STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Bellevue Associates LLC
Silverado - Bellevue
14428 NE 8th St
Bellevue, WA 98007

RE: Silverado - Bellevue License # 2573

Dear Administrator:

This letter addresses Compliance Determination(s) 71368 (Completion Date 01/15/2026) and 68210 (Completion Date 11/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/15/2026 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-2466-1-a, WAC 388-78A-2468-1, WAC 388-78A-2474-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-d, WAC 388-78A-2474-3, WAC 388-78A-2474-4, WAC 388-112A-0110-1, WAC 388-112A-0110-2, WAC 388-112A-0110-3, WAC 388-112A-0090-2, WAC 388-112A-0090-4, WAC 388-112A-0090-7, WAC 388-112A-0720-2-a, WAC 388-78A-2483-1, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-24681-2, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2260-2-c

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

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

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 11/04/2025 and 11/07/2025 of:

Silverado - Bellevue
14428 NE 8th St
Bellevue, WA 98007

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Jim Sherman
Residential Care Services

11-19-2025
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)

12/1/2025
Date

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 facility failed to complete 1 of 2 sampled staff's (Staff G) Washington State name and date of birth background inquiry (BGI) every two years. This failure placed 36 residents at risk of potential abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 36 residents received assisted living services.

Review of the facility's undated employee roster showed that the facility hired Staff G, Caregiver, on 10/05/2021. Review of Staff G's employee records showed their previous Washington state name and date of birth BGI expired on 09/29/2023. The records showed that the facility submitted and completed a BGI on 05/15/2024, 229 days after the previous BGI expired.

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.

Jim Sherman
Residential Care Services

11-19-2025
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)

Date

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 facility failed to complete 1 of 2 sampled staff's (Staff G) Washington State name and date of birth background inquiry (BGI) every two years. This failure placed 36 residents at risk of potential abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 36 residents received assisted living services.

Review of the facility's undated employee roster showed that the facility hired Staff G, Caregiver, on 10/05/2021. Review of Staff G's employee records showed their previous Washington state name and date of birth BGI expired on 09/29/2023. The records showed that the facility submitted and completed a BGI on 05/15/2024, 229 days after the previous BGI expired.

During an interview on 11/06/2025 at 1:45 PM, Staff A, Administrator, stated that they were unable to locate additional BGI documents for Staff G. Staff A stated that they renewed Staff G's BGI late.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12\30\25 .

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

Administrator (or Representative) — Date: 12\1\25

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 7 of 19 sampled contracted staff (Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, and Staff X) within one business day after their start date. This failure placed 36 residents at risk for abuse and neglect from care staff persons with unknown backgrounds.

Findings included...

Note: Washington Administrative Code (WAC) 388-78A-2464, Background checks—Process—Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must: (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 36 residents received assisted living services.

During an interview on 11/06/2025 at 1:45 PM, Staff A, Administrator, stated that they were unable to locate additional BGI documents for Staff G. Staff A stated that they renewed Staff G's BGI late.

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, Silverado - Bellevue 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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 7 of 19 sampled contracted staff (Staff R, Staff S, Staff T, Staff U, Staff V, Staff W, and Staff X) within one business day after their start date. This failure placed 36 residents at risk for abuse and neglect from care staff persons with unknown backgrounds.

Findings included...

Note: Washington Administrative Code (WAC) 388-78A-2464, Background checks—Process—Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must: (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 36 residents received assisted living services.

STAFF R
Review of the facility's undated agency staff schedule showed that the facility hired Staff R, contracted Licensed Nurse, on 08/15/2025. The schedule showed Staff R provided care and services to the residents between 08/15/2025 and 10/07/2025. Review of Staff R's employee records showed that the facility completed a Washington state name and date of birth BGI on 09/25/2025, 37 days after Staff R started working.

STAFF S
Review of the facility's undated agency staff schedule showed that the facility hired Staff S, contracted Licensed Nurse, on 08/23/2025. The schedule showed that Staff S provided care and services to the residents between 08/23/2025 and 08/26/2025. Review of Staff S's employee records showed a background check was completed on 05/19/2025 through a third-party background check company. The records showed that on 11/06/2025, 75 days after Staff S started working, the facility completed a Washington state name and date of birth BGI during the Department's licensing inspection.

STAFF T
Review of the facility's undated agency staff schedule showed that the facility hired Staff T, contracted Licensed Nurse, on 08/31/2024. The schedule showed that Staff T provided care and services to the residents between 08/31/2024 and 08/31/2025. Review of Staff T's employee records showed a background check was completed on 07/11/2025 through a third-party background check company. The records showed that on 11/06/2025, 432 days after Staff T started working, the facility completed a Washington state name and date of birth BGI during the Department's licensing inspection.

