



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Summer Wood OpCo LLC
Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

RE: Summer Wood Alzheimer's Special Care Center License # 2514

Dear Administrator:

This letter addresses Compliance Determination(s) 70115 (Completion Date 12/15/2025) and 67616 (Completion Date 10/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2600-1-a, WAC 388-78A-2600-1-b

The Department staff who did the on-site verification:
Carla Rose, NCI Community Licensors

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B
Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2514	Compliance Determination # 67616
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 1 of 4	Licensee: Summer Wood OpCo LLC	10/23/2025

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

The department completed data collection for an unannounced on-site follow-up on 10/23/2025 of:

Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

This document references the following SOD dated: 10/23/2025

The following sample was selected for review during the unannounced on-site visit: 5 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

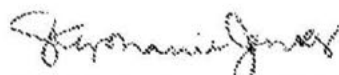
This document was prepared by Residential Care Services for the Locator website.

1.04.2025 09:18:07

State of Washington

Statement of Deficiencies	License #: 2514	Compliance Determination #67516
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 2 of 4	Licensee: Summer Wood OpCo LLC	10/23/2025

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

11/03/2025

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)

11/13/25

Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

- (a) Maintain or enhance the quality of life for residents including resident decision-making rights;
- (b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their bowel monitoring policy for 1 of 3 residents (Resident 6) sampled for monitoring. This failed practice resulted in the absence of bowel monitoring and placed Resident 6 at risk of health complications.

Findings included...

Review of the facility's policy titled, "Bowel Monitoring," dated 08/20/2024, showed "under the direction of the LN [License Nurse] or state approved evaluator, monitor the bowel pattern of residents on hospice [end of life care] or who have significant dementia [cognitive decline] if warranted." The policy showed that it included instructions that the LN or approved evaluator would initiate the monitoring, the caregiver/medication technician would track the bowel pattern in the electronic record, the medication record would include bowel records to be checked daily, if no bowel movement (BM) in four days to follow bowel regimen, and to report to the resident care coordinator or LN if it had been four days without a BM or per doctors orders.

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

_____ Residential Care Services	_____ Date
I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.	
_____ Administrator (or Representative)	_____ Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

- (a) Maintain or enhance the quality of life for residents including resident decision-making rights;
- (b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their bowel monitoring policy for 1 of 3 residents (Resident 6) sampled for monitoring. This failed practice resulted in the absence of bowel monitoring and placed Resident 6 at risk of health complications.

Findings included...

Review of the facility's policy titled, "Bowel Monitoring," dated 06/20/2024, showed "under the direction of the LN [License Nurse] or state approved evaluator, monitor the bowel pattern of residents on hospice [end of life care] or who have significant dementia [cognitive decline] if warranted." The policy showed that it included instructions that the LN or approved evaluator would initiate the monitoring, the caregiver/medication technician would track the bowel pattern in the electronic record, the medication record would include bowel records to be checked daily, if no bowel movement (BM) in four days to follow bowel regimen, and to report to the resident care coordinator or LN if it had been four days without a BM or per doctors orders.

Review of Resident 6's Individual Service Plan (ISP, the facility's titled negotiated service agreement), dated 08/01/2025, showed the resident had a diagnosis of [REDACTED]

[REDACTED] and [REDACTED]. The ISP showed that the resident received medication administration assistance from staff. Further review showed Resident 6's communication was "word salad" (speech that is a jumbled mix of words and phrases that lack coherent meaning).

Review of Resident 6's assessment, dated 08/01/2025, showed that the resident was "not able to effectively express their selves and/or make their needs/wishes known due to physical or cognitive impairment."

Review of Resident 6's October 2025 Medication Administration Record (MAR), showed orders for daily and PRN (as needed) medications to relieve constipation. The MAR showed the resident was prescribed the following bowel medications:

- polyethylene glycol (for constipation) to be administered daily
- bisacodyl (for constipation) suppository as needed if no BM after eight hours
- milk of magnesium (for constipation) daily as needed if no BM in three days
- polyethylene glycol as needed if no BM after six shifts
- Senna laxative (for constipation) as needed if no BM after seven shifts
- Saline/sodium phosphate enema (for constipation) as needed if no BM after nine shifts.

Further review of the October 2025 MAR showed there were no PRN bowel medications administered to Resident 6.

