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

Cypress Assisted Living, Inc

Cypress Assisted Living Inc
911 21st St
Anacortes, WA 98221

RE: Cypress Assisted Living Inc License # 2527

Dear Administrator:

This letter addresses Compliance Determination(s) 64429 (Completion Date 09/04/2025) and 60888 (Completion Date 06/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/04/2025 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-2240, WAC 388-78A-2230-1-c, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2, WAC 388-78A-2210-2-b, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2481-1-a, WAC 388-78A-2410-4, WAC 388-78A-2150, WAC 388-78A-2150-1, WAC 388-78A-2300-2-a, WAC 388-78A-2300-2-a-i, WAC 388-78A-2300-2-a-ii, WAC 388-78A-2300-2-a-iii, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c, WAC 388-78A-2620-2-a

The Department staff who did the on-site verification:
Melissa Phillips, Long Term Care Surveyor

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

Sincerely,

Jamie Singer

Jamie Singer, Field Manager

Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/10/2025, 06/11/2025, 06/12/2025 and 06/13/2025 of:

Cypress Assisted Living Inc
911 21st St
Anacortes, WA 98221

The following sample was selected for review during the unannounced on-site visit: 7 of 41 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

Statement of Deficiencies	License #: 2527	Compliance Determination # 60888
Plan of Correction	Cypress Assisted Living Inc	Completion Date
Page 2 of 23	Licensee: Cypress Assisted Living, Inc	06/24/2025

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.

Kim Ripley
Residential Care Services

07/02/2025
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)

7/11/25
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 2 of 7 residents (Resident 1 and 6). These failures resulted in Resident 1 not receiving 16 doses of their prescribed medications and Resident 6 not receiving 66 doses of their prescribed medications, placing Resident 1 and 6 at risk for medical complications.

Findings included...

Review of the ALF's policy, dated 03/19/2023, titled "Medication Administration", showed if scheduled medication is not available, the ALF is to immediately contact the pharmacy or responsible party to obtain the medication.

Resident 1

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted] and [redacted]

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

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 2 of 7 residents (Resident 1 and 6). These failures resulted in Resident 1 not receiving 16 doses of their prescribed medications and Resident 6 not receiving 66 doses of their prescribed medications, placing Resident 1 and 6 at risk for medical complications.

Findings included...

Review of the ALF's policy, dated 03/19/2023, titled "Medication Administration", showed if scheduled medication is not available, the ALF is to immediately contact the pharmacy or responsible party to obtain the medication.

Resident 1

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted] and [redacted].

Review of a Negotiated Service Agreement (NSA), dated [redacted]/2025, showed Resident 1 required medication assistance from the ALF. The NSA showed the ALF's community pharmacy would provide all prescribed medications.

Review of an Electronic Medical Administration Record (EMAR), dated 05/01/2025 to 06/12/2025, showed Resident 1 was prescribed the following medications:

Nystatin powder (a prescribed powder used to treat fungal infections) to affected areas every morning and at bedtime for yeasty rash for 14 days starting on 5/24/2025. The EMAR showed that Resident 1's Nystatin was marked as not given with code number "9" from 05/26/2025 to 06/02/2025, missing a total of four doses. The EMAR identified code "9" as "Other/See Nurse Notes."

Pantoprazole Sodium (a medication that decreases a person's amount of stomach acid reducing heartburn) for GERD two times a day starting on 05/24/2025 and ending on 05/28/2025. A second order showed Resident 1 was prescribed Pantoprazole Sodium for GERD one time a day starting on 5/29/2025. The EMAR showed that Resident 1's Pantoprazole was marked as not given with code number "9" from 05/24/2025 to 06/02/2025, missing a total of 12 doses.

Rosuvastatin calcium (a medication used to decrease fats in the blood) at bedtime related to hyperlipidemia starting on 05/23/2025. The EMAR showed that Resident 1's Rosuvastatin was marked as not given with code number "9" from 06/05/2025 to 06/12/2025, missing a total of eight doses.

Review of "Progress Notes with Medication Administration Notes", dated 05/24/2025 to 06/12/2025, showed:
Resident 1 did not receive their prescribed Nystatin due to the following reasons: "waiting on pharmacy" and "waiting for pharmacy to deliver".
Resident 1 did not receive their prescribed Pantoprazole Sodium due to the following reasons: "pending delivery", "awaiting delivery", "on order", "not on cart", "pending insurance approval", "awaiting insurance approval".
Resident 1 did not receive their prescribed Rosuvastatin calcium due to the following reasons: "waiting on delivery" and "waiting on doctors' orders".

