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

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) 60350 (Completion Date 06/02/2025) and 56100 (Completion Date 04/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/02/2025 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-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-2466-1-a, WAC 388-113-0040-2-c-i, WAC 388-113-0040-2-c-ii

The Department staff who did the on-site verification:
Teresa Pederson-Tuley, Nursing Consultant Institutional

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Cypress Assisted Living Inc **Provider Type:** Assisted Living Facility

License/Cert.#: 2527
Intake ID: 170272
Compliance Determination #: 56100
Region/Unit #: RCS Region 2 / Unit A
Investigator: Helen Fisher
Investigation Date(s): 03/12/2025 through 04/09/2025
Complainant Contact Date(s): 03/12/2025

Allegation(s):

1) The Assisted Living Facility (ALF) had vinyl flooring at the front door and dining room were coming up and became a tripping hazard.
2) The roof leaked when rained and had water ran down the walls for a few months.
3) The ALF bills were not getting paid on time and the wi-fi was shut off several times in the last few months.
4) The ALF payroll had been late.
5) The ALF had no executive Director
6) The ALF had been outsourcing the Behavioral health and billing insurance.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 5 Closed records sample size:
Observations:	Environment, Residents,
Interviews:	Management, Nursing staff, Collateral contacts, Residents, Housekeeping staff.
Record Reviews:	Residents' records. Roof repair documents.

Investigation Summary:

1) The vinyl planks were coming off the floor at the front entrance of the ALF, the hallway by the kitchen entrance and dining room were observed during an unannounced onsite visit at the ALF. The ALF did not fix the flooring after two staff and one resident tripped on the loose vinyl planks and almost fell to the floor. Failed practice was identified. A citation was written for noncompliance with Washington Administrative Code 388-78A-3090 Maintenance and housekeeping.
2) The roof on the north hallway was being worked on by an outside provider specialized in roofing during an announced onsite visit at the ALF. Interviews indicated that they were trying to patch up where the leaks were coming from and would eventually replace the section of the roof. No resident was affected during the repair. No failed practice was identified.
3) Staff interviews showed the ALF was paying their bills on time and denied

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interruptions of residents services. The ALF wi-fi may have been interrupted for a day or two but it did not make an impact towards residents' care. Three Sampled residents were unaware of the wi-fi interruptions. No failed practice was identified.
4) Staff interviews showed that residents' care was not affected by a 1 day delayed in payroll. No failed practice was identified.
5) Interviews indicated that the ALF had been searching for a new ED. The ED from other facility had been managing both ALFs' until they find one. No failed practice was identified.
6) Behavioral support contract was not under the department jurisdiction. No failed practice was identified.

Conclusion / Action:

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Cypress Assisted Living Inc **Provider Type:** Assisted Living Facility

License/Cert.#: 2527
Intake ID: 172174
Compliance Determination #: 56100
Region/Unit #: RCS Region 2 / Unit A
Investigator: Helen Fisher
Investigation Date(s): 03/12/2025 through 04/09/2025
Complainant Contact Date(s):

Allegation(s):

1) The Named Staff 1 (NS1) was rehired after getting fired for being abuse towards residents and illegal acts inside the kitchen.
2) The NS1 was not keeping safety or kitchen guidelines and was allowing the Named Staff 2 (NS2) being hostile by consistently swearing and yelling at residents and staff.
3) The NS2 was doing drugs and left paraphernalia in NS1 desk.

Investigation Methods:

Sample:	Total residents: 38 Resident sample size: 5 Closed records sample size:
Observations:	Kitchen, Staff, Environment.
Interviews:	Staff, Residents, Executive Director.
Record Reviews:	NS1 and NS2 Credentials. ALF's investigation.

Investigation Summary:

1) Review of the personnel records showed NS1 and NS2 background checks were not done in a timely manner. Character, competence and suitability reviews on both staff were not done. Failed practice was identified. A citation was written for noncompliance with WAC 388-78A- 2466 Background check.
2) Observations of the kitchen showed no safety concerns. Staff interviews showed that they were unaware of any unsafe practices in the kitchen and did not witness any hostile act towards residents and staff. Five residents and six staff denied hearing or witnessing NS2 being hostile and disrespectful towards them or others. The ALF did an investigation and ruled out abuse and neglect. Staff were retrained on abuse and neglect. No failed practice was identified.
3) No paraphernalia found in NS1's desk when searched by the Executive Director during an announced onsite visit at the ALF. The ALF did an investigation as they became aware of the report regarding drug use in the kitchen. Training was provided on ALF's Smoking and drugs policy and procedures. No failed practice was

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identified.