In an interview on 10/23/2025 at 11:55 AM, Staff I, Medication Technician, stated that caregivers were responsible for tracking resident bowel movements. Staff I stated they did not give PRN bowel medications unless a caregiver told them the resident had not had a bowel movement (BM) in two days. Staff I then showed the department the electronic bowel monitoring tracking system on their computer. Staff I was unable to locate any bowel tracking for Resident 6.

In an interview on 10/23/2025 at 12:30 PM, Resident 6 was asked basic questions about who they were, how their day was, what they ate, where they lived, and who took care of them. Resident 6 was able to state who they were but was unable to answer other questions and only gave answers that were nonsensical and disorganized (lack of logical and linear thought, resulting in communication that is jumbled, incoherent, or irrelevant).

In an interview on 10/23/2025 at 12:35 PM, Staff J, Caregiver, stated they had worked at the facility for two months. Staff J was asked if they had worked directly with Resident 6 during that time and Staff J confirmed they did. Staff J was asked if Resident 6 had the ability to accurately answer questions such as what they had for breakfast or when their

1.04.2025 09:18:07

State of Washington

Statement of Deficiencies	License #: 2514	Compliance Determination #67516
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 4 of 4	Licensee: Summer Wood OpCo LLC	10/23/2025

last bowel movement (BM) was. Staff J stated "no" and went on to say that Resident 6 would not be able to remember anything that had happened more than an hour ago.

In an interview on 10/23/2025 at 2:45 PM, Staff A, Executive Director, confirmed that their BM monitoring policy had not changed since the full inspection. Staff A then stated that they only monitored BMs for residents on hospice and those that could not express pain. Staff A further stated that they did not monitor Resident 6's bowel movements because they could express pain. When asked how they would know how many days it had been since Resident 6 had a BM, Staff A was unable to provide an answer. When the department discussed their policy and that it specifically stated they monitored BMs of "residents with severe dementia", Staff A stated, "if that's the case then everyone would have to be monitored."

This is an uncorrected deficiency previously cited on 08/29/2025.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 12/18/25.

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

M. [Signature]
Administrator (or Representative)

11/13/25
Date

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

last bowel movement (BM) was. Staff J stated “no” and went on to say that Resident 6 would not be able to remember anything that had happened more than an hour ago.

In an interview on 10/23/2025 at 2:45 PM, Staff A, Executive Director, confirmed that their BM monitoring policy had not changed since the full inspection. Staff A then stated that they only monitored BMs for residents on hospice and those that could not express pain. Staff A further stated that they did not monitor Resident 6’s bowel movements because they could express pain. When asked how they would know how many days it had been since Resident 6 had a BM, Staff A was unable to provide an answer. When the department discussed their policy and that it specifically stated they monitored BMs of “residents with severe dementia”, Staff A stated, “if that's the case then everyone would have to be monitored.”

This is an uncorrected deficiency previously cited on 08/28/2025.

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, Summer Wood Alzheimer's Special Care Center 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
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2514	Compliance Determination # 64686
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 1 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 08/19/2025, 08/20/2025, 08/21/2025, 08/22/2025 and 08/25/2025 of:

Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

This document references the following complaint numbers: 192186.

The following sample was selected for review during the unannounced on-site visit: 10 of 49 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, Community Licensor
Veronica Jackson, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

Statement of Deficiencies	License #: 2514	Compliance Determination # 64686
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 2 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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

09/09/2025

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)

9/9/25

Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

- (a) Maintain or enhance the quality of life for residents including resident decision-making rights,
- (b) Provide the necessary care and services for residents, including those with special needs,

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their policy to provide bowel monitoring for residents with significant dementia for 3 of 7 residents (Resident 3, 4, and 6). This failure placed the residents at risk of discomfort, pain and health complications.

Findings included...

Review of the facility's policy titled, "Bowel Monitoring," dated 06/20/2024, showed that it stated the purpose of the policy was to provide residents with significant dementia (memory loss) or who were on hospice (end of life care) a method of tracking their bowel pattern. The policy stated, under the direction of the LN (Licensed Nurse) or state approved evaluator, to monitor the bowel pattern of residents on hospice or who have significant dementia, if warranted. Further review showed instructions to follow the procedure of monitoring, including reporting to the RCC (Resident Care Coordinator) or LN when the resident is unable to move their bowels within four days or per their MD (Medical Doctor) ordered bowel protocol.

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
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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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WAC 388-78A-2600 Policies and procedures.