STAFF U
Review of the facility's undated agency staff schedule showed that the facility hired Staff U, contracted Licensed Nurse, on 10/08/2025. The schedule showed that Staff U provided care and services to the residents between 10/08/2025 and 11/05/2025. Review of Staff U's employee records showed a background check was completed on 05/17/2025 through a third-party background check company. The records showed that on 11/06/2025, 29 days after Staff U started working, the facility completed a Washington state name and date of birth BGI during the Department's licensing inspection.

STAFF V
Review of the facility's undated agency staff schedule showed that the facility hired Staff V, contracted Licensed Nurse, on 10/19/2025. The schedule showed that Staff V provided care and services to the residents between 10/19/2025 and 10/30/2025. Review of Staff V's employee records showed a background check was completed on 07/01/2025 through a third-party background check company. The records showed that on 11/06/2025, 18 days after hire, the facility completed a Washington state name and date of birth BGI during the Department's licensing inspection.

STAFF W
Review of the facility's undated agency staff schedule showed that the facility hired Staff W, contracted Licensed Nurse, between 10/20/2025 and 11/04/2025. Review of Staff W's employee records showed a background check was completed on 12/02/2024 through a third-party background check company. The records showed that the facility completed a Washington state name and date of birth BGI on 11/07/2025, 18 days after hire, during the Department's licensing inspection.

STAFF X
Review of the facility's undated agency staff schedule showed that the facility hired Staff X, contracted Licensed Nurse, on 10/30/2025. The schedule showed that Staff X provided care and services to the residents between 10/30/2025 and 10/31/2025. Review of Staff X's employee records showed a background check was completed on 10/11/2025 through a third-party background check company. The records showed that on 11/06/2025, seven days after hire, the facility completed a Washington state name and date of birth BGI during the Department's licensing inspection.

During an interview on 11/07/2025 at 10:30 AM, Staff A, Administrator, stated that the facility hired licensed nurses from a contracted healthcare agency. Staff A stated that the contracted healthcare agency provided them with the background checks of their contracted licensed nurses. Staff A stated that they were unaware the contracted healthcare agency completed the background checks through a third-party background check company. Staff A stated that they did not complete a WA State name and date of birth BGI when they hired the contracted staff. Staff A stated that the facility did not have a system in place to complete the background check for the contracted staff on each of their start dates.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12/30/25.

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

Administrator (or Representative) — Date: 12/1/25

WAC 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(2) An individual previously employed as a long-term care worker who complied with the

STAFF W
Review of the facility's undated agency staff schedule showed that the facility hired Staff W, contracted Licensed Nurse, between 10/20/2025 and 11/04/2025. Review of Staff W's employee records showed a background check was completed on 12/02/2024 through a third-party background check company. The records showed that the facility completed a Washington state name and date of birth BGI on 11/07/2025, 18 days after hire, during the Department's licensing inspection.

STAFF X
Review of the facility's undated agency staff schedule showed that the facility hired Staff X, contracted Licensed Nurse, on 10/30/2025. The schedule showed that Staff X provided care and services to the residents between 10/30/2025 and 10/31/2025. Review of Staff X's employee records showed a background check was completed on 10/11/2025 through a third-party background check company. The records showed that on 11/06/2025, seven days after hire, the facility completed a Washington state name and date of birth BGI during the Department's licensing inspection.

During an interview on 11/07/2025 at 10:30 AM, Staff A, Administrator, stated that the facility hired licensed nurses from a contracted healthcare agency. Staff A stated that the contracted healthcare agency provided them with the background checks of their contracted licensed nurses. Staff A stated that they were unaware the contracted healthcare agency completed the background checks through a third-party background check company. Staff A stated that they did not complete a WA State name and date of birth BGI when they hired the contracted staff. Staff A stated that the facility did not have a system in place to complete the background check for the contracted staff on each of their start dates.

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, Silverado - Bellevue 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 388-112A-0090 Which long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement? The following long-term care workers are exempt from the seventy-hour long-term care worker basic training requirement:

(2) An individual previously employed as a long-term care worker who complied with the

basic training requirements in effect on the date of hire and was employed as a long-term care worker at some time between January 1, 2011 and January 6, 2012;

(4) A nursing assistant certified under chapter 18.88A RCW and a person in an approved training program for certified nursing assistants under chapter 18.88A RCW provided they complete the training program within one hundred twenty days of the date of hire and the department of health has issued the nursing assistant certified credential within two hundred days of the date of hire;

(7) A home care aide (HCA) certified under chapter 18.88B RCW.

