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

MP Smokey Point, LLC
Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

RE: Fields Senior Living at Smokey Point License # 2601

Dear Administrator:

This letter addresses Compliance Determination(s) 70684 (Completion Date 12/30/2025) and 67830 (Completion Date 10/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2025 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-2474-2-a, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-78A-24701-1, WAC 388-78A-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-78A-2462-2, WAC 388-78A-2484-1

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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 an unannounced on-site follow-up on 10/24/2025 and 10/31/2025 of:

Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

This document references the following SOD dated: 10/31/2025

The following sample was selected for review during the unannounced on-site visit: 9 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit Z
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.

Residential Care Services — 11/13/2025 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) — 11/21/2025 Date

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

(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;

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 Staff (Staff B, C, D, E and F) completed the required training requirements prior to providing care with residents. This failure resulted in Staff C not completing Orientation and Safety (ORSA), Staff B, C, D, E and F not completing Cardiopulmonary Resuscitation (CPR) and First Aid training and Staff D not completing facility orientation. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

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 | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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(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;

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 5 Staff (Staff B, C, D, E and F) completed the required training requirements prior to providing care with residents. This failure resulted in Staff C not completing Orientation and Safety (ORSA), Staff B, C, D, E and F not completing Cardiopulmonary Resuscitation (CPR) and First Aid training and Staff D not completing facility orientation. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Orientation and Safety Training (ORSA)

Review of Washington Administrative Code (WAC) 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-122A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of the ALF's employee files showed the following.

Staff C, Medication Technician, was hired on 11/13/2023 and had no record of a completed Orientation and Safety training.

On 10/28/2025 at 11:10 AM, Staff G, Office Manager, stated that they were unable to locate ORSA training for Staff C, and was unable to determine if the training was completed as they were new in the office manager position and were still working through the staff files to determine what was missing.

On 10/31/2025 at 10:16 AM, Staff G stated that Staff C has been on leave and cannot be contacted regarding the missing ORSA.

CPR and First Aid Training

Review of WAC 388-122A-0720(2)(a) showed all long-term care workers must have and maintain a valid CPR/first aid card or certificate within 30 days of their hire date.

Review of WAC 388-112A-0710 showed CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of the ALF's Medication Technician and Caregiver Job Description undated, showed qualifications for both positions included maintaining a current CPR and First Aid certification.

Review of the ALF's employee files showed the following:

Staff B, Med Technician, was hired on 11/19/2023. Staff B's file showed a certificate of a completed CPR/First Aid training dated 10/02/2024 The certificate failed to show a hands-on return demonstration was completed.

Staff C, Med Technician, was hired on 11/13/2023. Staff C's file showed a certificate of a completed CPR/First Aid training dated 10/02/2024. The certificate failed to show a hands-on return demonstration was completed.

Staff D, Resident Aide, was hired on 07/22/2024. Staff D's file showed an expired CPR/First Aid dated 10/21/2025.

Staff E, Resident Aide, was hired on 12/27/2021. Staff E's file showed documentation of a completed CPR training but no First Aid training.

Staff F, Resident Aide, was hired on 12/31/2021. Staff F's file showed an expired CPR/First Aid dated 10/04/2025.

On 10/31/2025 at 10:20 AM, Staff A, Executive Director, stated that they had recently had two CPR/First Aid classes at the ALF and could not say why Staff B, C, D, E and F did not attend as advanced notice had been given to all facility staff.

Facility Orientation

Review of WAC 388-112A-0200 (1) showed that long term care workers must complete a facility orientation training before having routine interaction with residents.

Review of the ALF's employee files showed the following:

Staff D, Resident Aide, was hired on 07/22/2023. Staff D showed no documentation of a completed facility orientation.

On 10/28/2025 at 11:10 AM, Staff G, Office Manager, stated that they had no documentation showing Staff D completed a facility orientation. Staff G stated that they were new in the office manager position and were still working through the staff files to determine what was missing.

This is an uncorrected deficiency previously cited on 08/27/2025 for subsection (2)(a), (2)(d) and 3.

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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 12/15/25 .

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

Christine Collegeau — Administrator (or Representative)

11/21/25 — Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff C) with reported criminal information on a Washington State name and date of birth background check had a character, competence and suitability (CCS) review completed. This failure resulted in Staff C not having a CCS review and caused all resident to receive care by a staff member with a potentially disqualifying crime.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Record review of the ALF's Hiring Procedure dated 01/01/2024 showed that if an employee's background check comes back with an offense noted, this must be reviewed with the Executive Director to determine if continued employment is appropriate. If a reportable offense is noted and the community determines that continued employment is appropriate an exemption must be completed and filed appropriately.

