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

09/22/2025

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 letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 65870 (Completion Date 09/22/2025) and 62259 (Completion Date 07/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/22/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

The Department staff who did the On Site verification:

Amy Wright, NCI Complain Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Summer Wood Alzheimer's Special Care Center
Provider Type: Assisted Living Facility
License/Cert.#: 2514
Intake ID: 184680
Compliance Determination #: 62259
Region/Unit #: RCS Region 1 / Unit B
Investigator: Amy Wright
Investigation Date(s): 07/08/2025 through 07/21/2025
Complainant Contact Date(s): 07/07/2025, 07/21/2025

Allegation(s):

1. Staff are locking the residents' doors.
2. Staff working without their HCA.
3. Inadequate staff training.

Investigation Methods:

Sample:
Total residents: 54
Resident sample size: 6
Closed records sample size: 0

Observations:
Alleged Victim
Residents
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Reporter
Business Office Manager
Former staff
Resident
Lead Medication Technician
Resident Representatives

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Resident face sheets
*Resident care plans
*Incident investigations
*Resident Fall Response Policy
*Progress notes
*Staff credentials
*Staff training records
*Staff TB records
*Behavior Evaluation and Management Plan

*Staff schedule
*Medication administration records
*Destruction of Medication Policy
*Hospital after-visit summaries
*Shower documentation

Investigation Summary:

1. Interview with facility management showed that the residents' doors were often kept locked to discourage residents from entering the wrong room. Interview with the Alleged Victim's Representative showed that staff routinely assisted the resident by unlocking their door. Resident representatives were interviewed, and no concerns were voiced about the practice of locking the doors. Staff were observed readily available to unlock resident doors when requested by residents or family. No failed facility practice.
2. Record review showed that facility staff who had not acquired their home care aide certification in the time required continued to work as caregivers. Failed facility practice identified and cited under WAC 388-78A-2474 Training and home care aide certification requirements (2)(4).
3. Record review showed that staff training did not occur within the required timeframes for five of five sampled staff. Failed practice identified and cited under WAC 388-78A-2474 Training and home care aide certification requirements (2)(a)(b)(d). This is a recurring citation for subsections (2)(b), previously cited on 04/23/2024.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Summer Wood Alzheimer's Special Care Center
Provider Type: Assisted Living Facility
License/Cert.#: 2514
Intake ID: 185711
Compliance Determination #: 62259
Region/Unit #: RCS Region 1 / Unit B
Investigator: Amy Wright
Investigation Date(s): 07/08/2025 through 07/21/2025
Complainant Contact Date(s): 07/07/2025, 07/21/2025

Allegation(s):

1. Unused medications not disposed of timely.
2. Inadequate incontinence care.
3. Inadequate staffing and supervision of residents.
4. TB tests not being done as required.

Investigation Methods:

Sample:	Total residents: 54 Resident sample size: 6 Closed records sample size: 0
Observations:	Alleged Victim Residents Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Original Reporter Business Office Manager Lead Medication Technician Former staff Resident Resident Representatives
Record Reviews:	*Disclosure of Services *Characteristic roster *Staff roster *Resident face sheets *Resident care plans *Incident investigations *Resident Fall Response Policy *Progress notes *Staff credentials *Staff training records *Staff TB records

*Behavior Evaluation and Management Plan
*Staff schedule
*Medication administration records
*Destruction of Medication Policy
*Hospital after-visit summaries
*Shower documentation

Investigation Summary:

1. Interview with a medication technician showed that the facility had a process for unused medication destruction. The medication technician denied that untimely medication destruction would affect their ability to do their job in any way. Resident representatives were interviewed, and no concerns were voiced about the facility's medication management practices. Record review showed that residents received their ordered medications routinely. Staff were observed available to participate in medication destruction when needed. No resident harm was identified as a result of the untimely medication destruction. No failed facility practice.
2. The Alleged Victim and other residents were observed throughout the facility, and no signs of unaddressed incontinence were noted. Interview with staff showed they were able to provide routine incontinence care to residents when needed. Resident representatives were interviewed, and they denied concerns about inadequate incontinence care. Staff were observed available to assist with resident care when needed. No failed facility practice.
3. The Alleged Victim and other residents were observed during the facility tour. They appeared well kept and no unmet needs were identified. Resident representatives were interviewed. They reported that supervision was adequate and they denied concerns about their loved ones' care. Interview with staff showed that although they may have one caregiver less than preferred at times, they were still able to meet the needs of the residents. Staff were observed available to assist with resident care throughout the facility. No failed facility practice.
4. Record review showed that staff tuberculosis screening did not occur within the required timeframe for three of seven sampled staff. Failed practice was identified and cited under WAC 388-78A-2480 Tuberculosis-testing-required.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2514	Compliance Determination # 62259
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 1 of 6	Licensee: Summer Wood OpCo LLC	07/21/2025

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

The department completed data collection for an unannounced on-site complaint investigation on 07/08/2025 of:

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

This document references the following complaint number(s): 184395, 184680, 185297, 185711

The following sample was selected for review during the unannounced on-site visit: 6 of 54 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain Investigator

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

Statement of Deficiencies	License #: 2514	Compliance Determination # 62259
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 2 of 6	Licensee: Summer Wood OpCo LLC	07/21/2025

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: 07/23/2025

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.