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- (a) Maintain or enhance the quality of life for residents including resident decision-making rights;
- (b) Provide the necessary care and services for residents, including those with special needs;

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Based on interview and record review, the facility failed to implement their policy to provide bowel monitoring for residents with significant dementia for 3 of 7 residents (Resident 3, 4, and 6). This failure placed the residents at risk of discomfort, pain and health complications.

Findings included....

Review of the facility's policy titled, "Bowel Monitoring," dated 06/20/2024, showed that it stated the purpose of the policy was to provide residents with significant dementia (memory loss) or who were on hospice (end of life care) a method of tracking their bowel pattern. The policy stated, under the direction of the LN (Licensed Nurse) or state approved evaluator, to monitor the bowel pattern of residents on hospice or who have significant dementia, if warranted. Further review showed instructions to follow the procedure of monitoring, including reporting to the RCC (Resident Care Coordinator) or LN when the resident is unable to move their bowels within four days or per their MD (Medical Doctor) ordered bowel protocol.

In an interview on 08/20/2025 at 8:30 AM, Staff A, Executive Director, stated that they only monitored bowel movements for residents who were on hospice care or for residents who had received medications given as needed for constipation to evaluate effectiveness. Staff A confirmed there were many residents who would be unable to state when their last bowel movement was due to cognitive deficits and if they were not on bowel monitoring. Staff A further stated that the facility would only know residents were constipated if they displayed signs of abdominal pain and abdominal distention.

<Resident 3>

Review of Resident 3's Nurse Delegation Visit form, dated 06/04/2025 and completed by the facility's Registered Nurse Delegator (RND), showed that the resident required medication administration by facility staff under RND supervision related to Alzheimer's (disease that causes memory loss, difficulty thinking and loss of body functions).

Review of Resident 3's Individualized Service Plan (ISP, the facility's titled negotiated service agreement), dated 08/15/2025, showed that the resident had a diagnosis of [REDACTED], was wheelchair and bed bound, and required two staff and a mechanical lift for all transfers. The ISP showed that staff would notify the LN if the resident did not have a bowel movement in three or more days or if the resident had "few" bowel movements, straining to go, hard or small stools or a sense that everything did not come out or saw belly bloating.

Review of Resident 3's Medication Administration Records (MARs), dated May 2025, June 2025, July 2025, and August 2025, showed an order to give milk of magnesium, beginning on 07/24/2024, daily as needed for constipation. Further review showed the order had not been given once in the months reviewed.

In an interview on 08/21/2025 at 4:05 PM, Staff A stated that Resident 3 had significant dementia.

Review of Resident 3's undated facility record showed no bowel monitoring as required by the facility's policy.

<Resident 4>

Review of Resident 4's Nurse Delegation Visit form, dated 06/04/2025 and completed by the facility's RND, showed that the resident required medication administration by facility staff under RND supervision related to dementia.

Review of Resident 4's ISP, dated 07/07/2025, showed that the resident had a diagnosis of [REDACTED] and [REDACTED], was non-ambulatory using a wheelchair, required staff assistance for all transfers, and required medication administration from staff. Further review showed that the resident required assistance from staff with all hygiene needs and was mostly unable to communicate. The ISP showed that staff would notify the LN if the resident did not have a bowel movement in three or more days or if the resident had "few" bowel movements, straining to go, hard or small stools or a sense that

everything did not come out or saw belly bloating.

Review of Resident 4's MARs, dated May 2025, June 2025, July 2025, and August 2025, showed orders for milk of magnesium, beginning on 07/24/2024, and polyethylene glycol (laxative), beginning on 03/07/2025, daily as needed for constipation. Further review showed neither medication had been given in the months reviewed.

In an interview on 08/21/2025 at 2:19 PM, Staff D, Medication Technician, stated that they did not recall when Resident 4's last bowel movement was and that their bowel movements were not monitored.

Review of Resident 4's undated facility record showed no bowel monitoring as required by the facility's policy.

<Resident 6>

Review of Resident 6's ISP, dated 07/04/2025, showed that the resident had a diagnosis of

[REDACTED] and [REDACTED], required two staff for all transfers, and required medication administration from staff. Further review showed that the resident required assistance from staff with all hygiene needs and that their speech was nonsensical at times.