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041 , 74.39A.074 , 74.39A.076 , and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

(2) The original date of hire may be reset according to chapter 246-980 WAC.

(3) Individuals who meet the criteria in subsection (2) of this section are allowed a new 120 days to complete the orientation, safety, and 70-hour home care aide basic trainings and a new 200 days to become certified as a home care aide, if required by WAC 246-980-020 .

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 5 of 8 sampled care staff (Staff C, Staff F, Staff G, Staff J, and Staff N) completed Basic training, cardiopulmonary resuscitation (CPR) training, first-aid training, and home care aid certification as required. This failure placed 36 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the facility's undated Assisted Living Resident Characteristic Roster showed that 36 residents received assisted living services.

Review of the facility's "Job Descriptions for Caregiver/Certified Nursing Assistant (CNA)", dated 05/22/2025, showed that the facility's caregivers and CNAs provided personal care to assisted living residents with Washington State regulations.

STAFF C
Review of the facility's undated Employee Roster showed that the facility hired Staff C, CNA, on 05/22/2025. Review of the facility's Care Staff Schedule showed that Staff C worked in October 2025 and November 2025. Staff C was observed working in the facility on 11/05/2025 between 10:00 AM and 2:00 PM. Review of the employee records showed that as of 11/07/2025, there was no documentation that showed Staff C possessed a valid first aid card.

STAFF F
Review of the facility's undated Employee Roster showed that the facility hired Staff F, Caregiver, on 05/15/2023. Review of the facility's Care Staff Schedule showed that Staff F provided the care and services to residents in October 2025 and November 2025. Review of the employee records showed that as of 11/07/2025, there was no documentation that showed Staff F completed the CPR and first aid training.

STAFF G
Review of the facility's undated Employee Roster showed that the facility hired Staff G, Caregiver, on 10/05/2021. Review of Staff G's employee records showed that Staff G maintained an active Nursing Assistant Registration (NAR) with initial issuance on 01/19/2011. The records showed no documentation that as of 11/04/2025, 1491 days after hire, Staff G completed the basic training and obtained the Department of Health (DOH) HCA certification or the DOH CNA certification, as required. There was no documentation that showed Staff G completed the CPR/first aid training.

Review of the facility's Care Staff Schedule showed that Staff G provided care and services to the residents in October 2025 without the completion of the basic training, and the DOH HCA or DOH CNA certification.

STAFF J
Review of the facility's undated Employee Roster showed that the facility hired Staff J, Caregiver, on 10/16/2023. Review of Staff J's employee records showed that Staff J completed the DSHS approved Basic training on 03/03/2025. The records showed that Staff J maintained an active NAR with initial issuance on 04/29/2015. The records showed that as of 11/04/2025, 750 days after hire, there was no documentation that showed Staff J obtained the DOH HCA certification or the DOH CNA certification. The records showed no documentation that Staff J completed the first aid training.

Review of the facility's Care Staff Schedule showed that Staff J provided care and services to the residents in October 2025 and November 2025 without completion of the DOH HCA or DOH CNA certification.

Staff N
Review of the facility's undated Employee Roster showed that the facility hired Staff N, CNA, on 04/17/2025. Review of Staff N's employee records showed only a basic life support cardiopulmonary resuscitation card dated 12/06/2024. The employee records showed that as of 11/07/2025, there was no documentation that Staff N possessed a valid first aid card.

During an interview on 11/06/2025 at 1:45 PM, Staff A, Administrator, stated that they were unable to locate the CPR and first aid certificate for Staff F. Staff A stated that Staff F did not complete the CPR and first aid training. During the same interview, Staff A stated that they were unable to locate the Basic training, DOH HCA or CNA certification, and CPR/first aid certificate in Staff G's personnel files. Staff A stated that Staff G did not complete the required training and DOH HCA certification. During the same interview, Staff A stated that Staff J completed the DSHS approved Basic training and that Staff J did not complete the written test and skill test for HCA certification. Staff A stated that Staff J did not complete the first aid training as required.

During an interview on 11/07/2025 at 10:09 AM, Staff A stated that Staff C and Staff N did not have a current first aid card.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12/30/25 .