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 03/12/2025 and 04/03/2025 of:

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

This document references the following complaint number(s): 170272, 170434, 172174

The following sample was selected for review during the unannounced on-site visit: 5 of 38 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

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

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

Residential Care Services | Date

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

Administrator (or Representative) | Date

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;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to keep the environment safe and in good repair when 1 of 3 residents (Resident 1) and two staff (A and C) tripped on the vinyl floorings that were lifting off the floor. This failure resulted in all residents living in an unkept and unsafe environment and placed all 38 residents at risk for injury.

Findings included…

On 03/12/2025 at 2:00 PM the following observations were made:
- the front entrance adjacent to the kitchen had 5 of the vinyl planks approximately 3 feet by 4 inches were lifting off the floor.
- the hallway on the right side of the kitchen had 4 vinyl planks approximately 3 feet by 4 inches were lifting off the floor.
- the dining room floor had 3 vinyl planks approximately 3 feet by 4 inches were lifting off the floor.

Resident 1

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An undated face sheet showed Resident 1 was admitted [redacted]/2024 with multiple diagnosis including [redacted].

In an interview on 03/12/2025 at 2:10 PM, Resident 1 stated that they tripped on the vinyl that was sticking up and almost fell to the floor approximately 2 weeks ago at the front entrance by the kitchen. Resident 1 stated that they reported the incident to the staff. Resident 1 stated that they were unable remember the exact date of the fall.

Staff A

In an interview on 03/12/2025 at 2:21 PM, Staff A, Kitchen Staff, stated that the flooring problem had been there at last two to three months ago. Staff A stated that they tripped on the loose plank and almost faceplanted to the floor a month ago. Staff A did not remember the exact date.

Staff C

In an interview on 04/03/2025 at 11:25 AM, Staff C, Housekeeping Staff, stated that they tripped on one of the vinyl planks a few weeks ago and almost fell to the floor. Staff C did not provide the exact date.

In an interview on 03/12/2025 at 2:36 PM, Staff B, Executive Director, stated that they will request for the repair of the flooring right away. Staff B stated that they were aware of the flooring issues but unsure on when the problem started.

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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WAC 388-113-0040 Are there any exceptions to the automatic disqualification under WAC 388-113-0020 ?

(2) In addition to the requirements under subsection (1), in order for an individual to be eligible for an exception under this section, the following conditions must also be satisfied:

(c) The employer or hiring entity must:

(i) Review the individual's character, competence and suitability to have unsupervised access to minors or to vulnerable adults, and;

(ii) Have documentation on file demonstrating the results of the character, competence and suitability review; and

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 on interview and record review, the Assisted Living Facility (ALF) failed to ensure background checks were completed for 2 of 3 staff (Staff A and D). This failure resulted in Staff A and Staff D not having an updated background check and no character competency and suitability review (CCS) and placed all 38 residents at risk of being supervised by staff with a disqualifying background.

Findings included…

Staff A

Staff A, Cook, was hired on 8/8/2022. Staff A’s last completed background check was dated 02/03/2023, 179 days after Staff A was hired. No updated background check was completed when it was due on 02/03/2025.

The 02/03/2023 background check triggered a CCS review. The record showed no CCS was completed for Staff A.

Staff D

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Staff D, Dietary Manager, was rehired on 05/29/2023. Staff D's last completed background check was dated 07/05/2022. No background check was completed when Staff D was rehired and thereafter.

The background check dated 05/29/2023 prompted for a CCS review. No CCS review was completed for Staff D.

In an interview on 04/10/2025 at 2:13 AM, Staff B, Executive Director, stated that they were unaware of why the background process was not followed. Staff B stated that both personnel who managed the ALF's the program were no longer working at the ALF.

This is a recurring deficiency previously cited on 01/09/2023.

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, 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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