Resident 7's updated service plan, dated 07/16/2025, showed that Resident 7 received "comfort feeding". Review of the updated service plan showed no other changes or updates were made.

During an interview on 07/17/2025 at 10:20 AM, Staff I, Administrator/Regional Executive Director, and Staff N, CNA/Assistant Executive Director, stated that they were aware the service plan dated 07/16/2025 was not updated to show Resident 7's change in condition. Staff I stated that the facility used temporary service plans to address specific resident concerns. Staff I stated that when a significant change in a resident's condition occurred, the entire service plan would be updated to provide staff with care instructions to meet the resident's current care needs.

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

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 4 of 6 medication carts (Cart 1 and cart 2 "Cedar Cottage" and Cart 3 and Cart 4 "Birch Cottage") were locked and secured. This placed all 54 memory care residents at risk for potential harm if medications were accessed and ingested.

Findings included…

Observation on 07/14/2025 at 9:30 AM, showed the facility was a secured, exclusive memory care facility that consisted of four separate cottages. Three of the cottages were occupied by residents diagnosed with [redacted], and [redacted].

Review of the facility's undated "Medication Policy" showed that all medication storage areas were expected to be locked when left unattended.

Review of the facility's undated "Medication Technician" Job description showed that one of the essential functions was to maintain confidentiality of resident information.

MEDICATION CARTS 1 AND 2
Observation in the Cedar Cottage on 07/15/2025 at 8:45 AM, showed that medication cart one and cart two were unlocked and a laptop computer. The laptop was open, and the screen showed the electronic medication administration record (eMAR) for an unidentified resident. Both carts contained prescription and nonprescription medications. Both carts were in the main dining/activity room of the Cottage. Observation showed multiple unidentified residents were seated in the area or walked about the room. Observation showed a large ring of keys inserted into the lock of the smaller, unlocked medication cart. Observation showed no facility staff near the medication carts. Observation showed Staff K, Medication Technician (an unlicensed staff who dispensed and administered medications), on the other side of the room with an unidentified resident.

During an interview on 07/15/2025 at 8:46 AM, Staff K stated that they were across the room with an unidentified resident. Staff K stated that it was not their common practice to leave the keys inserted in the lock of the unlocked medication cart. Staff K stated that they were aware both carts needed to be locked, and the laptop computer closed.

MEDICATION CARTS 3 and 4
Observation in the Birch Cottage large dining/activity room on 07/17/2025 at 8:09 AM, showed two unlocked medication carts (Cart 3 and Cart 4) with a laptop computer. The laptop was open, and the screen showed an unidentified resident's eMAR. Observation showed multiple unidentified residents seated and walking about the room. Observation showed several unidentified staff provided breakfast service for the residents. Two unidentified staff stated that they did not know which Medication Technician was on duty. During an interview at this time, Staff O, Medication Technician, identified themselves as the Medication Technician on duty. Staff O stated that they were at a table nearby, assisting a resident with difficult behaviors. Staff O stated that they were aware the medication carts needed to be locked, and the computer screen closed whenever they walked away from the carts.

Plan/Attestation Statement

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FIZ Mcgrouth - BSW
Administrator (or Representative)

7/28/25
Date

WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?

(2) The long-term care worker may not work for more than two hundred calendar days from their date of hire without obtaining certification.

WAC 246-980-040 What must a nonexempt long-term care worker do to be eligible for a home care aide certification and what documentation is required?

(1) To qualify for certification as a home care aide, the applicant must:

(b) Successfully pass the home care aide certification examination; and

WAC 246-980-050 How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements?

(2) Certification: A long-term care worker who has not been issued a home care aide certification within two hundred calendar days of the date of hire must stop providing care until the certification has been granted.

WAC 246-980-060 How does a nonexempt home care aide renew a certification or reinstate an expired certification?

(1) To renew a home care aide certification:

(a) Certificates must be renewed every year by the home care aide's birthday as provided in chapter 246-12 WAC, Part 2.

(b) Verification of twelve hours of continuing education as required by RCW 74.39A.341 and WAC 246-980-110 must accompany the certification renewal.

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within

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, The Cottages of Renton 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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(b) Successfully pass the home care aide certification examination; and

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(a) Certificates must be renewed every year by the home care aide's birthday as provided in chapter 246-12 WAC, Part 2.

(b) Verification of twelve hours of continuing education as required by RCW 74.39A.341 and WAC 246-980-110 must accompany the certification renewal.

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within

two hundred days of the date of hire;

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

(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:

(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

(ii) Disclosure statements and background checks as required in WAC 388-78A-2461 through 388-78A-2471 ; and

(iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 2 of 6 sampled staff (Staff B and Staff D) were qualified to provide care for vulnerable adult residents. The facility failed to maintain the background fingerprint record for 1 of 6 sampled staff (Staff C) on the facility premises. These failures placed all 54 residents at risk of receiving care from unqualified staff and at risk of abuse and neglect from staff with an unknown background.