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

Administrator (or Representative) 12/1/25 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a one-step test for Tuberculosis (TB) for 1 of 1 sampled staff (Staff B) with a history of a negative blood test. This failure placed 36 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Tuberculosis policy, dated 03/04/2024, showed the policy did not follow the Washington Administrative Code (WAC) for TB screening and testing requirements. The policy did not provide directions as to what TB testing was required for an employee with a documented negative Interferon Gamma Release Assays (IGRA) that was completed within 12 months of hire.

ONE-STEP TB TEST
STAFF B
Review of the facility's Employee Roster showed that the facility hired Staff B on 06/20/2025. Review of Staff B's employee records showed documentation of an Interferon Gamma Release Assays [(IGRA) blood test], dated 06/03/2025, with negative results. Review of Staff B's employee record showed no documentation Staff B completed a one-step TB test upon hire, as required.

During an interview on 10/14/2025 at 10:14 AM, Staff A, Administrator, confirmed that Staff B's date of hire was 06/20/2025. Staff A stated that a one-step TB test was not

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, Silverado - Bellevue 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-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a one-step test for Tuberculosis (TB) for 1 of 1 sampled staff (Staff B) with a history of a negative blood test. This failure placed 36 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's Tuberculosis policy, dated 03/04/2024, showed the policy did not follow the Washington Administrative Code (WAC) for TB screening and testing requirements. The policy did not provide directions as to what TB testing was required for an employee with a documented negative Interferon Gamma Release Assays (IGRA) that was completed within 12 months of hire.

ONE-STEP TB TEST
STAFF B
Review of the facility's Employee Roster showed that the facility hired Staff B on 06/20/2025. Review of Staff B's employee records showed documentation of an Interferon Gamma Release Assays [(IGRA) blood test], dated 06/03/2025, with negative results. Review of Staff B's employee record showed no documentation Staff B completed a one-step TB test upon hire, as required.

During an interview on 10/14/2025 at 10:14 AM, Staff A, Administrator, confirmed that Staff B's date of hire was 06/20/2025. Staff A stated that a one-step TB test was not

done as required.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12\30\25 .

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

Administrator (or Representative) — Date: 12\1\25

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 facility failed to ensure 1 of 6 sampled staff (Staff F) completed an initial skin test for Tuberculosis (TB), within three days of hire, as required. The facility failed to complete a second-step TB test for 6 of 10 sampled staff (Staff C, Staff K, Staff L, Staff M, Staff N, and Staff O) one to three weeks after the first TB test. This failure placed 36 residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 36 residents received assisted living services.

Review of the facility's document titled, "Prevention of The Transmission of Tuberculosis", dated 01/12/2022, showed that the facility followed the Washington state licensing requirements for TB testing for each new employee.

INITIAL-STEP TB TEST
STAFF F

done as required.

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, Silverado - Bellevue 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-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 facility failed to ensure 1 of 6 sampled staff (Staff F) completed an initial skin test for Tuberculosis (TB), within three days of hire, as required. The facility failed to complete a second-step TB test for 6 of 10 sampled staff (Staff C, Staff K, Staff L, Staff M, Staff N, and Staff O) one to three weeks after the first TB test. This failure placed 36 residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 36 residents received assisted living services.

Review of the facility's document titled, "Prevention of The Transmission of Tuberculosis", dated 01/12/2022, showed that the facility followed the Washington state licensing requirements for TB testing for each new employee.

INITIAL-STEP TB TEST
STAFF F

Review of the facility's undated employee roster showed the facility rehired Staff F, Caregiver, on 05/15/2023. Review of Staff F's employee records showed that on 06/09/2022, 340 days prior to hire, Staff F completed a TB screening and was administered with a TB skin test. There was no documentation for the TB test result. There was no documentation that showed Staff F was exempted from TB testing when rehired. Further review of the employee records showed no documentation that the facility completed any TB test within three days of employment when Staff F was rehired.

During an interview on 11/07/2025 at 10:30 AM, Staff A, Administrator, stated that they were unable to locate additional TB documentation for Staff F. Staff A stated that there was no documented history of TB tests and results for Staff F. Staff A stated that they were unsure whether Staff F was exempted from TB test at rehire. Staff A stated there was no documentation that showed the facility completed a TB test for Staff F when they were rehired.

SECOND-STEP TB TEST
STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C, Nursing Assistant Certified, on 05/22/2025. Review of Staff C's employee records showed documentation of a one-step negative TB skin test was completed on 05/08/2025. Review of Staff C's record showed no documentation that a second-step TB test was completed 169 days after hire.