Review of Resident 6's MARs, dated June 2025, July 2025, and August 2025, showed orders beginning on 06/27/2025 for milk of magnesium daily as needed for constipation, bisacodyl as needed for constipation if no bowel movement after eight hours, polyethylene glycol as needed for constipation if no bowel movement after six shifts, Senna laxative as needed for constipation if no bowel movement after seven shifts, and a saline/sodium phosphate enema as needed for constipation if no bowel movement after nine shifts. Further review showed none had been given once in the months reviewed.

Review of Resident 6's Nurse Delegation Visit form, dated 07/21/2025 and completed by the facility's RND, showed that the resident required medication administration by facility staff under RND supervision due to functional and/or cognitive impairment.

In an interview on 08/21/2025 at 2:19 PM, Staff D, stated that they did not recall when the resident 6's last bowel movement was and that their bowel movements were not monitored.

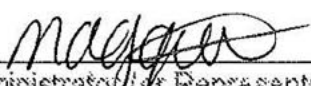
Review of Resident 6's undated facility record showed no bowel monitoring as required by the facility's policy.

Statement of Deficiencies	License #: 2514	Compliance Determination #64586
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 5 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/19/25

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


Administrator (or Representative)

9/9/25
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

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure health care services were coordinated for foot and wound care for 3 of 3 residents (Resident 1, 2, and 3). This failure resulted in Resident 1 and Resident 3 not receiving podiatry care and Resident 2 not receiving home health treatment and placed the residents at risk for infection and health complications from not receiving treatment as ordered.

Findings included...

<Resident 1>

Review of Resident 1's Individualized Service Plan (ISP, the facility's titled negotiated service agreement), dated 06/10/2025, showed that the resident had diagnoses of [REDACTED] and [REDACTED]. Further review showed that the resident ambulated independently with a walker and required staff assistance with coordinating transportation and/or appointments.

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, Summer Wood Alzheimer's Special Care Center 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.

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(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure health care services were coordinated for foot and wound care for 3 of 3 residents (Resident 1, 2, and 3). This failure resulted in Resident 1 and Resident 3 not receiving podiatry care and Resident 2 not receiving home health treatment and placed the residents at risk for infection and health complications from not receiving treatment as ordered.

Findings included...

<Resident 1>

Review of Resident 1's Individualized Service Plan (ISP, the facility's titled negotiated service agreement), dated 06/10/2025, showed that the resident had diagnoses of [REDACTED] and [REDACTED]. Further review showed that the resident ambulated independently with a walker and required staff assistance with coordinating transportation and/or appointments.

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

Review of Resident 1's Physician's Progress Notes, dated 03/08/2025 and written by the podiatrist (foot doctor) that provided podiatry (foot) care in the facility, showed that Resident 1 was seen that day for foot care due to increased risk status, had callouses to both heels, onychomycosis (a fungal infection to nails), required debridement (thinning of nails to decrease pressure on the nail), and suggested a follow up in two to three months.

Observation on 08/21/2025 at 9:50 AM, showed Resident 1's left foot toenails were yellow and thick and that the great toe and third toenails were approximately a half inch longer than the toenail beds.

Review of Resident 1's record did not show any further documentation of coordinated podiatrist visits or follow-up visits after the 03/08/2025 physician's progress note.

<Resident 3>

Review of Resident 3's ISP, dated 08/15/2025, showed that the resident had a diagnosis of [REDACTED], required assistance with all care, and that the facility staff were to set up all appointments and coordinate the resident's transportation.

Review of Resident 3's After Visit Summary of Podiatry Care, dated 03/04/2025, showed that the resident was seen for at risk foot care, had absent pulses on both feet due to peripheral vascular disease (decreased circulation in arms and legs), hammertoes (deformed toe joint) on two toes on each foot, had thickened elongated toenails on both feet that required debridement, and recommended a follow up visit in two to three months.

Review of Resident 3's record did not show any further documentation of a coordinated follow-up for podiatry care.

In an interview on 08/21/2025 at 4:00 PM, Staff A, Executive Director, stated that the facility's podiatrist had stopped coming a couple of months previously and they had not been able to arrange for another provider that would come to the facility to treat the residents.

<Resident 2>

Review of Resident 2's shower logs, dated 05/29/2025, 06/02/2025, 06/05/2025, 06/09/2025, 06/12/2025, 06/16/2025, 06/19/2025, 06/23/2025, 06/26/2025, 06/30/2025, 07/03/2025, and 07/07/2025, showed that a blister was observed on the resident's right heel. Further review showed that the Licensed Nurse (LN) was notified on every log.