Findings included…

NOTE: Per WAC 246-980-025 individuals exempt from obtaining a home care aide certification. (2) The following long-term care workers are not required to obtain certification as a home care aide. If they choose to voluntarily become certified, they must meet the requirements of WAC 246-980-040. The training requirements under RCW 74.39A.074(1) are not required. (c) A person who is in an approved training program for certified nursing assistant under chapter 18.88A RCW, provided that the training program is completed within 120 calendar days of the date of hire and that the nursing assistant-certified credential has been issued within 200 calendar days of the date of hire.

NOTE: Per WAC 246-980-115 renew or reinstate an expired certification. (1) To renew a home care aide certification the practitioner shall: (a) Renew the certification every year by the home care aide's birthday as provided in WAC 246-12-020 through 246-12-051.

Review of the facility's undated "Job Description-Nursing Assistant" showed Nursing Assistants provided personal care to the residents consistent with Washington State regulations. Resident Care Assistants performed various resident care activities and related nonprofessional services essential to caring for personal needs and comfort of residents, including routine personal care.

Review of the facility's undated "Job Description-Medication Technician" showed Medication Technicians provided personal care and supervision to the residents consistent with Washington State regulations.

STAFF B
Review of the facility's Employee Roster, dated 07/14/2025, showed the facility hired Staff B, Medication Technician/Caregiver (unlicensed staff who dispense and administer medications), on 11/07/2024. Review of Staff B's employee record showed that on 01/25/2025, Staff B completed a Nursing Assistant Certified program. Review of Staff B's employee records showed that as of 07/13/2025, 248 days after hire, there was no documentation Staff B obtained a Home Care Aide (HCA) certification, or the Certified Nursing Assistant (CNA) credential as required. There was no documentation that showed Staff B was certified as an HCA or CNA.

Review of the facility's care staff schedule showed that between 05/26/2025 and 07/13/2025 Staff B worked 25 shifts without proper credentials beyond the 200-day deadline.

Review of the Washington State Provider Credential Search Website on 07/16/2025 and on 07/18/2025 showed an active Nursing Assistant Registered credential and a CNA credential pending. There was no documentation that showed Staff B possessed an HCA or CNA credential 200 days after the date of hire.

During an interview on 07/16/2025 at 1:07 PM, Staff L, Assistant Executive Director, and Staff I, Administrator/Regional Executive Director, stated that since Staff B failed to obtain their credential within 200 days of hire, Staff B was removed from the schedule on 07/13/2025.

STAFF C
Review of the facility's Employee Roster, dated 07/14/2025, showed the facility hired Staff C, Medication Technician/Caregiver, on 05/17/2024. Review of Staff C's employee record showed that as of 07/17/2025, there was no documentation that a Washington State Department of Social and Health Services (DSHS) Background Fingerprint record was completed, 426 days after hire.

Observation on 07/15/2025 at 8:38 AM, showed Staff C, Med Tech/Caregiver, served breakfast to residents and provided resident care.

Review of the facility's care staff schedule showed that Staff C provided personal care to the residents between 03/02/2025 and 07/13/2025, without verification of a documented fingerprint record on facility premises.

During an interview on 07/16/2025 at 1:07 PM, Staff I stated that Staff C's background fingerprints were completed by another unaffiliated facility. Staff I stated that they were in the process of obtaining Staff C's Fingerprint record. Staff C stated that they were aware all staff background check documents were to be maintained and readily available on the facility premises.

STAFF D
Review of the facility's Employee Roster, dated 07/14/2025, showed the facility hired Staff D, Medication Technician, on 07/01/2024. Review of the facility's Employee Schedule showed Staff D provided personal care to the residents between March 2025 and July 2025.

Review of Staff D's employee records showed that as of 07/14/2025, Staff D's Nursing Assistant Certification (CNA) was pending. The records showed that Staff D's Home Care Aide (HCA) Certification expired on 03/06/2025. There was no documentation that showed Staff D renewed the HCA certification or obtained an active CNA certification.

During an interview on 07/16/2025 at 11:55 AM, Staff I stated Staff D held an HCA Certification. Staff I stated that Staff D completed the training program, the skill test, and the written examination for CNA in February 2025. Staff I stated that as of 07/14/2025, Staff D's CNA certification was pending. Staff I stated that the Department of Health was a few months behind in processing the CNA application. Staff I stated that they were unaware Staff D's HCA credential expired on 03/06/2025. Staff I stated that they were unaware Staff D did not renew the HCA credential while their CNA was pending.