STAFF K
Review of the facility's Employee Roster showed that the facility hired Staff K, Caregiver, on 02/28/2025. Review of Staff K's employee records showed documentation of a one-step negative TB skin test was completed on 02/17/2025. Review of Staff K's records showed no documentation that a second-step TB test was completed 252 days after hire.

Staff L
Review of the facility's Employee Roster showed that the facility hired Staff L, Laundry Aide, on 02/28/2025. Review of Staff L's records showed no documentation that a second-step TB test was completed.

STAFF M
Review of the facility's Employee Roster showed that the facility hired Staff M, Receptionist, on 04/15/2025. Review of Staff M's records showed no documentation that a second-step TB test was completed 206 days after hire.

STAFF N
Review of the facility's Employee Roster showed that the facility hired Staff N, Caregiver, on 04/17/2025. Review of Staff N's records showed no documentation that a second-step TB test was completed 204 days after hire.

STAFF O
Review of the facility's Employee Roster showed that the facility hired Staff O, Housekeeper, on 05/12/2025. Review of Staff O's employee records showed no documentation that a second-step TB test was completed 179 days after hire.

During an interview on 11/07/2025 at 10:09 AM, Staff A, Administrator, stated that a second-step TB test was not done for Staff C, Staff K, Staff L, Staff M, Staff N, and Staff O.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12\30\25 .

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

Administrator (or Representative) — Date: 12/1/25

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure 1 of 4 sampled staff (Staff B) and 1 of 1 sampled contracted care staff (Staff T) completed a national fingerprint background check within 120 days of hire. The facility failed to ensure Staff B and Staff T did not have unsupervised access to residents when the national fingerprint background check results were pending and unavailable. These failures placed 36 residents at risk of abuse or neglect from staff with an unknown background check result.

Findings included...

Note: Washington Administrative Code (WAC) 388-78A-2462 Background checks—Who is required to have. (2) The assisted living facility must ensure that the administrator

STAFF O
Review of the facility's Employee Roster showed that the facility hired Staff O, Housekeeper, on 05/12/2025. Review of Staff O's employee records showed no documentation that a second-step TB test was completed 179 days after hire.

During an interview on 11/07/2025 at 10:09 AM, Staff A, Administrator, stated that a second-step TB test was not done for Staff C, Staff K, Staff L, Staff M, Staff N, and Staff O.

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, Silverado - Bellevue 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-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to ensure 1 of 4 sampled staff (Staff B) and 1 of 1 sampled contracted care staff (Staff T) completed a national fingerprint background check within 120 days of hire. The facility failed to ensure Staff B and Staff T did not have unsupervised access to residents when the national fingerprint background check results were pending and unavailable. These failures placed 36 residents at risk of abuse or neglect from staff with an unknown background check result.

Findings included...

Note: Washington Administrative Code (WAC) 388-78A-2462 Background checks—Who is required to have. (2) The assisted living facility must ensure that the administrator

and all caregivers employed directly or by contract after January 7, 2012 have the following background checks: (b) A national fingerprint background check.

Note: 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. (2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central (BCCU) unit after January 7, 2012.

STAFF B
Review of the facility's undated Employee Roster showed that the facility hired Staff B, Licensed Practical Nurse/Charge Nurse, on 06/20/2025.

Review of Staff B's employee records showed that on 10/29/2025, the facility completed the Department of Social and Health Services (DSHS) Fingerprint 131 days after they were hired.

During an interview on 11/06/2025 at 10:14 AM, Staff A, Administrator, stated acknowledgement that Staff B's fingerprints were completed late past the 120 days allowed.

STAFF T
Review of the facility's undated agency staff schedule showed that the facility hired Staff T, contracted Licensed Nurse, on 08/31/2024. The schedule showed that Staff T provided care and services to the residents between 08/31/2024 and 08/31/2025. Review of Staff T's employee records showed a national background check was completed on 07/11/2025 through a third-party background check company. The records showed no documentation that the facility completed a national fingerprint through the department's BCCU for Staff T. The records showed Staff T provided care and services to residents on 08/31/2025, 365 days after hire, without the completion of the national fingerprint background check.

During an interview on 11/17/2025 at 11:02 AM, Staff A stated that the facility hired licensed nurses from a contracted healthcare agency. Staff A stated that the contracted healthcare agency provided them with the background check through a third-party background check company for their contracted licensed nurses. Staff A stated that they did not locate the DSHS national fingerprint result document for Staff T.

During a follow-up interview on 11/17/2025 at 1:27 PM, Staff A stated that Staff T's DSHS national fingerprint was not completed.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12\30\25 .