Staff C, Medication Technician (Med Tech), was hired on 11/13/2023. Record review of a Washington State name and date of birth background check dated 08/07/2025, 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, Fields Senior Living at Smokey Point 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

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(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff C) with reported criminal information on a Washington State name and date of birth background check had a character, competence and suitability (CCS) review completed. This failure resulted in Staff C not having a CCS review and caused all resident to receive care by a staff member with a potentially disqualifying crime.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Record review of the ALF's Hiring Procedure dated 01/01/2024 showed that if an employee's background check comes back with an offense noted, this must be reviewed with the Executive Director to determine if continued employment is appropriate. If a reportable offense is noted and the community determines that continued employment is appropriate an exemption must be completed and filed appropriately.

Staff C, Medication Technician (Med Tech), was hired on 11/13/2023. Record review of a Washington State name and date of birth background check dated 08/07/2025, required

a CCS review to be completed prior to Staff C having unsupervised access to vulnerable adults. The staff file showed no CCS review was completed

On 10/28/2025 at 11:10 AM, Staff G, Office Manager, stated that they had just started the office manager position and did not know why the CCS review had not been completed. Staff G stated that CCS reviews had been sent to the executive director in the past, but Staff C's had not been completed.

This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 12/15/25.

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

Christine Colligan — Administrator (or Representative)

11/21/25 — 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 facility dishwashing machines was functioning properly. This failure placed residents at risk of food borne illnesses.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Review of WAC 246-215-04545 Equipment—Mechanical warewashing equipment, wash solution temperature (FDA Food Code 4-501.110).
(1) The temperature of the wash solution in spray-type warewashers that use hot water

a CCS review to be completed prior to Staff C having unsupervised access to vulnerable adults. The staff file showed no CCS review was completed.

On 10/28/2025 at 11:10 AM, Staff G, Office Manager, stated that they had just started the office manager position and did not know why the CCS review had not been completed. Staff G stated that CCS reviews had been sent to the executive director in the past, but Staff C's had not been completed.

This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point 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-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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 facility dishwashing machines was functioning properly. This failure placed residents at risk of food borne illnesses.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Review of WAC 246-215-04545 Equipment—Mechanical warewashing equipment, wash solution temperature (FDA Food Code 4-501.110).
(1) The temperature of the wash solution in spray-type warewashers that use hot water

to sanitize may not be less than:
(c) For a single tank, conveyor, dual temperature machine, 160°F (71°C);

Review of WAC 246-215-04555 Equipment—Mechanical warewashing equipment, hot water sanitization temperatures (FDA Food Code 4-501.112)
(1) Except as specified in subsection (2) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194°F (90°C) or less than:
(b) For all other machines, 180°F (82°C).

On 10/28/2025 at 12:35 PM, the facility dishwashing machine wash cycle temperature showed 160 degrees Fahrenheit (F) and the rinse cycle temperature showed 0 F.

On 10/28/2025 at 12:35 PM, Staff I, Dish Washer, stated that they were waiting on a new thermometer that would show the temperature for the rinse cycle. Staff I stated that the wash cycle temperature should be 140 – 150 F, and the rinse cycle temperature should be at least 160 F. Staff I stated they could run a hot plate (a device used to test the temperature of water in a commercial dishwasher to ensure it meets minimum standards by simulating a plate and recording the maximum surface temperature to verify proper cleaning and sanitization) through the dishwasher to obtain the temperature. Staff I ran the hot plate through the dishwasher and the temperature on the hot plate showed 147.9 F.

On 10/28/2025 at 12:45 PM, Staff H, Culinary Director, stated that they were waiting on a new thermometer for the dishwashing machine. Staff I stated that the minimum wash cycle temperature was 150 F, and that they did not know the minimum rinse cycle temperature.

On 10/28/2025 at 1:02 PM, a sign on the wall behind the dishwashing machine indicated the wash cycle temperature was supposed to be 120 - 140 F, and the final rinse temperature was supposed to be 180 F.

On 10/28/2025 at 1:02 PM, Staff H stated that they had no way of knowing what the final rinse temperature was because the gauge on the front of the dishwashing machine was inoperable.