Maggie McKeen — Administrator (or Representative) — Date: 7/30/25

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement a system that ensured staff received tuberculosis testing within three days of employment for 3 of 7 staff (Staff B, E, and H). This failed practice increased the risk of exposing residents to an infectious respiratory disease.

Findings included...

<Staff B>

Review of an undated staff roster showed that Staff B, Caregiver, was hired on 04/25/2025.

Review of a staff schedule for May of 2025 showed that Staff B was scheduled on the floor as a caregiver beginning on 05/02/2025.

In an interview on 07/07/2025 at 3:49 PM, Staff B stated they never got their tuberculosis test done.

Requests for Staff B's tuberculosis screening records were made on 07/09/2025 at 10:

38 AM, 07/14/2025 at 12:42 PM, 07/14/2025 at 3:16 PM, and 07/17/2025 at 2:13 PM. No screening records for Staff B were received.

<Staff E>

Review of an undated staff roster showed that Staff E, Caregiver, was hired on 05/10/2024.

Review of tuberculosis testing records for Staff E showed they were not screened for tuberculosis until 05/29/2024, 19 days after they were hired.

<Staff H>

Review of an undated staff roster showed that Staff H, Medication Technician, was hired on 08/12/2024.

Review of tuberculosis testing records for Staff H showed they were not screened for tuberculosis until 09/13/2024, approximately one month after they were hired.

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) 8/30/25 .

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

Maggie

Administrator (or Representative) 7/30/25 Date

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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed their orientation and safety training prior to providing resident care for 2 of 3 staff (Staff B and C), failed to ensure that staff completed their basic training within 120 days of hire for 2 of 2 staff (Staff D and E), failed to ensure that staff completed their cardiopulmonary resuscitation training within 30 days of hire for 3 of 3 staff (Staff B, C, and F), and failed to ensure that staff received their home-care aide certification within 200 days of hire for 2 of 4 staff (Staff D and Staff E.) These failed practices placed residents at risk for inadequate care and decreased quality of life.

Findings included...

<Orientation and Safety Training>

Review of staff orientation and safety training records, dated 05/13/2025, showed that Staff B, Caregiver, completed their orientation and safety training that day.

Review of a staff schedule for May of 2025 showed that Staff B was scheduled on the floor as a caregiver beginning on 05/02/2025, 11 days before they took their orientation and safety training.

Review of staff orientation and safety training records for, dated 06/17/2025, showed that Staff C, Caregiver, completed their orientation and safety training that day.

Review of a staff schedule for June of 2025 showed that Staff C was scheduled on the floor as a caregiver beginning on 06/16/2025, the day before they took their orientation and safety training.

<Basic Training>

Review of an undated staff roster showed that Staff D, Caregiver, was hired on 09/03/2024. Further review of the staff roster showed that Staff E, Caregiver, was hired on 05/10/2024.

Review of basic training records, dated 10/01/2024, showed that Staff E did not complete their basic training until that day, nearly five months after starting at the facility.

Review of basic training records, dated 07/01/2025, showed that Staff D did not complete their basic training until that day, nearly 11 months after they started at the facility.

<CPR>

Review of an undated staff roster showed that Staff B was hired on 04/25/2025.

Review of a staff schedule, dated June of 2025, showed that Staff B continued to work at the facility through the end of June of 2025, approximately two months after they started at the facility.

In an interview on 07/07/2025 at 3:49 PM, Staff B stated they never got their cardiopulmonary resuscitation (CPR) card.

In an email communication sent on 07/14/2025 at 2:44 PM, Staff A, Executive Director, stated that the facility did not have cardiopulmonary resuscitation (CPR) cards for Staff C or Staff F, Caregiver, though they were both scheduled to take the next CPR class.

In an interview on 07/17/2025 at 1:30 PM, Staff A stated that Staff B quit before they completed their CPR training.

In an email communication sent on 07/18/2025 at 2:06 PM, Staff A stated that Staff C was hired on 06/16/2025. Staff A stated that Staff F was hired on 05/06/2025.

Review of facility-provided staff CPR cards showed there were no CPR cards for Staff B, Staff C, or Staff F.

<HCA>

Review of an undated staff roster showed that Staff D was hired on 09/03/2024. Further review of the roster showed that Staff E was hired on 05/10/2024.

In an interview on 07/08/2025 at 10:44 AM, Staff G, Business Office Manager, stated there were staff who continued to work beyond 200 days from their date of hire who

had not yet acquired their home care aide certification.

Review of a credential verification document, dated 07/11/2025, showed that Staff D's home care aide certification was still pending, nearly 10 months after they were hired.

Review of a credential verification document, dated 07/09/2025, showed that Staff E's home care aide certification was still pending, approximately 14 months after they were hired.

This is a recurring citation for subsections (2)(b), previously cited on 04/23/2024.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 8/30/25 .

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

Administrator (or Representative) Date 7/30/25