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

Administrator (or Representative) — Date: 12\1\25

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update 3 of 7 sampled residents' (Resident 1, Resident 4, and Resident 6) care needs and interventions in their care plans. This failure placed Resident 1, Resident 4, and Resident 6 at risk for unmet care needs.

Findings included...

RESIDENT 1
Review of the facility's undated Characteristics Roster showed that the facility admitted Resident 1 in [redacted]r of 2024 with a diagnosis of [redacted].

Review of Resident 1's electronic Medication Administration Record (eMAR) for September 2025, October 2025, and November 2025 showed that Resident 1 used Eliquis (a blood thinning medication) 2.5 milligrams (mgs) by mouth twice a day.

Review of Resident 1's Service Plan, dated 08/26/2025, showed Resident 1 required assistance with medication management. Review of Resident 1's Service Plans 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, Silverado - Bellevue 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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update 3 of 7 sampled residents' (Resident 1, Resident 4, and Resident 6) care needs and interventions in their care plans. This failure placed Resident 1, Resident 4, and Resident 6 at risk for unmet care needs.

Findings included...

RESIDENT 1
Review of the facility's undated Characteristics Roster showed that the facility admitted Resident 1 in [redacted] of 2024 with a diagnosis of [redacted].

Review of Resident 1's electronic Medication Administration Record (eMAR) for September 2025, October 2025, and November 2025 showed that Resident 1 used Eliquis (a blood thinning medication) 2.5 milligrams (mgs) by mouth twice a day.

Review of Resident 1's Service Plan, dated 08/26/2025, showed Resident 1 required assistance with medication management. Review of Resident 1's Service Plans showed

that the facility's care staff were responsible for monitoring medical conditions and medications side effects. Review of the service plan did not identify that Resident 1 received blood thinning medications. There was no documentation that provided care staff with guidance on the possible side effects from Eliquis such as increased risk of bruising or easy bleeding. There were no instructions for the staff about what actions were required if Resident 1 experienced any side effects from the medication.

RESIDENT 4
Review of the facility's undated Characteristics Roster showed that the facility admitted Resident 4 in [redacted] of 2024 with a diagnosis of [redacted].

Review of Resident 4's eMAR for September 2025, October 2025, and November 2025 showed that Resident 4 used Aspirin (a blood thinning medication) 81 mg, by mouth once a day.

Review of Resident 4's Service Plan, dated 07/21/2025, showed Resident 4 required assistance with medication management. Review of Resident 4's Service Plans showed that the facility's care staff were responsible for monitoring medical conditions and medications side effects. Review of the service plan did not identify that Resident 4 received blood thinning medications. There was no documentation that provided care staff with guidance on the possible side effects from Aspirin such as increased risk of bruising or easy bleeding. There were no instructions for the staff about what actions were appropriate if Resident 4 experienced any side effects from the medication.

RESIDENT 6
Review of Resident 6's records showed that the facility admitted Resident 6 in [redacted] 2025 with a medical diagnosis of [redacted].

Review of Resident 6's September 2025, October 2025, and November 2025 eMAR showed that Resident 6 used Aspirin 81 mg by mouth daily.

Review of Resident 6's Assessment, dated 10/09/2025, showed Resident 6 required assistance with medication management.

Review of Resident 6's care plan, dated 10/09/2025, showed that the facility's care staff was responsible for monitoring medical conditions and medication side effects. Further review of the care plan did not identify that Resident 6 received blood thinning medication. There was no documentation that provided care staff with guidance about the possible side effects from the medication, such as increased risk for bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 6 experienced any side effects.

During an interview on 11/07/2025 at 10:30 AM, Staff H, Registered Nurse/Director of Health Services, stated that the facility recently changed their electronic record system. Staff H stated that their new electronic record system was unable to automatically generate a care plan for the use of blood thinning medications; and they did not update the service plans for Resident 1, Resident 4 and the care plan for Resident 6.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12\30\25 .

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

Administrator (or Representative) — Date: 12\1\25

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(c) Separate from food or toxic chemicals;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to store resident medications separate form food for 1 of 2 sampled medication room refrigerators (second floor medication room refrigerator). This placed 36 residents medications at risk for cross contamination and infection.

Findings included...

Review of the facility's undated Characteristics Roster showed 36 residents identified with dementia, Alzheimer's disease, and cognitive impairment resided in the secured Memory Care facility.

Observation on 11/04/2025 at 11:30 AM showed a secured medication room located on the second floor of the secured Memory Care facility. Observation showed a medication refrigerator with a temperature of 38 degrees. Further observation showed the refrigerator contained insulin injection pens, suppositories, Morphine, and other medications that required refrigeration. Observation showed a large disposable food take out container that contained a partially eaten bean cheese Quesada.

