



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

MG at University, LLC
Merrill Gardens at The University
5300 24th Ave NE
Seattle, WA 98105

RE: Merrill Gardens at The University License # 2588

Dear Administrator:

This letter addresses Compliance Determination(s) 62362 (Completion Date 07/10/2025) and 60895 (Completion Date 06/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/10/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2483-1

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

06.27.2025 09:16:06

State of Washington



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 #: 2588	Compliance Determination # 60895
Plan of Correction	Merrill Gardens at The University	Completion Date
Page 1 of 5	Licensee: MG at University, LLC	06/16/2025

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 the unannounced on-site full inspection on 06/10/2025 and 06/12/2025 of:

Merrill Gardens at The University
5300 24th Ave NE
Seattle, WA 98105

The following sample was selected for review during the unannounced on-site visit: 7 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, 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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2588	Compliance Determination # 60895
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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jane Singer
Residential Care Services

06/27/2025
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.

Chandrio
Administrator (or Representative)

6/27/25
Date

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

- (1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;
- (2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure ready-to-eat food was labeled, dated, and safe for residents to consume and 2 of 8 sampled staff (Staff H and Staff I) had valid food handler's permits (FHP) on file with the facility. These failures placed 33 of 33 residents at risk for illness and increased health issues.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration (FDA) Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is

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opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Record review of an undated Characteristic Roster, showed the ALF provided care and services for 33 residents.

Observation during a kitchen tour with Staff G (Executive Chef), on 06/11/2025 at 10:02 AM, showed a walk-in refrigerator (WR) in the main kitchen. Observation of the contents of the WR, showed an opened gallon of mayonnaise with no opened or use by-date; an opened gallon of tartar sauce with no opened or use-by date; an opened liter of whipping cream with no opened or use-by date.

Observation, on 06/11/2025 at 10:05 AM, showed a refrigerator in the Salad Bar located near the dining room. Observation of the contents of the refrigerator, showed three half empty gallons of milk with no opened or use-by date.

In interview, on 06/11/2025 at 10:07 AM, Staff G reported any opened contents in the refrigerators should have a label indicating an opened or prepared date.

NOTE: WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

NOTE: WAC 246-217-035 Validity and form of food worker cards. (5) The card shall be approximately three inches by five inches in size and contain the following information: (a) The identification of the card as a Washington state food worker card or "limited duty card," as applicable; (b) The identity of the jurisdictional health department issuing the card; (c) Printed (or typed written) name and signature of the food service worker; (d) Card expiration date; (e) Signature of the health officer; and (f) Any other identifier or other information deemed necessary by the health officer.

Review of staff record showed the facility hired Staff H on 05/05/2025 as a Dining Room Server. Staff H did not have an FHP on file.

Review of staff record showed the facility hired Staff I on 12/16/2024 as a Dining Room Server. Staff I did not have a valid FHP on file.

Review of the staff schedule, from 05/19/2025 through 06/10/2025, showed Staff H

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worked 3 shifts.

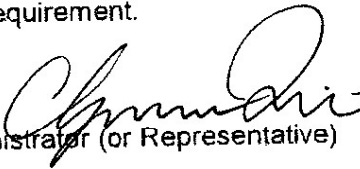
Review of the staff schedule, from 05/19/2025 through 06/10/2025, showed Staff I worked 19 shifts.

In interview, on 06/12/2025 at 11:12 AM, Staff G confirmed Staff H and Staff I did not have valid FHP on file.

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, Merrill Gardens at The University is or will be in compliance with this law and / or regulation on
(Date) 6/12/25.

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


Administrator (or Representative)

Date 6/27/25

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 Assisted Living Facility (ALF) failed to ensure 2 of 2 staff members (Staff B and D) completed the required one step tuberculin skin test (TST). This placed 33 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff B (Caregiver) on 04/04/2025. Record review showed Staff B had documentation history of a negative result from a previous two step TST completed on 07/29/2024, prior to their employment. Staff B did not have a one-step TST within three days of hire date.

Record review showed the ALF hired Staff D (Caregiver) on 04/18/2025. Record review showed Staff D had documentation history of a negative result from a previous two step TST completed on 08/09/2024, prior to their employment. Staff D did not have a one-

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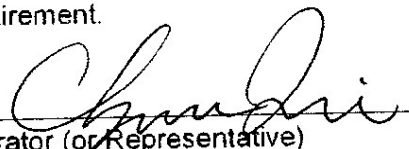
step TST within three days of hire date.

In an interview, on 06/11/2025 at 3:40 PM, Staff A (Administrator) stated she did not have any additional tuberculosis test records completed after date of hire for Staff C and Staff D.

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, Merrill Gardens at The University is or will be in compliance with this law and / or regulation on
(Date) 7/13/25.

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



Administrator (or Representative)

6/27/25

Date

State of Washington



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

06/27/2025

MG at University, LLC
Merrill Gardens at The University
5300 24th Ave NE
Seattle, WA 98105

RE: Merrill Gardens at The University # 2588

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/16/2025 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:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

06.27.2025 09:16:06

State of Washington

Merrill Gardens at The University # 2588

06/16/2025

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eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

- (2) Ensure animals living on the assisted living facility premises:
- (b) Are certified by a veterinarian to be free of diseases transmittable to humans;

The Assisted Living Facility (ALF) failed to ensure pets who lived on the premises of the ALF were certified by a veterinarian to be free of diseases transmittable to humans. This placed all residents at risk of disease transmission.

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.
- Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)312-1446.

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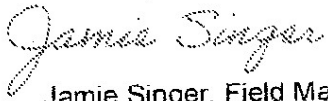
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Merrill Gardens at The University # 2588

06/16/2025

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Sincerely,

A handwritten signature in cursive script that reads "Jamie Singer".

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.