Review of Resident 1's May 2025 and June 2025 physician fax notifications showed no documents alerting Resident 1's primary care provider of Resident 1's missed medications.

Resident 6

Review of an undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted]

[redacted]

Review of an NSA, dated [redacted]/2025, showed Resident 6 required medication assistance from the ALF. The NSA showed the ALF's community pharmacy provided medications.

Review of Resident 6's April 2025 EMAR and progress notes showed the following:

Magnesium Oxide Oral Tablet 400 Milligram (MG) (a supplement that can be used to help treat constipation) was to be given three times daily starting on [redacted]/2025. The EMAR showed that from 04/15/2025 to 04/28/2025 the medication had not been provided to the resident, missing a total of 42 doses.

Multiple Vitamins/Iron Oral Tablet (a supplement used to provide vitamins and iron that are not taken in through the diet) was to be given once a day starting on 04/16/2025. The EMAR showed that from 04/16/2025 to 04/28/2025 the medication had not been provided to the resident, missing a total of 13 doses.

Vitamin C Oral Tablet (a supplement that can be used to boost immunity, improve heart health, and increase iron absorption) was to be given once a day starting on 04/16/2025. The EMAR showed that from 04/16/2025 to 04/28/2025 the medication had not been provided to the resident, missing a total of 13 doses

Review of "Progress Notes with Medication Administration Notes", dated [redacted]/2025 to 04/28/2025, showed the following:

Resident 6 did not receive their Magnesium Oxide due to the following reasons; did not come with pharmacy, on order, and waiting on doctor's orders. A progress note dated 04/28/2025 showed that the pharmacy had been contacted and the medication was not covered by insurance. There was no additional documentation available to show that the pharmacy had been contacted prior to 04/28/2025.

Resident 6 did not receive their Multiple Vitamins/Iron Oral Tablet because it was that it was on order. A progress note dated 04/28/2025 showed that the pharmacy had been contacted and the medication was not covered by insurance. There was no additional documentation available to show that the pharmacy had been contacted prior to 04/28/2025.

Resident 6 did not receive their Vitamin C Oral Tablet and the reason documented in the progress notes was that it was on order. A progress note dated 04/28/2025 showed that the pharmacy had been contacted and the medication was not covered by insurance. There was no additional documentation available to show that the pharmacy had been contacted prior to 04/28/2025.

On 6/12/2025 at 2:14 PM, Staff G, Wellness Director, stated that if medications weren't in the cart, staff needed to contact the pharmacy to ask why the medications hadn't been sent. If it was due to insurance reasons and the resident did not want to pay the out of pocket fees, their primary care provider should be contacted for alternatives that may be covered or ask to discontinue the medication. Staff G stated that residents shouldn't be waiting to get their prescribed medications.

On 06/14/2025 at 10:32 AM, Staff G stated that Code 9 in the EMAR signifies that the resident did not receive their medication and the reason should be listed in the EMAR progress notes. Staff G stated they weren't completely sure why Resident 1 and 6 did not receive their medications as prescribed and would have to look into it.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/6/25 .

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

Administrator (or Representative) [signature] Date 7/11/25

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician for 2 of 7 residents (Resident 1 and 6) when Residents 1 and 6

On 6/12/2025 at 2:14 PM, Staff G, Wellness Director, stated that if medications weren't in the cart, staff needed to contact the pharmacy to ask why the medications hadn't been sent. If it was due to insurance reasons and the resident did not want to pay the out of pocket fees, their primary care provider should be contacted for alternatives that may be covered or ask to discontinue the medication. Staff G stated that residents shouldn't be waiting to get their prescribed medications.

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

_____ _____

Administrator (or Representative) Date

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(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician for 2 of 7 residents (Resident 1 and 6) when Residents 1 and 6

chose not to take their medications as prescribed. These failures resulted in the residents' physicians not being aware of the missed medications and placed Resident 1 and 6 at risk for not receiving informed decisions by their health care provider and complications related to untreated health care needs.

Findings included…

Resident 1

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted].

Review of a Negotiated Service Agreement (NSA), dated [redacted]/2025, showed Resident 1 required medication assistance from the ALF.