During an interview on 11/04/2025 at 11:30 AM and 11/07/2025 at 11:05 AM, Staff A, Administrator, and Staff H, Director of Health Services stated that staff food, especially

During an interview on 11/07/2025 at 10:30 AM, Staff H, Registered Nurse/Director of Health Services, stated that the facility recently changed their electronic record system. Staff H stated that their new electronic record system was unable to automatically generate a care plan for the use of blood thinning medications; and they did not update the service plans for Resident 1, Resident 4 and the care plan for Resident 6.

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, Silverado - Bellevue 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-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(c) Separate from food or toxic chemicals;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to store resident medications separate form food for 1 of 2 sampled medication room refrigerators (second floor medication room refrigerator). This placed 36 residents medications at risk for cross contamination and infection.

Findings included…

Review of the facility's undated Characteristics Roster showed 36 residents identified with dementia, Alzheimer's disease, and cognitive impairment resided in the secured Memory Care facility.

Observation on 11/04/2025 at 11:30 AM showed a secured medication room located on the second floor of the secured Memory Care facility. Observation showed a medication refrigerator with a temperature of 38 degrees. Further observation showed the refrigerator contained insulin injection pens, suppositories, Morphine, and other medications that required refrigeration. Observation showed a large disposable food take out container that contained a partially eaten bean cheese Quesada.

During an interview on 11/04/2025 at 11:30 AM and 11/07/2025 at 11:05 AM, Staff A, Administrator, and Staff H, Director of Health Services stated that staff food, especially

partially eaten leftover food and food in general, were not allowed in the medication refrigerators unless it was specifically being used for administration of medications.

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, Silverado - Bellevue is or will be in compliance with this law and / or regulation on (Date) 12\30\25 .

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

Administrator (or Representative) — Date: 12\1\25

partially eaten leftover food and food in general, were not allowed in the medication refrigerators unless it was specifically being used for administration of medications.

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, Silverado - Bellevue 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Bellevue Associates LLC
Silverado - Bellevue
14428 NE 8th St
Bellevue, WA 98007

RE: Silverado - Bellevue # 2573

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/18/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect your program to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

James Sherman, Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The Assisted Living Facility failed to ensure that two culinary staff (Staff P and Staff Q) obtained a food worker card issued by the Washington State Department of Health within 14 days of hire and before their previous food worker card expired. On 11/07/2025, during the Department's full inspection, Staff P and Staff Q completed the food worker training through the jurisdictional health department to meet the requirements.

This deficiency was corrected by the exit conference.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

11/26/2025

Plan of Corrections – Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC388-78a-2468 (1) Background checks—Employment—Conditional hire—Pending results of Washington state name and date of birth background check.***

The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

Based on interview record review, the facility failed to submit the Washington State name and date of birth background check inquiry (BGI) for 7 of 19 contracted staff (staff R, staff S, staff T, staff U, staff V, staff W and staff X) within one business day after their start date.

Moving forward we plan to stay in compliance by changing the settings on the Clipboard website to only offer contract positions to those workers with completed Washington state background check authorization form with a valid Inquiry ID/OCA number. That way, Silverado Bellevue can run their name and date of birth background check within one day of their working as a contract worker. At this time, we have plan in place to run all background checks prior to the contract worker starting on the floor. We have also been utilizing the same contract workers for continuity of care for the residents, but also to ensure that their background checks are completed.

11/26/2025

Plan of Corrections – Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC388-78A-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 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

Review of the facility's undated employee roster showed that the facility fired staff G, caregiver on 10/05/2021. Review of staff G's employee records showed their previous Washington State name and date of birth BGI expired on 09/29/2023. The records showed that the facility submitted and completed a BGI on 505/15/2024, 229 days after the previous BGI expired.

To stay in compliance, we plan to use of a newly created new hire checklist that will keep us on track for background checks, scheduling of fingerprint background check completions, and reminders for two-year Name and date of birth renewals.

11/26/2025

Plan of Corrections - Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC 388-78A-24681 Background checks—Employment—Provisionol hire—Pending results of national fingerprint background check.***

(2) The results of the national fingerprint background check are pending

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that 1 of 4 sampled staff (staff B) and 1 of 1 sampled contracted care staff (staff T) completed a national fingerprint background check within 120 days of hire. The facility failed to ensure that staff B and staff T did not have unsupervised access to resident when the national fingerprint background check results were pending and unavailable.