On 10/28/2025 at 1:10 PM, Collateral Contact 1 (CC1), Dishwashing machine company representative, stated that the dishwashing machine was not a chemical sanitizer, that it was a high temperature machine. CC1 stated that they had a new thermistor harness on order that would fix the dishwashing machine so it would show the temperatures on the gauges. CC1 stated that the hot plate would not show the accurate temperature because the dishwashing machine runs both hot and cold water. CC1 stated that they thought something was wrong with the ALF’s hot plate because the last couple times they tried to use it, it wasn’t working right.

This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 12/15/25 .

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

Christine Colleges — Administrator (or Representative)

11/21/25 — Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and Staff D) had a current food worker card. This failure resulted in Staff B and Staff D not having the proper training to handle food safely and placed the residents at risk for food borne illness.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation that involved Staff B and Staff D. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Review of WAC 246-217-025 Validity and form of food worker cards showed:
(3) All food worker cards must be issued and signed by the local health officer. The local health officer may contract with persons to provide the required training or testing within his/her jurisdiction. The contracts must include test security provisions so that test questions, scoring keys, and other examination data are exempt from public disclosure to the same extent as records maintained by state or local government agencies.

This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point 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-2305 Food sanitation. The assisted living facility must:

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and Staff D) had a current food worker card. This failure resulted in Staff B and Staff D not having the proper training to handle food safely and placed the residents at risk for food borne illness.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation that involved Staff B and Staff D. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Review of WAC 246-217-025 Validity and form of food worker cards showed;
(9) All food worker cards must be issued and signed by the local health officer. The local health officer may contract with persons to provide the required training or testing within his/her jurisdiction. The contracts must include test security provisions so that test questions, scoring keys, and other examination data are exempt from public disclosure to the same extent as records maintained by state or local government agencies.

On 10/31/2025, a review of the ANSI Accredited Certification Program website (State Requirements | Trust20) showed they were not an approved food handler training provider in Washington.

A review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 01/06/2025. No documentation of a current food worker card was available for review.

Staff D, Resident Aide, was hired on 07/22/2024. Review of Staff D's food worker card, expiration date 01/21/2026, showed it was issued by the ANSI Accredited Certification Program, which is not an approved food worker training program in Washington.

On 10/31/2025 at 10:46 AM, Staff A, Executive Director, stated the business office manager was now responsible for checking food worker cards for caregiving staff, but in the past, they did not know who had been monitoring food worker cards because it was so sporadic.

This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 12/15/25

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

Christine Colligan — Administrator (or Representative)

11/21/25 — Date

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:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

On 10/31/2025, a review of the ANSI Accredited Certification Program website (State Requirements | Trust20) showed they were not an approved food handler training provider in Washington.

A review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 01/06/2025. No documentation of a current food worker card was available for review.

Staff D, Resident Aide, was hired on 07/22/2024. Review of Staff D's food worker card, expiration date 01/21/2026, showed it was issued by the ANSI Accredited Certification Program, which is not an approved food worker training program in Washington.

On 10/31/2025 at 10:46 AM, Staff A, Executive Director, stated the business office manager was now responsible for checking food worker cards for caregiving staff, but in the past, they did not know who had been monitoring food worker cards because it was so sporadic.

This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point 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-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:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a national fingerprint background check for 1 of 4 staff (Staff D). This failure placed the residents at risk of receiving care from a staff person with a potentially disqualifying background.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation that involved Staff D. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

A review of the ALF's employee files showed the following:

Staff D, Resident Aide, was hired on 07/22/2024. There was no national fingerprint background check available for review.

On 10/28/2025 at 11:30 AM, Staff G, Office Manager, stated that Staff D had been a no-show at their fingerprint appointment.

This is an uncorrected deficiency previously cited on 08/27/2025 for subsection (2)(b).

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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 12/5/25.

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

Christene Colliga 11/21/25

Administrator (or Representative) Date

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a national fingerprint background check for 1 of 4 staff (Staff D). This failure placed the residents at risk of receiving care from a staff person with a potentially disqualifying background.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation that involved Staff D. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

A review of the ALF's employee files showed the following:

Staff D, Resident Aide, was hired on 07/22/2024. There was no national fingerprint background check available for review.

On 10/28/2025 at 11:30 AM, Staff G, Office Manager, stated that Staff D had been a no-show at their fingerprint appointment.

This is an uncorrected deficiency previously cited on 08/27/2025 for subsection (2)(b).

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, Fields Senior Living at Smokey Point 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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, Staff D and Staff G) were screened for tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) with an initial skin test done within three days of hire and/or a second test done one to three weeks after the first test. This failure placed the residents at risk for exposure to a communicable disease.