Review of Resident 1's April and May 2025 Electronic Medication Administration Records (EMAR's) showed a physician's order for Polyethylene Glycol Powder (a medication used to treat constipation) every other day for constipation. The EMAR showed that Resident 1 refused 11 of 18 doses between 04/26/2025 and 05/30/2025.

Review of April and May 2025 progress notes showed no documentation of communication with Resident 1's physician regarding the refusals.

Review of Resident 1's April and May 2025 physician fax notifications showed no documents alerting Resident 1's primary care provider of Resident 1's refusals of Polyethylene Glycol.

On 06/12/2025 at 2:09 PM, Staff G, Wellness Director, stated that when a resident refuses their medication, staff are supposed to be putting in a progress note as to why medication was not administered and what staff did to let the doctor know.

On 06/14/2025 at 12:14 PM, Staff G stated that they, nor anyone else, had evaluated the significance Resident 1 not receiving their medication. Staff G stated in the future they would be letting the residents' doctors know of any refusals.

Resident 6

Review of Resident 6's undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted]

and [redacted]

Review of an NSA, dated 05/14/2025, showed Resident 6 required medication administration from the ALF.

Review of Resident 6's May and June 2025 EMARs showed the following:

A physician's order for Ziprasidone Hydrochloride (HCL) (used to treat borderline personality disorder), 20 MG capsule by mouth with dinner, starting [redacted]/2025. The EMAR showed that Resident 6 refused 37 of 38 doses between 05/04/2025 and 06/10/2025.

A physician's order for Ciprofloxacin HCL (used to treat Diverticulitis (an inflammation of irregular bulging pouches in the wall of the large intestine)), 1 tablet by mouth every 12 hours, starting 04/29/2025 and ending on 05/06/2025. The EMAR showed Resident 6 refused 7 of 14 doses between 04/30/2025 and 05/06/2025.

Review of May and June 2025 progress notes showed no communication with Resident 6's physician regarding the refusals.

On 06/12/2025 at 10:27 AM, Resident 6 stated that they did not want to take their mood stabilizer (Ziprasidone) any longer and denied having the mental health condition that it was prescribed for.

On 06/12/2025 at 1:51 PM, Staff G stated that staff were supposed to be notifying them of medication refusals and that they had not been notified. Staff G was unable to provide documentation prior to 06/11/2025 that Resident 6's physician had been notified of the medication refusals.

Statement of Deficiencies	License #: 2527	Compliance Determination # 60888
Plan of Correction	Cypress Assisted Living Inc	Completion Date
Page 8 of 23	Licensee: Cypress Assisted Living, Inc	06/24/2025

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/6/25 .

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

Administrator (or Representative) 7/11/25 Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 1 of 7 residents (Resident 2) received their medication as prescribed when Resident 2's medical provider was not contacted when blood sugars and insulin coverage (refers to the administration of insulin to regulate a patient's blood sugar levels) were outside of the medical providers stated parameters. This failure placed Resident 2 at risk of their diabetes not being managed by the medical provider.

Findings included...

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's Negotiated Service Agreement (NSA), dated 02/22/2025, showed

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, Cypress Assisted Living Inc 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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(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 1 of 7 residents (Resident 2) received their medication as prescribed when Resident 2's medical provider was not contacted when blood sugars and insulin coverage (refers to the administration of insulin to regulate a patient's blood sugar levels) were outside of the medical providers stated parameters. This failure placed Resident 2 at risk of their diabetes not being managed by the medical provider.

Findings included…

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including Type 1 [redacted].

Review of Resident 2’s Negotiated Service Agreement (NSA), dated 02/22/2025, showed

Resident 2 was to have medication administered by Community Administers.

Review of Resident 2’s Electronic Medical Administration Record's (EMAR's), dated April 2025, May 2025 and June 2025, showed Resident 2 was to "manage their meal and bedtime insulin coverage" (Resident 2 told the staff how much insulin they wanted). Staff were to call the medical provider for any coverage given for blood sugar less than 100 or any bolus (a precise dose of rapid or short acting insulin administered just before meals) given over 12 units and any blood sugars under 70 or over 450. Review of the EMAR showed the Novolog Flex Pen Solution Pre-Injector 100 unit/ml entry had blood sugar ranges but did not include the medical provider's recommended units of insulin to be given.

The EMAR for April 2025 showed the wrong dose was given 112 times, May 2025 EMAR showed the wrong dose was given 109 times, and for 06/01/2025 - 06/11/2025 showed the wrong dose was given 39 times.