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, The Cottages of Renton is or will be in compliance with this law and / or regulation on (Date) 9/5/25.

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

[signature] LSW
Administrator (or Representative)

7/28/25
Date

Review of the facility's care staff schedule showed that Staff C provided personal care to the residents between 03/02/2025 and 07/13/2025, without verification of a documented fingerprint record on facility premises.

During an interview on 07/16/2025 at 1:07 PM, Staff I stated that Staff C's background fingerprints were completed by another unaffiliated facility. Staff I stated that they were in the process of obtaining Staff C's Fingerprint record. Staff C stated that they were aware all staff background check documents were to be maintained and readily available on the facility premises.

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Review of the facility's Employee Roster, dated 07/14/2025, showed the facility hired Staff D, Medication Technician, on 07/01/2024. Review of the facility's Employee Schedule showed Staff D provided personal care to the residents between March 2025 and July 2025.

Review of Staff D's employee records showed that as of 07/14/2025, Staff D's Nursing Assistant Certification (CNA) was pending. The records showed that Staff D's Home Care Aide (HCA) Certification expired on 03/06/2025. There was no documentation that showed Staff D renewed the HCA certification or obtained an active CNA certification.

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_____ _____
Administrator (or Representative) Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to implement the service plan for 2 of 8 sampled residents (Resident 6 and Resident 7). This failure placed Resident 6 and Resident 7 at risk for not having their needs met and compromised health.

Findings included…

Observation on 07/14/2025 at 9:30 AM, showed the facility was a secured exclusive memory care facility that consisted of four separate cottages, three that were occupied by residents.

RESIDENT 6
Review of the facility's Resident Characteristics Roster, dated 07/14/2025, showed that the facility admitted Resident 6 in [redacted] of 2020 with a diagnosis of [redacted]. The roster showed Resident 6 received Hospice services (end of life care).

Review of Resident 6's Service Plan Report, dated 03/08/2022, showed Resident 6 was resistive to care. The plan showed staff were to encourage Resident 6 to sleep in bed when able due to chronic pressure skin issues. The plan showed that Resident 6 refused to be transferred out of their wheelchair to the bed. The plan showed staff were to "talk" Resident 6 through the care needs and explain why it must be done. The plan showed Resident 6 required two-person assistance for toileting, three to four times a shift. The plan showed that Resident 6 was unable to reposition themselves and required staff assistance to reposition them when in bed or in the wheelchair. The plan showed that Resident 6 should be "moved out of" their wheelchair after meals if possible or after activities. The plan showed staff were to follow the reposition clock and were to notify the Medication Technician (Med Tech- unlicensed staff who dispense and administer medications) of Resident 6's refusals.

Observation on 07/15/2025 at 8:36 AM, showed Resident 6 seated at the dining room table of the Dogwood cottage, waiting for breakfast. An oxygen concentrator (a medical device used to deliver supplemental oxygen to a person) was next to Resident 6. Observation showed the oxygen tubing, connected to a nasal canula (a medical device used to provide supplemental oxygen through the nostrils of the nose), laid on Resident 6's lap.

During an interview on 07/15/2025 at 8:38 AM, Staff C, Med Tech/Caregiver, and Staff L, Med Tech/Caregiver, both stated that they did not assist Resident 6 with their oxygen. Both Staff C and Staff L stated that the Med Tech or nurse on duty managed Resident 6's oxygen.

Observation 07/15/2025 at 9:04 AM showed Resident 6 finished breakfast and sat at the same table with their head down on the table, asleep. Observation showed the nasal canula laid on the table and not inserted into Resident 6's nostrils.

Observation 07/15/2025 at 9:40 AM, showed Staff C approached Resident 6 and asked Resident 6 if they wanted the nasal canula back on their face. Observation showed Resident 6 shook their head no. Observation showed Staff C did not ask Resident 6 if they wanted to lie down in bed or sit in another chair, as documented in the service plan.

Observation on 07/15/2025 at 11:55 AM, showed Resident 6 remained seated at the same table without the oxygen canula in their nostrils. Observation at 12:19 PM showed Resident 6 sat at the same table to eat lunch. Observation showed a family member was visiting with Resident 6.

During an interview on 07/16/2025 at 8:30 AM, Staff J, Director of Nursing, stated that they were aware Resident 6 was to be moved out of their wheelchair after meals and activities. Staff J stated that when staff attempted to reposition Resident 6 in the wheelchair or transfer Resident 6 to bed, Resident 6 did not always cooperate.

Observation on 07/16/2025 at 10:00 AM, showed Resident 6 asleep in their bed, with the nasal canula inserted in their nostrils. Observation at 12:20 PM showed Resident 6 seated at the dining table eating lunch. Observation showed the nasal canula was inserted in Resident's 6 nostrils. Observation at 2:00 PM, showed Resident 6 asleep in their bed.