Findings included…

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed on 08/27/2025 the ALF received an initial citation for this regulation that involved Staff B and Staff D. The ALF signed an attestation statement that showed the ALF would have the deficiency corrected by 10/11/2025.

Review of the ALF's employee files showed the following:

Staff B, Medication Technician, was hired on 11/19/2023. There was no TB test documentation available for review.

Staff D, Caregiver, was hired on 07/22/2025. There was no TB test documentation available for review.

Staff G, Office Manager, was hired on 10/16/2025. There was no documentation Staff G had completed the second step of two-step TB testing.

On 10/28/2025 at 3:36 PM, Staff G stated that they didn't do a second TB test because the home office told them they didn't need the second step because they were office staff.

On 10/28/2025 at 3:40 PM, Staff B stated that they were always positive when they had TB testing, and they did have some TB records that they could bring into the ALF.

On 10/31/2025 at 11:39 AM, Staff A, Executive Director, stated that they were not sure

why Staff D had not yet done their TB testing.

This is an uncorrected deficiency previously cited on 08/27/2025.

Plan/Attestation Statement

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

Christine Colligan — Administrator (or Representative)

11/21/25 — Date

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This is an uncorrected deficiency previously cited on 08/27/2025.

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, Fields Senior Living at Smokey Point 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

Statement of Deficiencies	License #: 2601	Compliance Determination # 63445
Plan of Correction	Fields Senior Living at Smokey Point	Completion Date
Page 1 of 29	Licensee: MP Smokey Point, LLC	08/27/2025

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 08/05/2025 and 08/11/2025 of:
Fields Senior Living at Smokey Point
3607 169th St NE
Arlington, WA 98223

The following sample was selected for review during the unannounced on-site visit: 10 of 78 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional
Karen Glover, Nursing Consultant Institutional

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

Statement of Deficiencies	License #: 2601	Compliance Determination # 63445
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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.

Anthony R. Devito for
Residential Care Services

09-03-2025
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)

9/9/2025
Date

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

(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;

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 6 Staff (Staff B, C, D, E and F) completed the required training requirements prior to providing care with residents. This failure resulted in Staff B and C not completing Orientation and Safety (ORSA), Staff B, C, D, E and F not completing Cardiopulmonary Resuscitation (CPR) and First Aid training, Staff C, E and F not completing continuing education, Staff B, C and D not completing facility orientation and caused all 78 residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included...

Orientation and Safety Training (ORSA)

Review of Washington Administrative Code (WAC) 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-122A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of the ALF's employee files showed the following.

Staff B, Medication Technician (Med Tech), was hired 11/19/2023 and had no record of a completed Orientation and Safety training.

Staff C, Med Tech, was hired on 11/13/2023 and had no record of a completed Orientation and Safety training.

On 08/07/2025 at 10:21 AM, Staff K, Office Manager, stated that they were unable to locate ORSA training for Staff B and C, and was unable to determine if the training was completed and where the documentation might be located.

On 08/07/2025 at 10:41 AM, Staff K stated that there have been many other office managers before them, and they did not have a specific system used for tracking employee files and certifications/trainings.

CPR and First Aid Training

Review of WAC 388-122A-0720(2)(a) showed all long-term care workers must have and maintain a valid CPR/first aid card or certificate within 30 days of their hire date.

Review of WAC 388-112A-0710 showed CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of the ALF's Medication Technician and Caregiver Job Description undated, showed qualifications for both positions included maintaining a current CPR and First Aid certification.

Review of the ALF's employee files showed the following:

Staff B, Med Tech, was hired on 11/19/2023. Staff B's filed showed a certificate of a

completed CPR/First Aid training. The certificate failed to show a hands-on return demonstration or date for the class.

Staff C, Med Tech, was hired on 11/13/2023. Staff C's filed showed a certificate of a completed CPR/First Aid training. The certificate failed to show a hands-on return demonstration or date for the class.

Staff D, Resident Aide, was hired on 07/22/2024. Staff D's file had no documentation of a completed CPR/First Aid training.

Staff E, Resident Aide, was hired on12/27/2021. Staff E's file showed no documentation of a completed CPR/First Aid training.

Staff F, Resident Aide, was hired on 12/31/2021. Staff F's file showed no documentation of a completed CPR/First Aid training.

On 08/07/2025 at 10:21 AM, Staff K stated that they were unable to locate CPR/First Aid for Staff D, E, and F.

On 08/07/2025 at 10:23 AM, Staff K stated that Staff B and C completed a facility CPR/First Aid training but cannot confirm the content of the training as it was not available for review. Staff K stated that the trainer is no longer employed with the facility and unable to locate the training manual or documentation completed for the CPR/First Aid training.