The April 2025 EMAR showed entries were made 13 times where the medical provider should have been called due to their blood sugar being outside of the parameters and/or receiving over 12 units. The May 2025 EMAR showed entries were made 17 times where the medical provider should have been called. The June EMAR showed that from 06/01/2025 to 06/12/2025, 4 entries were made where the medical provider should have been called.

Review of Resident 2’s progress notes dated from 04/01/2025 to 06/12/2025 showed no documentation of staff notifying the medical provider of blood sugars less than 100 or any bolus over 12 units.

On 06/12/2025 at 3:27 PM, Staff L, Licensed Nurse, stated that Resident 2 manages their own insulin and that Resident 2 tells them the units of insulin that they want, and they give it to them.

On 06/13/2025 at 10:10 AM, Staff J, Licensed Nurse, stated that they do call the medical provider when Resident 2’s blood sugar or coverage is out of the parameters. Staff J stated that they would document that notification to the medical provider in the progress notes.

On 06/13/2025 at 10:15 AM, Staff M, Licensed Nurse, stated that only the nurses give Resident 2 their insulin injections. Staff M stated that they check Resident 2’s blood sugar and then the resident tells Staff M the units of insulin that they want.

On 06/17/2025 at 12:28 PM, Collateral Contact 1 (CC1) Pharmacy staff, stated that on 04/24/2025 they received an order from Resident 2’s medical provider with the sliding scale units to be given. The order was for a sliding scale with blood sugars between 131-180 there should be 4 units given, 181-240 8 units, 241-300 10 units, 301-350 12

units, 351-400 16 units and 401-500 20 units. CC1 stated it appeared the units did not get put into the EMAR. CC1 stated that all orders are sent to the facility, in addition to the pharmacy getting the orders. Both the facility and the pharmacy can make entries into the EMAR.

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) 7/11/25 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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training for 1 of 4 staff (Staff D), Basic training for 1 of 4 staff (Staff C and D), Dementia and Mental Health specialty training for 2 of 6 staff (Staff C and D), Developmental Disability specialty training for 6 of 6 staff (Staff A, B, C, D, E, and F), Occupational Safety and Health Administration (OSHA) approved hands-on Cardiopulmonary Resuscitation (CPR) and First Aid training for 5 of 6 staff (Staff B, C, D, E, and F), 12 hours of annual continuing education (CE) for 2 of 2 staff (Staff E and F). These failures resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 41 residents at risk for compromised care and safety.

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training for 1 of 4 staff (Staff D), Basic training for 1 of 4 staff (Staff C and D), Dementia and Mental Health specialty training for 2 of 6 staff (Staff C and D), Developmental Disability specialty training for 6 of 6 staff (Staff A, B, C, D, E, and F), Occupational Safety and Health Administration (OSHA) approved hands-on Cardiopulmonary Resuscitation (CPR) and First Aid training for 5 of 6 staff (Staff B, C, D, E, and F), 12 hours of annual continuing education (CE) for 2 of 2 staff (Staff E and F). These failures resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 41 residents at risk for compromised care and safety.

Findings included…

Orientation and Safety training

Review of WAC 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of the ALF's employee files showed the following:

Staff D, Caregiver, was hired on 01/16/2025. Staff D's file showed no record of a completed Orientation and Safety training.

On 06/12/2025 at 10:39 AM, Staff H, Business Office Manager, stated that Staff D had not completed Orientation and Safety training.

On 06/16/2025 at 12:41 PM, Staff D stated that they did not receive any Orientation and Safety training when they were first hired.

Basic Training

Review of WAC 388-112A-0080(5) showed long-term care workers in assisted living facilities must complete the 70-hour Basic training within 120 days of their date of hire.

Review of the ALF’s employee files showed the following:

Staff C, Caregiver, was hired on 07/02/2024. Staff C’s file showed no record of a completed 70-hour Basic training course, past due by 343 days.

Staff D, Caregiver, was hired on 01/16/2025. Staff D’s file showed no record of a completed 70-hour Basic training course, past due by 145 days.

On 06/12/2025 at 10:42 AM, Staff H stated that Staff C and D had not yet completed their Basic training courses, but that they were both currently enrolled and working on it.

On 06/16/2025 at 12:41 PM, Staff D stated that they were working on finishing their Basic training course.

Specialty Training

Review of WAC 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they must provide employees with specialty training.

