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

Sapphire at Woodway, LLC
Woodway Senior Living

,

RE: Woodway Senior Living License # 2563

Dear Administrator:

This letter addresses Compliance Determination(s) 77535 (Completion Date 05/19/2026) and 74632 (Completion Date 04/07/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/19/2026 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-2240

The Department staff who did the on-site verification:
Syng To, ALF Complaint Investigator

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: Woodway Senior Living

Provider Type: Assisted Living Facility

License/Cert.#: 2563

Intake ID: 217807

Compliance Determination #: 74632

Region/Unit #: RCS Region 2 / Unit J

Investigator: Syng To

Investigation Date(s): 03/20/2026 through 04/07/2026

Complainant Contact Date(s):

Allegation(s):

The Named Resident (NR) did not receive multiple doses of their medication and was hospitalized for adverse effects.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Facility
Interviews:	Residents Staff
Record Reviews:	Facility Residents

Investigation Summary:

Interviews and record reviews showed NR's medication was not obtained in a timely manner. Failed practice was identified. A citation was issued for noncompliance with Washington Administration Code (WAC) 388-78A-2240 Nonavailability of medications.

Conclusion / Action:

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

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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 03/20/2026, 03/27/2026 and 04/07/2026 of:

Woodway Senior Living
1712 E Maplewood Ave
Bellingham, WA 98225

This document references the following complaint number(s): 216838, 216641, 214145, 217807

The following sample was selected for review during the unannounced on-site visit: 3 of 66 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2563	Compliance Determination #74632
Plan of Correction	Woodway Senior Living	Completion Date
Page 2 of 3	Licensee: Sapphire at Woodway, LLC	04/07/2026

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.

Jamie Seiger
Residential Care Services

4/13/2026
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.

James K Rue
Administrator (or Representative)

4-17-2026
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 interviews and record reviews, the Assisted Living Facility (ALF) failed to obtain medications in a timely manner for 1 of 3 residents (Resident 1). This failure resulted in Resident 1 not receiving prescribed medication and being hospitalized for medical complications.

Findings included...

Review of the ALF's policies titled, "Assistance with Medication", showed Medication Technicians would observe medication throughout each pass and medication were to be re-ordered by faxing a form to pharmacy before inventory supplies ran out in seven days or less.

Review of a face sheet, dated [redacted]/2026, showed Resident 1 was admitted to the ALF on 04/19/2023 with multiple medical diagnoses including [redacted] and [redacted].

Review of a negotiated service plan (NSP), dated 05/06/2025, showed Resident 1 required medication administration by ALF staff and these medications would be ordered by the ALF.

4/13/26

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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Review of a negotiated service plan (NSP), dated 05/06/2025, showed Resident 1 required medication administration by ALF staff and these medications would be ordered by the ALF.

Review of the Electronic Medication Administration Record (EMAR), dated 03/01/2026 through 03/31/2026, showed Resident 1 was prescribed Clonazepam (a medication that used to treat panic disorders and anxiety) two times daily.

Review of the EMAR, dated 03/01/2026 through 03/31/2026, showed Resident 1's Clonazepam was marked as not given for a total of two doses on 3/22/2026 and [redacted]/2026.

Review of hospital records, dated [redacted]/2026, showed Resident 1 was admitted to emergency department due to withdrawal symptoms of Clonazepam.

Review of an order audit report, dated 04/07/2026, showed Resident 1's Clonazepam was exhausted and re-ordered on [redacted]/2026. There was no documentation showing the ALF attempted to refill the medication until after it had already been exhausted.

In an interview, on 04/07/2026 at 1:25 PM, Staff A, Resident Care Coordinator 1, stated that the pharmacy did not deliver Resident 1's medication in timely manner and Resident 1 was hospitalized for withdrawal symptoms.

In an interview, on 04/07/2026 at 2:21 PM, Staff B, Resident Care Coordinator 2 confirmed that Resident 1's Clonazepam was exhausted on [redacted]/2026 and re-ordered on the same day.

This is a deficiency previously cited on 10/29/2025.

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, Woodway Senior Living is or will be in compliance with this law and / or regulation on (Date) 5-15-2026

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

Administrator (or Representative) — 4-17-2026 Date

4-23-26

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_____ _____

Administrator (or Representative) Date