Review of Resident 2's Wound/Skin Observation Log note, dated 06/08/2025, showed Staff A assessed the blister, notified the resident's provider, and requested a home health referral.

Review of Resident 2's After Visit Summary of Primary Care, dated 06/13/2025, showed that the resident's health care provider submitted a referral for home health treatment.

Review of fax and phone communication with the home health provider showed that the referral was originally faxed on 06/20/2025. The fax showed the home health provider told the facility they were unable to staff the referral on 06/27/2025.

In an interview on 08/25/2025 at 10:43 AM, Staff B, Resident Care Coordinator, stated that they could not provide any documentation that the resident's provider was contacted about the home health provider not being able to provide home health treatment. Staff B stated the home health provider was not contacted prior to 06/20/2025 or after 06/27/2025.

In an interview on 08/25/2025 at 11:30 AM, Staff A stated they could not provide any documentation that they had contacted the resident's provider to inform them that they were treating the wound or update them on the status. Staff A stated the process for skin checks was for the caregiver to document on the shower log and put the log in the resident care coordinator's mailbox for review. The resident care coordinator was to then notify Staff A. Staff A stated they had no explanation as to why they were not aware of the wound until ten days after it was first documented, other than it had occurred right before a holiday weekend.

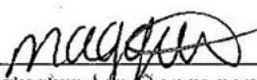
Review of Resident 2's ISP, dated 06/28/2025, showed that the resident had diagnoses of [REDACTED] and [REDACTED]. The ISP showed no documentation of any guidance or interventions for skin checks. The ISP did not include any information regarding the need for home health treatment.

Statement of Deficiencies	License #: 2514	Compliance Determination #64586
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 8 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/12/25

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


Administrator (or Representative)

9/19/25
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 negotiated service agreements for 2 of 7 residents (Resident 1 and 4). This failure placed residents at risk of not receiving adequate care and services.

Findings included....

<Resident 1>

Review of Resident 1's Physician's Progress Notes, dated 03/08/2025 and written by the resident's podiatrist (foot doctor), showed that Resident 1 was seen that day for foot care due to increased risk status, had callouses to both heels, onychomycosis (a fungal infection to nails), required debridement (thinning of nails to decrease pressure on the nail), and suggested a follow up in two to three months.

Review of Resident 1's Medication Administration Records (MARs), dated May 2025, June 2025, July 2025, August 2025 showed an order for routine oxygen to be applied every night at 8:00 PM after checking oxygen saturation levels (measurement of oxygen in the blood) and to recheck at 2:00 AM to adjust oxygen liters as necessary. Further review showed the oxygen treatment started on 03/04/2025.

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, Summer Wood Alzheimer's Special Care Center 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 negotiated service agreements for 2 of 7 residents (Resident 1 and 4). This failure placed residents at risk of not receiving adequate care and services.

Findings included....

<Resident 1>

Review of Resident 1's Physician's Progress Notes, dated 03/08/2025 and written by the resident's podiatrist (foot doctor), showed that Resident 1 was seen that day for foot care due to increased risk status, had callouses to both heels, onychomycosis (a fungal infection to nails), required debridement (thinning of nails to decrease pressure on the nail), and suggested a follow up in two to three months.

Review of Resident 1's Medication Administration Records (MARs), dated May 2025, June 2025, July 2025, August 2025 showed an order for routine oxygen to be applied every night at 8:00 PM after checking oxygen saturation levels (measurement of oxygen in the blood) and to recheck at 2:00 AM to adjust oxygen liters as necessary. Further review showed the oxygen treatment started on 03/04/2025.

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

Observation on 08/20/2025 at 12:02 PM, showed an oxygen concentrator with a nasal cannula attached, next to Resident 1's bed in their room.

In an interview on 08/21/2025 at 10:50 AM, Staff A, Executive Director, stated that they were not aware that Resident 1 required oxygen at night.

In an interview on 08/21/2025 at 11:05 AM, Staff B, Resident Care Coordinator, stated that they did not see that Resident 1 required oxygen on their quarterly service plan.

In an interview on 08/21/2025 at 3:00 PM, Staff D, Medication Technician, stated that Resident 1 had an order to check oxygen saturation levels every night at bedtime and that the resident required oxygen based on those saturation levels every night. Staff D further stated that they did apply oxygen to Resident 1 nightly when they worked and were assigned to Resident 1.