On 08/07/2025 at 12:25 PM, Staff A, Executive Director, stated that they were unable to locate the teaching materials or contents of the facility CPR class to show that a return demonstration was completed as part of the course and the dated completed.

Continuing Education (CE)

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of continuing education by their birthday each year.

Review of the ALF's employee files showed the following:

Staff C, Med Tech, was hired on 11/13/2023. Staff C's file showed no documentation of CE's completed for the timeframe of July 2024 through July 2025.

Staff E, Resident Aide, was hired 12/27/2021. Staff E's file showed no documentation of CE's completed for the timeframe of December 2023 through December 2024.

Staff F, Resident Aide, was hired 12/31/2021. Staff F's file showed no documentation of CE's completed for the timeframe of April 2024 through April 2025.

On 08/07/2025 at 10:20 AM, Staff K stated that they did not have any continuing education for Staff C, E, and F. Staff K stated that the ALF did not provide continuing education for their employees as part of their employment.

On 08/07/2025 at 10:23 AM, Staff A stated that the ALF had provided continuing education in the past but was no longer offered.

Facility Orientation

Review of WAC 388-112A-0200 (1) showed that long term care workers must complete a facility orientation training before having routine interaction with residents.

Review of the ALF's employee files showed the following:

Staff B, Med Tech, was hired on 11/19/2023. Staff B showed no documentation of a completed facility orientation.

Staff C, Med Tech, was hired on 11/13/2023. Staff C had a facility orientation dated 01/18/2024, 66 days after their initial hire date.

Staff D, Resident Aide, was hired on 07/22/2024. Staff D showed no documentation of a completed facility orientation.

On 08/07/2025 at 10:46 AM, Staff K stated that the ALF did not have a document showing specific facility orientation and tasks completed by new staff. Staff K stated that a facility orientation document had not been used in the hiring process.

On 08/07/2025 at 11:40 AM, Staff M, Med Tech, stated that they had Med Tech experience from their prior employer and had been put on the floor working independently without any additional facility specific training.

Plan/Attestation Statement

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

Administrator (or Representative) Juan Mendoza Date 10-9-2025

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff C and D) with reported criminal information on a Washington State name and date of birth background check had a character, competence and suitability (CCS) review completed. This failure resulted in Staff C and D being hired with no review and caused 78 resident to receive care by staff members with a potentially disqualifying crime.

Findings included...

Record review of the ALF's Hiring Procedure dated 01/01/2024 showed that if an employee's background check comes back with an offense noted, this must be reviewed with the Executive Director to determine if continued employment is appropriate. If a reportable offense is noted and the community determines that continued employment is appropriate an exemption must be completed and filed appropriately.

Staff C, Medication Technician (Med Tech), was hired on 11/13/2023. Record review of a Washington State name and date of birth background check dated 11/01/2023, required a CCS review to be completed prior to Staff C having unsupervised access to vulnerable adults. The CCS was completed on 02/19/2024, 98 days after the name and date of birth background check was completed.

Staff D, Resident Aide, was hired on 07/22/2024. Record review of a Washington State name and date of birth background check dated 07/24/2024, required a CCS review to completed prior to Staff D having unsupervised access to vulnerable adults. The CCS review was completed on 08/21/2024, 30 days after the name and date of birth background check was completed.

On 08/06/2025 at 10:50 AM, Staff K, Office Manager, stated that there had been many different people in the office manager position and they are "catching up on a lot of things".

On 08/07/2025 at 10:22 AM, Staff K stated that they could not say why the CCS was late for Staff C and D.

Plan/Attestation Statement

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

Juan Mendoza — Administrator (or Representative)

9-9-2025 — 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to provide a clean and sanitary kitchen environment and maintain a properly functioning dish washer in 1 of 1 facility kitchen. This failure placed 78 residents at a potential risk of food borne illnesses.

Findings included...

Review of Washington Administrative Code (WAC) 246-215-04258 Functionality—Ware washing machines, automatic dispensing of detergents and sanitizers. A ware washing machine that is installed after adoption of this chapter by the regulatory authority must be equipped to:

(1) Automatically dispense detergents and sanitizers; and (2) Incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.

Review of WAC 246-215-04800 Objective—Clean linens, Clean linens must be free from food residues and other soiling matter.

Review of WAC 246-215-06505 (1) Methods – Cleaning, frequency and restrictions showed the physical facilities must be cleaned as often as necessary to keep them clean.