Review of the ALF's Resident Characteristic Roster, provided on 05/05/2025, showed five residents living in the ALF had a [redacted] diagnosis, one of seven sampled residents had a [redacted] diagnosis, and one of seven sampled residents had a [redacted] diagnosis.

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 01/03/2025. Staff A's file showed no record of completed Developmental Disability training, past due by 38 days.

Staff B, Resident Care Coordinator, was hired on 11/19/2024. Staff B's file had no record of completed Developmental Disability training, past due by 83 days.

Staff C, Caregiver, was hired on 07/02/2024. Staff C's file showed no record of completed Dementia, Mental Health, or Developmental Disability specialty training, past due by 223 days.

Staff D, Caregiver, was hired on 01/16/2025. Staff D's file showed no record of completed Dementia, Mental Health, or Developmental Disability specialty training, past due by 25 days.

Staff E, Medication Technician, was hired on 07/14/2020. Staff E's file showed no record of completed Developmental Disability training, past due by 1,672 days.

Staff F, Caregiver, was hired on 12/01/2019. Staff F's file showed no record of

completed Developmental Disability training, past due by 1,898 days.

On 6/12/2025 at 10:52 AM, Staff H stated that Staff C and D were signed up for Dementia and Mental Health specialty training but they had not yet started the classes.

On 06/12/2025 at 10:53 AM, Staff A stated that they did not realize their staff needed to take Developmental Disability training.

CPR and First Aid Training

Review of WAC 388-112A-0720(2)(a) showed long-term care workers must have and maintain a valid CPR and First Aid card or certificate within 30 days of their date of hire.

Review of WAC 388-112A-0710 What is CPR/first-aid training? showed CPR/first aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Review of OSHA's Best Practices Guide: Fundamentals of a Workplace First-Aid Program (https://www.osha.gov/sites/default/files/publications/OSHA3317first-aid.pdf) showed CPR and first aid training programs should have trainees develop hands-on skills through the use of mannequins and partner practice.

Review of the ALF’s employee files showed the following:

Staff B, Resident Care Coordinator, was hired on 11/19/2024. Staff B’s file showed no record of first aid training, past due by 173 days.

Staff C, Caregiver, was hired on 07/02/2024. Staff C’s file showed no record of first aid training, past due by 313 days.

Staff D, Caregiver, was hired on 01/16/2025. Staff D’s file showed no record of CPR or first aid training, past due by 148 days.

Staff E, Medication Technician, was hired on 07/14/2020. Staff E’s file showed current CPR training by nationalCPRfoundation.com, a company that offers online CPR training and certification. Review of the company’s site showed they do not offer any hands-on CPR training. Staff E’s file showed no record of first aid training, past due by 1,762 days.

Staff F, Caregiver, was hired on 12/01/2019. Staff F’s file showed no record of current

CPR or first aid training past due by 1,988 days.

On 06/12/2025 at 11:24 AM, Staff H stated that hadn't realized Staff B and C's CPR certification didn't include a first aid component. Staff H stated that their company was working on a process to get their staff certified in CPR and first aid and that Staff D, E, and F would be signed up as soon as that is in place.

On 06/14/2025 at 4:14 PM, Staff E stated that their CPR training was completed online only and had no hands-on portions and did not include first aid training.

On 06/14/2025 at 4:19 PM, Staff F stated that their previous CPR/first aid card had expired.

On 06/16/2025 at 12:41 PM, Staff D stated that they had not taken CPR or first aid training yet and were waiting for management to get them set up with this training.

Continuing Education

Review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education by their birthday each year.

Review of the ALF's employee files showed the following:

Staff E, Medication Technician, was hired on 07/14/2020. There was no documentation that Staff E completed any CE in the time period between their birthday in 2023 and their birthday in 2024.

Staff F, Caregiver, was hired on 12/01/2019. There was no documentation that Staff F completed any CE in the time period between their birthday in 2023 and their birthday in 2024.

On 06/12/2025 at 10:58 AM, Staff A stated that previous administration had not been utilizing their online CE program for staff. Staff A stated that since they have been hired they have been working on a new process and program to get their older staff up to date on their CE requirements.

On 06/14/2025 at 4:14 PM, Staff E stated that they had not been aware that CE was a necessity until new management took over. Staff E stated that they did not have any hours of continuing education between March 2024 and March 2025.