Review of Resident 1's Individualized Service Plan (ISP, the facility's titled negotiated service agreement), dated 06/10/2025, showed no documentation of the resident's need for podiatry care (foot care) or instructions for staff to assist with oxygen treatment.

<Resident 4>

Review of Resident 4's Nurse Delegation Visit form, dated 12/17/2024, showed the resident required two staff assistance with a gait belt for transfers and two staff assistance with toileting.

Review of Resident 4's Nurse Delegation Visit form, dated 06/04/2025, showed that the resident required medication administration by facility staff under Registered Nurse Delegator (RND) supervision due to dementia (memory loss), hypertension (high blood pressure), and pacemaker (a small, implantable medical device that helps regulate the heart's rhythm).

In an interview on 08/21/2025 at 2:19 PM, Staff D, Medication Technician, stated Resident 4 required two staff assistance for transfers and toileting.

Review of Resident 4's ISP, dated 07/07/2025, showed that the resident had a diagnosis of [REDACTED] and had a pacemaker. The ISP showed no documentation of the need for assistance by two facility staff with a gait belt for transfers and toileting. This ISP showed no documentation of any guidance or interventions for a pacemaker. The ISP further showed contradicting documentation in the pacemaker section of the ISP, showing the resident did not have a pacemaker. The ISP did not include any information regarding the need for nurse delegation.

Statement of Deficiencies	License #: 2514	Compliance Determination # 64685
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 10 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/12/25.

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

Maggie
Administrator (or Representative)

9/9/25
Date

WAC 388-78A-2461 Background checks General.

(1) Background checks conducted by the department and required in this chapter include:

(a) Washington state name and date of birth background checks; and

(b) After January 7, 2012, a national fingerprint background check in accordance with RCW 74.39A.050 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff had a Washington state name and date of birth background check completed upon hire and a fingerprint background check within 120 days, for 1 of 5 staff (Staff A). This failure placed residents at risk of receiving unsupervised care and services from a potentially disqualified staff.

Findings included...

Review of Staff A's, Executive Director, personnel file showed that they were hired on 11/20/2024. Further review showed that a Washington state name and date of birth background check was completed on 05/27/2025. Further review showed that a fingerprint background check was completed on 08/25/2025.

In an interview on 08/25/2025 at 12:01 PM, Staff H, Business Office Manager, confirmed Staff A's initial background check was not completed until 5/27/2025.

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, Summer Wood Alzheimer's Special Care Center 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-2461 Background checks General.

(1) Background checks conducted by the department and required in this chapter include:

(a) Washington state name and date of birth background checks; and

(b) After January 7, 2012, a national fingerprint background check in accordance with RCW 74.39A.056 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff had a Washington state name and date of birth background check completed upon hire and a fingerprint back round check within 120 days, for 1 of 5 staff (Staff A). This failure placed residents at risk of receiving unsupervised care and services from a potentially disqualified staff.

Findings included....

Review of Staff A's, Executive Director, personnel file showed that they were hired on 11/20/2024. Further review showed that a Washington state name and date of birth background check was completed on 05/27/2025. Further review showed that a fingerprint background check was completed on 08/25/2025.

In an interview on 08/25/2025 at 12:01 PM, Staff H, Business Office Manager, confirmed Staff A's initial background check was not completed until 5/27/2025.

Statement of Deficiencies	License #: 2534	Compliance Determination # 84686
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 11 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/12/25

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

maggs
Administrator (or Representative)

9/19/25
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.

(f) 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

This requirement was not met as evidenced by:

Based interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed every two years for 1 of 2 staff (Staff E). This failure placed all residents at risk of by receiving care and services from a potentially disqualified staff.

Findings included...

Review of Staff E's, Caregiver, personnel file showed that the most recent Washington state name and date of birth background check was completed on 05/30/2025 and the prior background check was completed on 06/22/2022.

In an interview on 08/25/2025 at 2:00 PM, Staff A, Executive Director, confirmed that Staff E's background checks had not been completed every two years as required.

This is a recurring citation previously cited on 05/16/2023.

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, Summer Wood Alzheimer's Special Care Center 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

This requirement was not met as evidenced by:

Based interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed every two years for 1 of 2 staff (Staff E). This failure placed all residents at risk of by receiving care and services from a potentially disqualified staff.

Findings included....