On 08/05/2025 at 11:07 AM, the following was observed in the kitchen and dining area:

11:07 AM, the reach in fruit refrigerator door was stained with fruit juice and food particles on both sides of the pull open door.

11:08 AM, the Ice cream freezer was stained on the outside with food splatter stains and soiled with food particles.

11:10 AM, the plastic bins holding flour, granulated sugar and dry oatmeal was stained on the upper lip of the plastic bin with food particles, small cut pieces of tomatoes and tomatoes juice.

11:13 AM, the hand washing station next to the food preparation table was stained with food particle and unknown liquid splatters. The sink hot and cold handle had food particles stuck to the them.

11:15 AM, the ice machines upper vent was covered in dust, and the side cover had juice splatter marks from the adjacent juice dispenser.

11:18 AM, the overhead heating lamp on the cooks serving station was not working.

11:19 AM, observed food being plated without being tempted, then placed under a heating element that was knowing not producing heat.

11:21 AM, the floor of the kitchen was sticky with unknown spills, pieces of food particles and dust underneath shelves and kitchen equipment.

12:20 PM, the Spotless 14 Premium All Temp Rinse Aid container that was in use was

empty. The external gauge on the dishwasher was reading 0 degrees Fahrenheit (F). The facility posted sign on the wall in front of the dishwasher showed the temperature should be 180 F.

12:31 PM, underneath the dining room tables had food particles from the morning and afternoon meals.

On 08/05/2025 at 11:27 AM, Staff J, Culinary Director, stated that the facility does not have a policy regarding the cleaning of the ice machine and was not sure when it was cleaned last. Staff J stated that when they started with the facility, they received three days of training for the kitchen and had not used any specific cleaning routine to maintain the cleanliness of the kitchen or dining room.

On 8/5/2025 at 4:20 PM, Staff A, Executive Director stated that the kitchen staff were to clean the tables and vacuum the floor underneath the tables after each meal and prior to going home in the evening. Staff A stated that they are unsure why the vacuuming had not been completed.

On 08/07/2025 at 11:39 AM, Staff J stated that the kitchen staff was responsible for cleaning and vacuuming the dining room after each meal but there had not been a facility check list to confirm the completion of tasks.

On 08/07/2025 at 12:25 PM, Staff J state that they called the individual who trained them and asked if they had a check list and/or policy for cleaning the kitchen and dining room each day. Staff J stated that they were told there is no facility policy or cleaning schedule for maintaining the kitchen and dining room. Staff J provided a blank cleaning list showing cleaning tasks per day and stated they saw it in the computer but had never used it.

On 08/07/2025 at 12:27 PM, Staff O, Dishwasher, stated that when the chemicals are empty in the dishwasher, they had been told to report to Staff J, and they would take care of it.

On 08/07/2025 at 12:28 PM, Staff J had not been aware the dishwasher rinse was empty and was not sure how long the chemical rinse had been empty. Staff J stated that they also thought the water temperature gauge had not been working but hadn't called the vendor.

On 08/07/2025 at 4:38 PM, Staff A stated there was a lot that needed to be done in the kitchen. Staff A stated that the dishwasher vendor confirmed the heat booster had not been working and would need to be replaced.

The following was observed on 08/08/2025 at 9:41 AM:

Two dark brown, woven fabric place mats were incrusted with food particles and debris and two drinking glasses had fingerprint smudges, lip prints and an oily build up on the outside of the glasses. The items were observed on the dining room table that had been freshly set for the next meal of the day.

On 08/08/2025 at 9:55 AM, Resident 11 brought a place mat and drinking glass from the dining room for the licensors to observe. Resident 11 stated that the dining place mats have never been cleaned, even after they had reported to Staff A. Resident 11 stated that Staff A never followed up and continued to use the dirty place mats and glasses.

On 08/08/2025 at 10:21AM, Staff A stated that the placemats and drinking glasses looked awful. Staff A stated that they instructed the staff to throw the place mats away. Staff A stated that the placemats were disgusting and should have never been used.

On 08/08/2025 at 11:33 AM, Staff A stated that nobody would ever be ok putting the dirty drinking glasses on the table.

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

Juan Mendoza

Administrator (or Representative) Date 9-9-2025

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 8 staff (Staff A, B, C, D, G and H) had a current food worker card. This failure resulted in Staff A, B, C, D, G and H not having the proper training to handle food safely and placed 78 residents at risk for food borne illness.

Findings included...

Review of the ALF's Food Services Procedure dated 01/01/2024 showed that all food service employees will maintain a current food handlers certification.