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On 06/14/2025 at 4:19 PM, Staff F stated that they had CE hours from 2018 and 2019, but no CE after this time period as previous management wasn't requiring this.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/6/25.

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

Administrator (or Representative) 7/11/25 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff C and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment and failed to ensure 1 of 4 staff (Staff C) had a second step TB test administered one to three weeks after their first test. These failures resulted in Staff C and D not having been cleared of infection and placed all 41 residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 07/02/2024. Staff C did not receive a TB test until 08/06/2024, 35 days after their hire date. Staff C did not receive their second step TB test until 09/05/2024, 4 weeks and 3 days after their first test.

Staff D, Caregiver, was hired on 01/16/2025. There was no documentation of any TB tests in Staff D's file as of 146 days after their date of hire.

On 06/14/2025 at 4:19 PM, Staff F stated that they had CE hours from 2018 and 2019, but no CE after this time period as previous management wasn't requiring this.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Administrator (or Representative) Date

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(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff C and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment and failed to ensure 1 of 4 staff (Staff C) had a second step TB test administered one to three weeks after their first test. These failures resulted in Staff C and D not having been cleared of infection and placed all 41 residents at risk of possible exposure to a communicable disease.

Findings included…

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 07/02/2024. Staff C did not receive a TB test until 08/06/2024, 35 days after their hire date. Staff C did not receive their second step TB test until 09/05/2024, 4 weeks and 3 days after their first test.

Staff D, Caregiver, was hired on 01/16/2025. There was no documentation of any TB tests in Staff D's file as of 146 days after their date of hire.

On 06/29/2025 at 11:29 AM, Staff H, Business Office Manager, stated that TB testing was now done at the end of orientation on their first day. Staff H stated they weren't sure why Staff C's first and second steps were administered late or why Staff D hadn't had their TB test, but they are working on a new process to ensure TB requirements are met.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/16/25.

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

Administrator (or Representative) — Date: 7/11/25

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff B and C) had a trained professional read the results of their tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) skin test 48 to 72 hours after administration of the test. These failures placed all 41 residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Resident Care Coordinator, was hired on 11/19/2024. Staff B's first step of TB testing was administered on 11/19/2024; the columns titled "Date Read", "Result", and "Read By" were crossed out with no written information. There were no further records available for review to show that their first test was read within 24 to 72 hours.

On 06/29/2025 at 11:29 AM, Staff H, Business Office Manager, stated that TB testing was now done at the end of orientation on their first day. Staff H stated they weren't sure why Staff C's first and second steps were administered late or why Staff D hadn't had their TB test, but they are working on a new process to ensure TB requirements are met.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff B and C) had a trained professional read the results of their tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) skin test 48 to 72 hours after administration of the test. These failures placed all 41 residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Resident Care Coordinator, was hired on 11/19/2024. Staff B's first step of TB testing was administered on 11/19/2024; the columns titled "Date Read", "Result", and "Read By" were crossed out with no written information. There were no further records available for review to show that their first test was read within 24 to 72 hours.

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Staff C, Caregiver, was hired 07/02/2024. Staff C's first step of TB testing was administered on 08/06/2024 and read on 08/13/2024, 7 days after their first test. Staff C's second step of TB testing was administered on 09/05/2024 and read on 09/10/2025, 5 days after their second test.

On 06/12/2025 at 1:47 PM, Staff A, Executive Director, stated that they implemented a new process where there would only be one staff designated to do TB tests that better understood all the TB timelines.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/6/25.

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

Administrator (or Representative) [signature] Date 7/11/25

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(4) The resident's assessment and reassessment information.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to keep documents showing they had completed a preadmission assessment on 1 of 2 newly admitted residents (Resident 6). This failure resulted in staff not having access to important information to guide their service planning for Resident 6.

Findings included...

Review of Resident 6's undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted]

Staff C, Caregiver, was hired 07/02/2024. Staff C's first step of TB testing was administered on 08/06/2024 and read on 08/13/2024, 7 days after their first test. Staff C's second step of TB testing was administered on 09/05/2024 and read on 09/10/2025, 5 days after their second test.

On 06/12/2025 at 1:47 PM, Staff A, Executive Director, stated that they implemented a new process where there would only be one staff designated to do TB tests that better understood all the TB timelines.

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-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(4) The resident's assessment and reassessment information.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to keep documents showing they had completed a preadmission assessment on 1 of 2 newly admitted residents (Resident 6). This failure resulted in staff not having access to important information to guide their service planning for Resident 6.