Review of Staff E's, Caregiver, personnel file showed that the most recent Washington state name and date of birth background check was completed on 05/30/2025 and the prior background check was completed on 06/22/2022.

In an interview on 08/25/2025 at 2:00 PM, Staff A, Executive Director, confirmed that Staff E's background checks had not been completed every two years as required.

This is a recurring citation previously cited on 05/16/2023.

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

Statement of Deficiencies	License #: 2514	Compliance Determination # 64686
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 12 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/12/25.

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

maggie
Administrator (or Representative)

9/9/25
Date

WAC 388-76A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Resident living rooms and resident sleeping rooms; and

(ii) Corridors, as well as common and outdoor areas accessible to residents.

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used:

(i) The system must be designed and installed consistent with industry standards and perform reliably throughout the facility, and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure there was a communication system available to request assistance for 4 of 4 residents (Resident 8, 9, 10 and 30) sampled for communication systems and 5 of 5 facility hallways (Hallway 1, 2, 3, 4, and 5). This failure placed residents at risk for falls and decreased quality of life by not being able to request staff assistance when needed.

Findings included...

In an interview on 08/20/2025 at 9:45 AM, Resident 8 stated that they did not have a call light in their room or a pendant to call for staff assistance. Resident 8 further stated that they needed to use their personal phone to call for help when they need assistance.

Observation on 08/20/2025 at 2:00 PM, showed no communication system in Resident 10's bedroom.

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, Summer Wood Alzheimer's Special Care Center 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-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used:

(i) The system must be designed and installed consistent with industry standards and perform reliably throughout the facility; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure there was a communication system available to request assistance for 4 of 4 residents (Resident 8, 9, 10 and 30) sampled for communication systems and 5 of 5 facility hallways (Hallway 1, 2, 3, 4, and 5). This failure placed residents at risk for falls and decreased quality of life by not being able to request staff assistance when needed.

Findings included....

In an interview on 08/20/2025 at 9:45 AM, Resident 8 stated that they did not have a call light in their room or a pendant to call for staff assistance. Resident 8 further stated that they needed to use their personal phone to call for help when they need assistance.

Observation on 08/20/2025 at 2:00 PM, showed no communication system in Resident 10's bedroom.

Statement of Deficiencies	License # 2514	Compliance Determination # 54585
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 13 of 15	Licensee: Summer Wood OpCo LLC	08/28/2025

Observation on 08/21/2025 at 2:07 PM, showed no communication system in Resident 30's room.

Observation on 08/22/2025 at 11:05 AM, showed no communication system in Resident 8's room. In an interview at that time, Staff B, Resident Care Coordinator, confirmed that other resident rooms did not have call lights or pull cords and that the facility did not use a pendant system for residents to request assistance from staff when in their rooms.

In an interview on 08/22/2025 at 1:30 PM, Staff G, Medication Technician, stated that for as long as they had worked at the facility (since 2013), there had not been a call light system or pendant system for residents to summon staff assistance.

In an interview on 08/26/2025 at 3:00 PM, Resident 9 stated that they did not have a call light or pendant to request help when needed and that they have "yelled" for help when they needed assistance from staff.

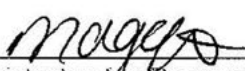
Observation on 08/22/2025 at 11:15 AM, during an environmental inspection of the facility's five hallways (Hall 1, 2, 3, 4, and 5) showed residents walked through the five hallways. Further observation showed no communication system for residents to request assistance from staff.

In an interview on 08/22/2025 at 11:48 AM, Resident 10 stated that they had no call light in their room and had to whistle or yell for staff assistance.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/12/25.

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


Administrator (or Representative)

9/19/25
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

Observation on 08/21/2025 at 2:07 PM, showed no communication system in Resident 30's room.

Observation on 08/22/2025 at 11:05 AM, showed no communication system in Resident 8's room. In an interview at that time, Staff B, Resident Care Coordinator, confirmed that other resident rooms did not have call lights or pull cords and that the facility did not use a pendant system for residents to request assistance from staff when in their rooms.

In an interview on 08/22/2025 at 1:30 PM, Staff G, Medication Technician, stated that for as long as they had worked at the facility (since 2013), there had not been a call light system or pendant system for residents to summon staff assistance.

In an interview on 08/20/2025 at 3:00 PM, Resident 9 stated that they did not have a call light or pendant to request help when needed and that they have "yelled" for help when they needed assistance from staff.

Observation on 08/22/2025 at 11:15 AM, during an environmental inspection of the facility's five hallways (Hall 1, 2, 3, 4, and 5) showed residents walked through the five hallways. Further observation showed no communication system for residents to request assistance from staff.

In an interview on 08/22/2025 at 11:48 AM, Resident 10 stated that they had no call light in their room and had to whistle or yell for staff assistance.

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, Summer Wood Alzheimer's Special Care Center 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

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure resident furniture was clean and in good repair in 4 of 4 resident common areas (Common Area 1, 2, 3, and 4) and 2 of 5 hallways (Hallway 2 and 3). This failure placed residents at risk of decreased quality of life due to not having homelike and well-maintained furniture to view and utilize.

Findings included....

<Common Area 1>

Observation on 08/22/2025 at 11:15 AM, showed two dining room type chairs with frayed and ripped/torn fabric.

<Common Area 2>

Observation on 08/22/2025 at 11:20 AM, showed that 13 dining room chairs had ripped and torn chair backs with white fuzzy fraying and cushions that were visibly stained.

<Hallway 2>

Observation on 08/22/2025 at 11:24 AM, showed a red lounge/bench with small tears to the arm and seat cushion.

<Common Area 3>

Observation on 08/22/2025 at 11:24 AM, showed a large tan colored three cushioned couch with a tear in each seat cushion that measured approximately one to three inches.

<Common Area 4>

Observation on 08/22/2025 at 11:25 AM, showed 15 dining room chairs with ripped fabric on the back sections and multiple visible large stains on the fabric like seat cushions.

Statement of Deficiencies	License #: 2514	Compliance Determination #64586
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
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<Hallway 3>

Observation on 08/22/2025 at 11:27 AM, showed a brown recliner with a torn seat cushion and missing the handle to recline the legs on the chair. Next to that chair was a brown round side table that showed the top was warped, the wood like laminate peeled back, and the surface appeared porous and could not be sanitized. Further down that hallway there was a red backed lounge/bench with one seat cushion visibly ripped and approximately one inch.

In an interview on 08/22/2025 at 11:30 AM, Staff A, Executive Director, stated they were aware of the furniture conditions but that they had not been able to replace the furniture mentioned. When asked about the six recliners not having handles, Staff A stated that they only had one handle that they used for all of the recliner chairs and they were not sure where it was located at that time.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 10/12/25.

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

maggo
Administrator (or Representative)

9/9/25
Date

<Hallway 3>

Observation on 08/22/2025 at 11:27 AM, showed a brown recliner with a torn seat cushion and missing the handle to recline the legs on the chair. Next to that chair was a brown round side table that showed the top was warped, the wood like laminate peeled back, and the surface appeared porous and could not be sanitized. Further down that hallway there was a red backed lounge/bench with one seat cushion visibly ripped and approximately one inch.

In an interview on 08/22/2025 at 11:30 AM, Staff A, Executive Director, stated they were aware of the furniture conditions but that they had not been able to replace the furniture mentioned. When asked about the six recliners not having handles, Staff A stated that they only had one handle that they used for all of the recliner chairs and they were not sure where it was located at that time.

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, Summer Wood Alzheimer's Special Care Center 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
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Summer Wood OpCo LLC
Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

RE: Summer Wood Alzheimer's Special Care Center # 2514

Dear Administrator:

This document references the following complaint numbers 192186.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 08/28/2025 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:

Stephanie Jenks, Community Field Manager
Residential Care Services

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

Region 1, Unit B

Preferred methods:

eFax: (509) 921-2426

Email: rcsregion1email@dshs.wa.gov

Optional method:

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- 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-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

Based on observation and interview, the facility failed to maintain hot water below 120 degrees during the inspection in one of two common area restrooms and the activities room. The maintenance director immediately turned down the water temperature and by the conclusion of the department's visit, all water temperatures were within required parameters.

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

Summer Wood Alzheimer's Special Care Center #2514

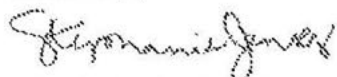
08/28/2025

Page 3 of 3

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,



Stephanie Jenks, Community Field Manager

Region 1, Unit B

Residential Care Services

Enclosure

Summer Wood Alzheimer's Special Care Center # 2514

08/28/2025

Page 3 of 3

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager

Region 1, Unit B

Residential Care Services

Enclosure

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