Observation on 07/17/2025 at 8:20 AM, showed Resident 6 seated in a wheelchair for breakfast. Observation at 10:23 AM showed Resident 6 in their bed with oxygen being used.

During the exit interview on 07/17/2025 at 1:10 PM, Staff I, Administrator/Regional Executive Director, stated that they were aware Resident 6's service plan documented staff were to reposition or transfer Resident 6 out of their wheelchair after meals or activities. Staff I stated that Resident 6 often refused to allow the staff to transition them out of their wheelchair to their bed.

RESIDENT 7
Review of the facility's Resident Characteristics Roster, dated 07/14/2025, showed the

facility admitted Resident 7 in [redacted] 2022 with a diagnosis of [redacted]. The roster showed Resident 7 received Hospice care services.

Review of Resident 7's service plan, dated 07/02/2025, showed the facility staff provided maximum hygiene care which included oral care. The plan showed that the facility supplied all personal care items. The plan showed that Resident 7's teeth were their own. The plan documented that staff were to provide oral care twice a day.

Observation of Resident 7's room on 07/14/2025 at 8:45 AM, showed Resident 7 laid on an alternating pressure relieving air mattress overlay, in a hospital bed, with a nasal canula inserted in their nostrils. The oxygen tubing was connected to an oxygen concentrator. Observation showed Resident 7 lay on their bed, with their mouth open and audible breathing sounds through their mouth. Observation showed Resident 7 was unresponsive to verbal and tactile stimuli. Observation showed Resident 7's teeth and tongue were caked with a dark brown substance. No oral care supplies were observed in Resident 7's room.

Observation on 07/15/2025 at 10:00 AM, showed Staff C and Staff L turned and repositioned Resident 7 onto their side. Resident 7 remained unresponsive to verbal stimuli and physical touch. Observation showed Staff C and Staff L made no attempt to feed Resident 7. Observation showed Resident 7 wore the nasal canula that was connected to the oxygen concentrator. Observation showed Resident 7 made audible sounds as they breathed through their mouth. Observation of Resident 7's mouth showed a dark brown, caked substance covering their teeth and tongue. Observation showed Staff C or Staff made no attempt to provide any oral care for Resident 7. Observation showed no oral care supplies in Resident 7's room.

Observation on 07/15/2025 at 12:50 PM, showed Collateral Contact 1 (CC1), Hospice Nurse, and Staff K, Med Tech, repositioned Resident 7 in their hospital bed. During an interview at this time, CC1 stated that Resident 7 was "transitioning". CC1 stated that Resident 7 stopped eating on 07/14/2025. CC1 stated that the dark brown substance that covered Resident 7's teeth and tongue were most likely particles of food. CC1 stated that Resident needed oral care to be provided.

During an interview on 07/15/2025 at 2:48 PM, Staff J stated that CC1 informed them that Resident 7 needed oral care to be provided.

Observation on 07/16/2025 at 8:10 AM, showed Resident 7 in a hospital bed with mouth open and oxygen tubing and nasal canula in place. Observation of Resident 7's mouth showed most of the dark brown substance was removed. Observation showed there were oral care supplies visible on the bedside table.

Observation on 07/16/2025 at 9:16 AM, showed Staff M, Med Tech/Caregiver, used a toothette (a disposable oral care swab) to moisten Resident 7's mouth and provide oral care.

During an interview on 07/16/2025 12:30 PM, CC1 stated that they were aware oral care was not being provided by staff. CC1 stated that they had previously provided instructions to the staff and educated the staff on how to perform proper oral care for a dying resident.

Plan/Attestation Statement

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

FZ Mgmwash- BSN
Administrator (or Representative)

7/28/25
Date

During an interview on 07/16/2025 12:30 PM, CC1 stated that they were aware oral care was not being provided by staff. CC1 stated that they had previously provided instructions to the staff and educated the staff on how to perform proper oral care for a dying resident.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

07/25/2025

Renton Special Care Community LLC
The Cottages of Renton
17033 108th Ave SE
Renton, WA 98055

RE: The Cottages of Renton # 2496

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/23/2025 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:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(iii) Able to be moved to the location where needed; and

The facility did not ensure first aid kits were clearly marked and readily available. During the full inspection, the facility made clearly marked first aid kits available, per the regulation.

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;

In the memory care unit, two oxygen cylinder tanks were stored in a shared apartment. One oxygen tank was unsecured. During the full inspection, the facility staff removed the oxygen tank from the residents’ apartment and secured it in a rack in the designated oxygen storage area.

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)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

• 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)234-6020.

Sincerely,

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure