STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Covington Special Care Community LLC
The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

RE: The Cottages of Covington License # 2594

Dear Administrator:

This letter addresses Compliance Determination(s) 73407 (Completion Date 02/24/2026) and 69840 (Completion Date 12/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/24/2026 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-2380-7-a

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Michelle Bentz, ALF Complaint Investigator

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

Statement of Deficiencies	License #: 2594	Compliance Determination # 69840
Plan of Correction	The Cottages of Covington	Completion Date
Page 1 of 3	Licensee: Covington Special Care Community LLC	12/18/2025

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 follow-up on 12/10/2025 of:
The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

This document references the following SOD dated: 12/18/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Michelle Bentz, NH Surveyor

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

Statement of Deficiencies	License #: 2594	Compliance Determination # 69840
Plan of Correction	The Cottages of Covington	Completion Date
Page 2 of 3	Licensee: Covington Special Care Community LLC	12/18/2025

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.

Residential Care Services — 12/31/2025 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) — 1/8/2026 Date

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(7) Buildings from which egress is restricted have:

(a) A system in place to inform and permit visitors, staff persons, and appropriate residents freedom of movement; and

This requirement was not met as evidenced by:

Based on observations and interviews, the facility failed to provide information for visitors and external providers how to exit the secured memory care unit for 1 of 1 secured memory care facilities. This failure delayed visitors from departing the secured facility through the administrative building or the gate.

Findings included...

A record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 10/14/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 11/28/2025.

A record review of the facility's In-Service conducted on 11/26/2025, titled, Escorting Family & Visitors Out the Main Gate, showed that facility staff were instructed to notify the on-duty lead or supervisor if a visitor leaves unexpectedly or without escort. The in-service document showed that facility staff were instructed to not allow visitors to open the gate themselves. The in-service document showed that facility staff were instructed not to hand visitors keys, gate fobs or access items. The in-service document showed that facility staff were instructed to remain at the gate until the visitor had exited

the gate and the property.

Observation on 12/10/2025 at 11:00 AM, showed a locked door from the secured courtyard area of the memory care cottages to the staff office building/main entrance lobby to the facility. This door was utilized by staff, visitors, and providers to enter and exit from the outside, through the staff office building and to the secure resident area of the facility. The door was locked with an electronic keypad lock, which required a code to be manually entered by a person to allow exit from the resident cottage area to the staff building and main entrance lobby. Observation showed no information on the keypad lock system. Observation showed no information on how to utilize the keypad lock for visitors to exit from the resident cottage area to the staff building and entrance lobby.

During an observation 12/10/2025 at 11:35 AM, Residential Care Services staff were unable to independently exit the secured memory care unit. Residential Care Services staff located a caregiver, unidentified, to request the keypad code to exit the secured courtyard. The caregiver stated that only facility staff were allowed to know the code to exit the secured courtyard. The caregiver stated that visitors were required to notify staff and only facility staff were allowed to know the code to exit the secured courtyard. The caregiver stated that visitors required staff assistance to depart the facility.

During an interview on 12/10/2025 at 1:10 PM, Staff A, Facility Administrator, and Staff G, Regional Executive Director, stated that the facility care staff had the keypad code. Staff A, and Staff G stated that the facility care staff were tasked to assist visitors to exit the resident cottage area to the staff building/main lobby area.

This is an uncorrected deficiency previously cited for subsection (7)(a) on 10/14/2025.

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, The Cottages of Covington 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) — Date: 1/31/2026

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

Statement of Deficiencies	License #: 2594	Compliance Determination # 66071
Plan of Correction	The Cottages of Covington	Completion Date
Page 1 of 7	Licensee: Covington Special Care Community LLC	10/14/2025

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 09/30/2025 and 10/02/2025 of:
The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

The following sample was selected for review during the unannounced on-site visit: 7 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC 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

Statement of Deficiencies	License #: 2594	Compliance Determination # 66071
Plan of Correction	The Cottages of Covington	Completion Date
Page 2 of 7	Licensee: Covington Special Care Community LLC	10/14/2025

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.