Findings included…

Review of Resident 6's undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses including [redacted] and [redacted].

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Review of Resident 6's records showed no documentation of a preadmission assessment having been completed before admission.

On 06/12/2025 at 1:25 PM, Staff G, Wellness Director, stated that they could not locate a preadmission assessment for Resident 6. Staff G stated that Resident 6's preadmission assessment had been completed prior to their hire date. Staff G stated that it was their understanding that prior to their hire, preadmission assessments had been being completed, and that they were shredded after the information was entered into the service plan.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/6/25 .

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

Administrator (or Representative) [signature] Date 7/11/25

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain resident signatures on their Negotiated Service Agreements (NSA) at least annually for 5 of 5 residents (Residents 2, 3, 4, 5 and 7). These failures resulted in Residents 2, 3, 4, 5 and 7 receiving care that was not agreed to and placed these residents at risk for receiving care from the ALF that didn't support their needs and preferences.

Findings included...

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on

Review of Resident 6's records showed no documentation of a preadmission assessment having been completed before admission.

On 06/12/2025 at 1:25 PM, Staff G, Wellness Director, stated that they could not locate a preadmission assessment for Resident 6. Staff G stated that Resident 6's preadmission assessment had been completed prior to their hire date. Staff G stated that it was their understanding that prior to their hire, preadmission assessments had been being completed, and that they were shredded after the information was entered into the service plan.

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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain resident signatures on their Negotiated Service Agreements (NSA) at least annually for 5 of 5 residents (Residents 2, 3, 4, 5 and 7). These failures resulted in Residents 2, 3, 4, 5 and 7 receiving care that was not agreed to and placed these residents at risk for receiving care from the ALF that didn't support their needs and preferences.

Findings included…

Resident 2

Review of an undated face sheet showed Resident 2 was admitted to the ALF on

[redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's NSA, dated 01/31/2024, showed no evidence of a resident or resident representative's signature.

Resident 3

Review of an undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2018 with multiple diagnoses including [redacted]

Review of Resident 3's NSA, dated 12/31/2024, showed no evidence of a resident or resident representative's signature.

Resident 4

Review of an undated face sheet showed Resident 4 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted].

Review of Resident 4's NSA, dated 05/30/2024, showed no evidence of a resident or resident representative's signature.

Resident 5

Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2021 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 5's NSA, dated 08/15/2024, showed no evidence of resident or resident representative's signature.

Resident 7

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 7's NSA, dated 12/31/2024, showed no evidence of resident or

resident representative's signature.

On 06/11/2025 at 2:40 PM, Staff G, Wellness Director, stated that they were not aware the service plans needed to be signed by the resident. Staff G stated they would look for the signed service plans in the resident files.

On 06/12/2025 at 1:03 PM, Staff G stated that they had not found any signed service plans.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/16/25 .

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

Administrator (or Representative) [signature] Date 7/11/25

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:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

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

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to have a written menu for the general diabetic diet for 4 of 4 weeks of menus (Week of 04/28/2025, 05/05/25, 05/12/25 and 06/09/2025). This failure placed residents that were to receive a diabetic diet unable to make choices to receive an alternate meal to meet nutritional needs.

Findings included...

resident representative's signature.

On 06/11/2025 at 2:40 PM, Staff G, Wellness Director, stated that they were not aware the service plans needed to be signed by the resident. Staff G stated they would look for the signed service plans in the resident files.

On 06/12/2025 at 1:03 PM, Staff G stated that they had not found any signed service plans.

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-2300 Food and nutrition services.

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(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:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

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

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to have a written menu for the general diabetic diet for 4 of 4 weeks of menus (Week of 04/28/2025, 05/05/25, 05/12/25 and 06/09/2025). This failure placed residents that were to receive a diabetic diet unable to make choices to receive an alternate meal to meet nutritional needs.

Findings included...

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Review of the ALF's undated Disclosure of Services showed the ALF must provide prescribed general low sodium, general diabetic and mechanical soft diets.

Review of weekly menus for the weeks of 04/28/2025, 05/05/25, 05/12/25 and 06/09/2025 showed no diabetic options.

On 06/13/2025 at 10:36 AM, Staff I, Dietary manager, stated that they did not have the diabetic options listed on the weekly menus and they followed the diabetic menus from the manual.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8/6/25.