To stay in compliance, we plan to use of a newly created new hire checklist and spreadsheet that will keep us on track for background checks, scheduling of fingerprint background check completions, and reminders for two-year Name and date of birth renewals.

11/26/2025

Plan of Corrections – Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC388-78A-2140 Negotiated service agreement contents. The assisted living must develop and document in the resident's record, the agreed upon plan to address and support each residents capabilities, needs and preferences, including the following:***

(1) The care and services necessary to meet the residents needs, including
(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
(iii) ongoing assessments of the resident;

Based on interview and record review, the facility failed to update 3 of 7 sampled residents' (resident 1, resident 4 and resident 6) care needs and interventions in their care plans. This failure placed resident 1, resident 4 and resident 6 at risk for unmet care needs.

In order to stay in compliance, Silverado Bellevue has put a plan in place for the Administrator and Director of Health Services to monitor each negotiated service agreement to ensure personalization and document strategies to monitor for changes in health conditions. Binders are readily available for the care associates with personalized service agreements for each resident.

11/26/2025

Plan of Corrections - Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC388-78A-2483 Tuberculosis. One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:***

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

Based on interview and records review, the facility failed to complete a one-step test for Tuberculosis (TB) for 1 of 1 sampled staff (staff B) with a history of a negative blood test.

In order to remain in compliance, Silverado has created a new hire checklist and spreadsheet to ensure that one-step TB test is completed within 3 days of hire. Along with that checklist, a date and reminder schedule given to new hire to ensure that initial TB test is read within 48-72hrs. As well as a documented chest x-ray or Interferon Gamma Release Assays (blood test) within the required time frame.

11/26/2025

Plan of Corrections – Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC388-78A-2260 Storing, securing and accounting for medications***

(2) The assisted living facility must ensure that all medications under the assisted living facility's control and properly stored;

(c) separate from food or toxic chemicals;

Based on observation and interview, the facility failed to store resident medications separate from food for 1 of 2 sampled medication refrigerators (second floor medication room refrigerator).

To stay in compliance, the Director of Health Services will audit medication refrigerators to ensure medications are being stored appropriately free from potential contamination. Signage is posted on the refrigerators regarding which items are acceptable to be placed in the refrigerator. Temperature logs have been modified to reflect when the refrigerator is audited daily on noc shift, it does not contain any unauthorized items.

11/26/2025

Plan of Corrections – Silverado Bellevue

Silverado Bellevue has implemented the following procedures to return to compliance with ***WAC 388-78A-2474(1),(2)(b),(2)(d),(3),(4): Training and home care aide certification requirements.***

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

Based on observation, interview and record review the facility failed to ensure 5 of 8 sampled care staff(staff C, staff F, staff G staff J and staff N) completed basic training, cardiopulmonary resuscitation training first aid training and home care aid certification as required.

The findings stated that there were associates without a current First aid/CPR certification or had first aid with no CPR certification or vice versa. To remain in compliance, Silverado Bellevue has implemented a newly created new hire checklist that will keep us on track for employees needing up-to-date first aid and CPR certifications. This checklist will also serve as a reminder for renewals for First aid and CPR certifications. We have been in contact with *YCPR Academy* to assist us in completing the out-of-date certifications and complete the certifications needed.

Additionally, the findings stated that [redacted] did not hold a valid HCA or CNA license. [redacted] has since been removed from the schedule and is not currently working due to not having his ongoing continuing education units and credentials. To remain in compliance, Silverado Bellevue has implemented a new hiring practice of only hiring active and current CNAs. Additionally, Silverado has a

nationwide contract with Relias Trainings to offer no-cost continuing education courses for all employees. This contract will allow for us to ensure that all employees complete their monthly courses online and receive the CEUs necessary to keep their certification active.

11/26/2025

Plan of Corrections - Silverado Bellevue

Silverado – Bellevue has implemented the following procedures to return to compliance with ***WAC388-78A-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 3 days of employment; and

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

Based on interview and records review the facility failed to ensure that 1 of 6 sampled staff (staff F) completed and initial skin test for Tuberculosis (TB), within three days of hire, as required. The facility failed to complete a second-step TB for 6 of 10 sampled staff (staff C, staff K, staff L, staff M, staff N, and staff O) one to three weeks after the first TB test.

In order to remain in compliance, Silverado has created a new hire checklist and spreadsheet to ensure that TB test is completed within 3 days of hire. Along with that checklist, a date and reminder schedule given to new hire to ensure that initial TB test is read within 48-72 hours and a second step is completed within 8-21 days after initial TB test given, as well.