Jim Sharman
Residential Care Services

10-23-2025
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)

10/27/2025
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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State Name and Date of Birth Background check for 2 of 6 staff (Staff E and Staff F). These failures placed all 55 residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included....

Review of facility's undated personnel records showed the facility hired Staff E, Caregiver, on 12/15/2022 and Staff F, Caregiver, on 02/10/2022.

Review of Staff E's records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 09/13/2022. Review of Staff E's records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 01/09/2025. The records showed Staff E's provided direct care to residents for 119 days without a valid Washington State Name and Date of Birth background check.

Statement of Deficiencies	License #: 2594	Compliance Determination # 66071
Plan of Correction	The Cottages of Covington	Completion Date
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Review of Staff F's records showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 02/10/2022. Review of Staff F's records showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 02/21/2025. The records showed Staff F's provided direct care to residents for 378 days without a valid Washington State Name and Date of Birth background check.

During an interview on 10/01/2025 at 2:55 PM, Staff A, Executive Director, stated that the facility was aware that staff needed Washington State Name and Date of Birth background checks upon hire and then every 2 years.

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, The Cottages of Covington is or will be in compliance with this law and / or regulation on (Date) 11/28/2025 .

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

Administrator (or Representative) [signature] Date 10/27/2025

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(7) Buildings from which egress is restricted have:

(a) A system in place to inform and permit visitors, staff persons, and appropriate residents freedom of movement; and

This requirement was not met as evidenced by:

Based on observations and interviews, the facility failed to provide information for visitors and appropriate residents how to exit the secured memory care unit. This failure prevented visitors and external providers (Home Health, Hospice, Physical Therapy, and others) for the facility's 55 residents (as shown on the facility's resident characteristic roster) to depart the facility without staff assistance.

Findings included...

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Observation on 09/30/2025 at 12:30 PM, showed a locked door from the secured courtyard area of the memory care cottages to the staff office building/main entrance lobby to the facility. This door was utilized by staff, visitors, and providers to enter and exit from the outside, through the staff office building and to the secure resident area of the facility. The door was locked with a keypad lock, which required a code to be entered to allow exit from the resident cottage area to the staff building and main entrance lobby. Observation showed no information on how visitors were to exit from the resident cottage area to the staff building and entrance lobby.

During an observation 10/01/2025 at 12:35 PM, Residential Care Services staff were unable to exit the secured memory care unit. Residential Care Services staff located a caregiver, unidentified, to request the keypad code to exit the secured courtyard. The caregiver stated that only facility staff were allowed to know the code to exit the secure courtyard. The caregiver stated that visitors required staff assistance to depart the facility. The caregiver stated that there was no signage to inform visitors that a staff member was needed to unlock the door to exit.

During an interview on 10/02/2025 at 1:10 PM, Staff A, Facility Administrator, and Staff G, Regional Executive Director, stated that the facility care staff had the keypad code. Staff A, Facility Administrator, and Staff G, Regional Executive Director, stated that the facility care staff were tasked to assist visitors to exit the resident cottage area to the staff building/main lobby area. Staff A and Staff G stated that they were aware that no information was posted regarding how visitors are to exit from the resident area to the staff building/main lobby area.

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, The Cottages of Covington is or will be in compliance with this law and / or regulation on (Date) 11/20/2025 .

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

Administrator (or Representative) — Date: 10/27/2025

WAC 388-110-220 Enhanced adult residential care service standards.

(3) In an assisted living facility with an enhanced adult residential care-specialized dementia care services contract, for residents served under that contract, the

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contractor must:

(c) Develop and implement policies and procedures:

(iii) To obtain consultative resources to address behavioral issues for residents. The contractor must include a plan that identifies the professional (i.e., clinical psychologist, psychiatrist, psychiatric nurse practitioner, or other behavioral specialist familiar with care of persons with dementia with complex or severe problems) who will provide the consultation, and when and how the consultation will be utilized.