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

Administrator (or Representative) [signature] Date 7/11/25

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(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 Assisted Living Facility (ALF) failed to provide a safe environment in 3 of 3 halls (Seabreeze, Sunset and Agate Halls) and 1 of 1 laundry room. These failures resulted in all 41 residents living in an unsafe environment and placed all residents at risk of a decreased quality of life.

Findings included...

Review of the ALF's undated Disclosure of Services showed the ALF must provide prescribed general low sodium, general diabetic and mechanical soft diets.

Review of weekly menus for the weeks of 04/28/2025, 05/05/25, 05/12/25 and 06/09/2025 showed no diabetic options.

On 06/13/2025 at 10:36 AM, Staff I, Dietary manager, stated that they did not have the diabetic options listed on the weekly menus and they followed the diabetic menus from the manual.

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, Cypress Assisted Living Inc 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.

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Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(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 Assisted Living Facility (ALF) failed to provide a safe environment in 3 of 3 halls (Seabreeze, Sunset and Agate Halls) and 1 of 1 laundry room. These failures resulted in all 41 residents living in an unsafe environment and placed all residents at risk of a decreased quality of life.

Findings included…

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On 06/10/2025 at 10:45 AM, the following was observed during the environmental tour:

The ceiling at the end of Agate Hall was observed to have some patchwork done to the drywall that was peeling away from the drainage pipes along the ceiling.

A shared bathroom on Sunset Hall (bathroom to the left) was missing the cover to the fan.

Outside of the facility, at the end of Seabreeze hall, the light cover was missing.

The laundry room had a mop with the mop head placed head down in the sink that was wet to the touch.

On 06/24/2025 at 10:20 AM, Staff A, Executive Director, stated that at the end of Agate hall is where the modular was added to the building and they have had to make roof repairs because of water damage.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 7/25/25.

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

Administrator (or Representative) [signature] Date 7/10/25

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 pet (Pet 1) living in the ALF had regular examinations and vaccinations by a veterinarian. This failure placed all 41 residents at risk of exposure to communicable

On 06/10/2025 at 10:45 AM, the following was observed during the environmental tour:

The ceiling at the end of Agate Hall was observed to have some patchwork done to the drywall that was peeling away from the drainage pipes along the ceiling.

A shared bathroom on Sunset Hall (bathroom to the left) was missing the cover to the fan.

Outside of the facility, at the end of Seabreeze hall, the light cover was missing.

The laundry room had a mop with the mop head placed head down in the sink that was wet to the touch.

On 06/24/2025 at 10:20 AM, Staff A, Executive Director, stated that at the end of Agate hall is where the modular was added to the building and they have had to make roof repairs because of water damage.

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, Cypress Assisted Living Inc 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 pet (Pet 1) living in the ALF had regular examinations and vaccinations by a veterinarian. This failure placed all 41 residents at risk of exposure to communicable

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diseases.

Findings included...

Review of an undated Assisted Living Admission Agreement showed proof of current and ongoing vaccinations was required for pets living in the ALF.

Review of records showed Pet 1 had no documentation of current or ongoing vaccinations.

On 06/11/2025 at 3:30 PM, Staff A, Executive Director, stated that they were unable to locate any records for Pet 1 and that Staff G, Wellness Director, had contacted the family member who was responsible for facilitating veterinary visits for Pet 1 and had left a message.

On 06/12/2025 at 3:50 PM, Staff G stated that they had talked to the family member of Pet 1 and that they did not have updated records to provide. The family member was out of the area and would not be able to get Pet 1 into the veterinarian for an updated examination and vaccinations until the following week.

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, Cypress Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 7/31/2025

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

Administrator (or Representative) [signature] Date 7/10/25

diseases.

Findings included…

Review of an undated Assisted Living Admission Agreement showed proof of current and ongoing vaccinations was required for pets living in the ALF.

Review of records showed Pet 1 had no documentation of current or ongoing vaccinations.

On 06/11/2025 at 3:30 PM, Staff A, Executive Director, stated that they were unable to locate any records for Pet 1 and that Staff G, Wellness Director, had contacted the family member who was responsible for facilitating veterinary visits for Pet 1 and had left a message.

On 06/12/2025 at 3:50 PM, Staff G stated that they had talked to the family member of Pet 1 and that they did not have updated records to provide. The family member was out of the area and would not be able to get Pet 1 into the veterinarian for an updated examination and vaccinations until the following week.

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, Cypress Assisted Living Inc 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