Review of the New Hire Check List, undated, showed that on the first day of employment or day before, ensure the following are completed/received and emailed to the Home Office: Food Handlers Permit (if working in/around the kitchen).

A review of the ALF's employee files showed:

Staff A, Executive Director, was hired on 01/06/2025. Staff A's food worker card expired on 06/27/2025. No documentation of a current card was available for review.

Staff B, Medication Technician (Med Tech), was hired on 11/19/2023. Staff B's food worker card expired on 05/03/2025. No documentation of a current card was available for review.

Staff C, Med Tech, was hired on 11/13/2023. No documentation of a food worker card was found in Staff C's file.

Staff D, Resident Aide, was hired on 07/22/2024. No documentation of a food worker care was found in Staff D's file.

Staff G, Cook, was hired on 07/17/2025. No documentation of a food worker card was found in Staff G's file. Staff G completed the food handlers training on 08/07/20205, 171 days after their hire date.

Staff H, Cook, was hired on 12/03/2024. Staff H's food worker card expired on 07/07/2025.

On 08/06/2025 at 10:24 AM, Staff K, Officer Manager, stated that the kitchen staff tracked the food worker cards.

On 08/06/2025 at 1:05 PM, Staff K stated that they could not find a current food worker card for Staff C and D.

On 08/07/2025 at 11:55 AM, Staff J, Culinary Director state that Staff K was responsible for the food worker cards.

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On 08/08/2025 at 8:30 AM, Staff H stated that they were working on finishing their food handlers certification.

Plan/Attestation Statement

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Susan Merida — Administrator (or Representative)

9-9-2025 — Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 1 of 4 residents (Resident 7) within 14 days of the resident's move-in date. This failure placed Resident 7 at risk for unmet care needs and diminished quality of life.

Findings included...

Review of an undated face sheet showed Resident 7 was admitted to the ALF on [redacted]/2025 with multiple medical conditions to include heart, lung and kidney problems.

On 08/06/2025, a review of Resident 7's clinical records showed there was no full assessment available for review.

On 08/07/2025 at 1:10 PM, Staff I, Resident Care Coordinator, stated that the ALF did not have a full assessment that was done within 14 days of admission for Resident 7, and that was why they did a 30-day full assessment on [redacted]/2025 (21 days late).

Plan/Attestation Statement

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

Administrator (or Representative) Date 9-9-2025

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment including life enrichment (Activities) for 7 of 10 residents (Resident 1, 4, 5, 6, 8, 9, and 10). This failure resulted in Residents 1, 4, 5, 6, 8, 9 and 10 not having a current assessment to determine their life enrichment capabilities and preferences and placed these residents activity needs at risk of being unmet.

Findings included...

Resident 1
Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted].

Review of the ALF's quarterly assessment dated 04/28/2025, showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

Resident 4
Review of an undated face sheet showed Resident 4 was admitted to the ALF on [redacted]/2022 with diagnoses including [redacted] and [redacted].

Review of Resident 4's ALF quarterly assessment dated 08/03/2025, showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

Resident 5
Review of an undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2025 with diagnoses including [redacted].

Review of Resident 5's ALF quarterly assessment dated [redacted]/2025, showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

Resident 6
Review of an undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2025 with diagnoses including [redacted].

Review of Resident 6's ALF quarterly assessment dated [redacted]/2025 showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

Resident 8
Review of an undated face sheet showed Resident 8 was admitted to the ALF on [redacted]/2024 with diagnoses to include [redacted].
Review of the ALF's quarterly assessment, dated 04/28/2025, showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

On 08/07/2025 at 2:35 PM, Resident 8 stated that they had opportunities to participate in ALF activities, but they didn't because they did not like what they had for them to do.

Resident 9
Review of an undated face sheet showed Resident 9 was admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted] and [redacted].

Review of the ALF's move-in assessment dated [redacted]/2025 showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

Resident 10

Review of an undated face sheet showed Resident 10 was admitted to the ALF on [redacted]/2024 with a diagnosis of [redacted].

Review of the ALF's quarterly assessment dated 04/28/2025 showed the life enrichment section of the assessment was blank for activities of interest, individual goals, likes/dislikes, hobbies and religious preferences.

On 08/07/2025 at 4:38 PM, Staff A, Executive Director, stated that nursing does not do activity assessments and that maybe Staff N, Social Coordinator, does something separate.

On 08/08/2025 at 10:55 AM, Staff N stated that they do not complete any activity assessment with the residents.

