STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73178 (Completion Date 02/23/2026) and 69228 (Completion Date 12/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/23/2026 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-2640-1, WAC 388-78A-2640-1-a, WAC 388-78A-2640-1-b

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2527
Intake ID: 201895
Compliance Determination #: 69228
Region/Unit #: RCS Region 2 / Unit J
Investigator: Teresa Pederson-Tuley
Investigation Date(s): 11/24/2025 through 12/19/2025
Complainant Contact Date(s):

Allegation(s):

1. The facility did not notify the Power of Attorney (POA), family of the Identified Resident (IR) when transferred to the hospital.
2. The facility refused a delivery of oxygen for the IR.
3. The IR had not been taken to appointments as directed by an outside agency.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Staff to resident interactions
Interviews:	Residents Family members Nursing staff
Record Reviews:	Medical records Facility policies

Investigation Summary:

1. The facility did not notify the Identified Resident (IR) family when transferred to the hospital for change of condition. See Statement of Deficiencies dated 12/19/2025.
2. Record review showed the IR did not return to the facility. Staff interviewed stated they were unaware of the IR resident returning to the facility and no call had been received from the hospital for the facility nurse to perform a re-admission assessment. No failed practice identified.
3. Record review showed the IR resident had been visited by a house provider and the staff contacted the physician regarding several issues by phone or fax. Staff and sampled residents interviewed showed contact with physician was by phone or fax and had no concerns regarding care and services. No failed practice identified.

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

Statement of Deficiencies	License #: 2527	Compliance Determination # 69228
Plan of Correction	Cypress Assisted Living Inc	Completion Date
Page 1 of 3	Licensee: Cypress Assisted Living, Inc	12/19/2025

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 11/24/2025 of:

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

This document references the following complaint number(s): 201895, 200769, 201712

The following sample was selected for review during the unannounced on-site visit: 3 of 40 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 # 69228
Plan of Correction	Cypress Assisted Living Inc	Completion Date
Page 2 of 3	Licensee: Cypress Assisted Living, Inc	12/19/2025

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.

Jeanie Seigler — Residential Care Services

12/23/2025 — 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)

12/30/2025 — Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

(b) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to contact the identified emergency contact when there was a significant change of condition and transfer to the hospital for 1 of 3 residents (Resident 1). This failure resulted in Resident 1's family not being aware of a change of condition and hospitalization.

Findings included...

Record review of the facility policy titled Change of Condition, revised 03/19/2023, stated the following: any change in a resident's condition that is observed and determined to be an emergency, staff will call 911 for assistance and notify the resident's family.

Record review showed the ALF admitted Resident 1 on [redacted]/2018 with multiple medical diagnoses. A review of the Service Plan (equivalent to an Negotiated Service Agreement), dated 01/17/2025, showed Resident 1 designated Collateral Contact 1 (CC1-Family Member) as his emergency contact with permission to share medical information.

Record review of a Progress Note, dated [redacted]/2025, showed Resident 1 was transferred to the hospital for a change of condition. The Progress Note did not document CC1 had been notified of the change of condition or transfer to hospital.

In an interview, on 11/24/2025 at 2:30 PM, Staff B (Resident Care Coordinator) confirmed CC1 had not been notified when Resident 1 had a change of condition and hospitalization.

In an interview, on 12/08/2025 at 12:47 PM, CC1 stated that they were not notified of Resident 1's change of condition and transfer to the hospital. CC1 stated she was trying to reach Resident 1 at the facility, could not, then called their main phone line several times for information, with no answer. CC1 stated when she finally reached someone at the ALF, she was then notified Resident 1 had been in the hospital for several days. CC1 stated Resident 1 passed away in the hospital before she could get there to be with him.

On 12/15/2025 at 8:53 AM Staff A (Executive Director) stated the family member was not notified Resident 1 had a change of condition and was transferred to the hospital.

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) 1/31/2026

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

Administrator (or Representative) [signature] Date 12/30/25