(g) Provide daily activities consistent with the functional abilities, interests, habits and preferences of the individual residents. The contractor must support the participation of residents and the resident council, if there is one, in the development of recreational and activity programs that reflect the needs and choices of residents. On a daily basis, the contractor must provide residents access to:

(ii) Individual activities, in which a staff person or volunteer engages the resident in a planned and/or spontaneous activity of interest. Activities may include personal care activities that provide opportunities for purposeful and positive interactions; and

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

(c) The care and services provided to the assisted living facility residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to have identified consultative resources available to provide the required behavioral support services and daily resident-centered individualized activities as required by the Enhanced Adult Residential Care Specialized Dementia Care Services contract (EARC-SDCP). This failure placed residents with EARC-SDCP as a payor source at risk for a decreased quality of life.

Findings included...

On 09/30/2025, a review of the facility's undated Exhibit 6 – Switching from Private Pay to Medicaid Status showed that:

The Cottages, as you know, does accept Medicaid payment but only under a Specialized Dementia Care contract with the State of Washington ... We are only able to accept your conversion to Medicaid payment if you are eligible for payment under the Medicaid Specialized Dementia rates. If you only qualify for EARC Medicaid rates, you cannot continue residency within our Facility.

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A review of the facility's undated policy titled "Mental Health – Obtaining Consultative Resources" showed that the facility:

It is the Policy of Care Partners Senior Living to arrange for Mental Health Services when necessary for individuals with cognitive impairments. ...it is our Policy to evaluate, obtain a doctor's order, and refer the resident to local Mental Health Services.

On 09/30/2025 a review of the facility undated marketing brochure displayed in the main Administration cottage (Cottage A) showed the facility had an activity program and that stated:

Activities are the main component of our gentle care philosophy of emphasizing each resident's strengths and abilities. We create a personalized activity program designed to provide each resident with a sense of purpose and achievement.

A review of the facility characteristics roster on 09/20/2025 showed the secured memory care unit provided care funded by the Enhanced Adult Residential Care – Specialized Dementia Care contract for residents with different levels of cognitive impairments and behavioral issues in three separate cottages (Birch, Cedar, Dogwood).

During pre-inspection preparation a review of the Residential Care Services electronic record system showed the facility initially obtained the Enhanced Adult Residential Care-Specialized Dementia Care (EARC-SDCP) contract in October 2021.

A review of the Washington Administrative Code 388-110-020 showed the definition of the EARC-SDCP as follows:

Enhanced adult residential care-specialized dementia care services is a package of services, including specialized dementia care assessment and care planning, personal care services, intermittent nursing services, medication administration services, specialized environmental features and accommodations, and activity programming.

During an interview with Staff A, Executive Director, and Staff G, Regional Executive Director, on 10/02/2025 at 1:50 PM, Staff A stated that the corporate policy did not identify a consultive behavioral health provider. Staff A stated that the corporate policy did not identify how and when the consultive services would be utilized.

Observations conducted by Residential Care Services staff on 09/30/2025, 10/01/2025, and 10/02/2025 (observations conducted on each date occurred between 10:00 AM and 3:00 PM) showed no individualized resident activities were being provided by staff for residents funded by EARC-SDCP contract.

During an interview with Staff A, Executive Director, and Staff G, Regional Executive

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Director, on 10/02/2025 at 1:55 PM, Staff A stated that the facility did not include resident-specific daily individualized resident activities. Staff A stated that daily individualized activities were not included in the Service Plans for residents who received services and funding from the Medicaid EARC-SDCP contract.

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, The Cottages of Covington is or will be in compliance with this law and / or regulation on (Date) 11/28/2025 .

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

Administrator (or Representative) — Date: 10/27/2025