STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***

01/13/2026

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

RE: Cypress Assisted Living Inc # 2527

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 71342 (Completion Date 01/13/2026) and 65737 (Completion Date 10/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/13/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

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

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

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit J

# Residential Care Services
## Investigation Summary Report

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

**License/Cert.#:** 2527
**Intake ID:** 193633
**Compliance Determination #:** 65737
**Region/Unit #:** RCS Region 2 / Unit J
**Investigator:** Teresa Pederson-Tuley
**Investigation Date(s):** 09/17/2025 through 10/21/2025
**Complainant Contact Date(s):**

**Allegation(s):**
The facility reported the Identified Resident (IR) was injured during a transfer.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 41<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents<br>Staff to resident interactions |
| **Interviews:** | Identified resident<br>Identified staff<br>Nursing staff |
| **Record Reviews:** | Medical records<br>Incident investigation<br>Facility policies<br>Staff training records |

**Investigation Summary:**
Review of the investigative records showed the facility investigated and followed up appropriately. Staff interviews and record reviews showed the IR resident was assessed and transferred to the hospital for treatment, returned the same day. The facility failed to implement the negotiated service agreement when the resident was not transferred with two caregivers. Failed practice identified at 388-78A-2160, citation issued.

**Conclusion / Action:**

- ☐ 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
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***



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 09/17/2025 of:

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

This document references the following complaint number(s): 193633, 194245, 194574

The following sample was selected for review during the unannounced on-site visit: 3 of 41 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Teresa Pederson-Tuley, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

| Statement of Deficiencies | License #: 2527 | Compliance Determination # 65737 |
|---|---|---|
| Plan of Correction | Cypress Assisted Living Inc | Completion Date |
| Page 2 of 3 | Licensee: Cypress Assisted Living, Inc | 10/21/2025 |

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.

Jennie Swigen — Residential Care Services

10/27/2025 — Date

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

Administrator (or Representative)

11/5/25 — Date

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

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide the care and services as agreed upon in the Negotiated Service Agreement (NSA) for 1 of 3 residents (Resident 1). This failure caused Resident 1 to sustain a closed head injury and placed all residents at risk for harm.

Finding included...

Record Review of the undated facility policy Mechanical Lifts, Use Of included the following: Any staff member assigned to use a mechanical lift would receive appropriate training on its safe operation; Two staff members would always be present when a mechanical lift was used to transfer a resident; Verify that all staff who would be operating the lift have had their competency verified; If a staff member did not operate the lift in accordance with the training and with Community policy or failed to use the mechanical lift for a resident whose Service Plan indicated that it was to be used, the staff member would be subject to disciplinary action.

Record review showed the ALF admitted Resident 1 on [redacted]/2020 with a diagnosis of [redacted] and [redacted]. A review of a Service Plan (equivalent to an NSA), dated 07/29/2025, showed Resident 1 required two-person assistance using a Hoyer lift (device that helps caregivers transfer patients or

individuals with limited mobility) to get in/out of bed and into a shower chair.

Review of an Incident Report (IR), dated 09/07/2025, stated Staff D (Caregiver) assisted Resident 1 to transfer using a Hoyer lift without a second person. The IR stated because there was no second person to assist with transferring and stabilizing Resident 1 with the Hoyer lift, a component of the lift hit Resident 1 in the head causing an injury.

In interview, on 10/07/2025 at 3:15 PM, Staff D confirmed she did not implement the NSA when she transferred Resident 1 without a second person on 09/07/2025.

In interview, on 10/07/2025 at 11:06 AM, Staff B (Wellness Director) confirmed Resident 1 sustained a closed head injury, requiring hospitalization, when Staff D did not implement the NSA and transferred without a second person in the Hoyer lift.

**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) 11/30/25.

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

Administrator (or Representative) — Date 11/5/25