On 08/08/2025 at 1:52 PM, Resident 10 stated that they did not participate in many of the activities due to them being repetitive and not interesting.

Plan/Attestation Statement

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

Susan Meredith — Administrator (or Representative)

9-9-2025 — Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete an initial Negotiated Service Agreement (NSA) within 30 days of the resident moving into the ALF for 2 of 4 residents (Residents 6 and 7). This failure placed the residents at risk for unmet care and service needs and for diminished quality of life.

Findings included...

Resident 6
Review of an undated face sheet showed Resident 6 admitted to the ALF on [redacted]/2025 with multiple medical conditions to include high blood pressure (increased force of blood against the walls of the arteries) and major depressive disorder (a persistently depressed mood and long-term loss of pleasure or interest in life).

Record review of the NSA for Resident 6 showed an initiated date of [redacted]/2025. The focus and goals had been completed on the NSA with no interventions listed for the care that Resident 6 needed.

On 08/06/2025 at 3:43 PM, Staff I, Resident Care Coordinator, stated that they were still learning the NSA side of the computer software program. Staff I did not realize the assessment did not populate into the NSA.

Resident 7
Review of an undated face sheet showed Resident 7 admitted to the ALF on [redacted]/2025 with multiple medical conditions to include heart, lung and kidney problems.

Review of Resident 7's clinical records showed there was no NSA dated within 30 days of the resident's admission.

On 08/07/2025 at 1:10 PM, Staff I stated that the ALF did not have an initial NSA that was completed within 30 days of the resident's admission. Staff I stated that the only NSA the ALF had for Resident 7 was done [redacted]/2025 (11 days 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, Fields Senior Living at Smokey Point is or will be in compliance with this law and / or regulation on (Date) 10-11-2025 .

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

Susan Murphy
Administrator (or Representative) Date 9-9-2025

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed at least annually by 1 of 6 residents (Resident 8), their representative, and by a representative of the ALF. This failure placed Resident 8 at risk for unmet care needs and/or receiving care and services that had not been agreed to.

Findings included...

Review of an undated face sheet showed Resident 8 admitted to the ALF on [redacted]/2024 with multiple medical conditions to include dementia (a condition characterized by a progressive decline in cognitive function, such as memory, thinking, language, judgment and behavior) and an enlarged prostate.

Review of Resident 8's clinical records showed that there was no signed NSA available for review.

On 08/06/2025 at 2:58 PM, Staff Q, Consulting Group Staff, stated that the ALF did not have a signed NSA for Resident 8.

Plan/Attestation Statement

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Administrator (or Representative) Susan Merolyn Date 9-9-2025

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to serve resident meals that had been reviewed and approved by a dietitian for 4 of 4 weekly food menus dated for the weeks of 07/13/2025, 07/20/2025, 07/27/2025, and 08/03/2025. These failures resulted in 78 residents receiving meals that had no dietitian oversight and placed the residents at risk for not receiving nutritionally balanced meals.

Findings included...

On 08/06/2025 at 10:08 AM, Staff A, Executive Director, stated that they did not have a registered dietician reviewing the menus and that Staff J, Culinary Director, puts the menus together.

On 08/07/2025 at 11:39 AM, Staff J stated that they had no registered dietician reviewing the weekly menus.

During an observation on 08/07/2025 at 11:34 AM, the weekly menu was on a clip board in the kitchen. The menu posted failed to have a dietician's signature or date the menu was reviewed.

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Administrator (or Representative) Date 9-4-2025

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review , the Assisted Living Facility (ALF) failed to ensure the completion of Nurse Delegation Core Diabetes training for 1 of 2 sampled Staff (Staff C). This failure resulted in Resident 9 receiving insulin from Staff C without proper training and placed all insulin dependent delegated residents at risk for med errors and unmet medication needs.

Finding included...

Review of Washington Administrative Code (WAC) 246-840-930 The Nurse Delegation Program, under Washington State law, allows nursing assistants working in certain settings to perform certain tasks - such as administration of prescription medications including insulin injections - normally performed only by licensed nurses.

A Registered Nurse (RN) must instruct the nursing assistant regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate performance including return demonstration during the first four weeks of delegation of insulin injections and at least every ninety days thereafter.

(8) Verify that the nursing assistant or home care aide: (a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without

restriction;(b) has completed both the basic caregiver training and core delegation training before performing any delegated task.
Review of the ALF's employee file showed the following:

Staff C, Medication Technician (Med Tech), was hired on 11/13/2023. Staff C's employee file showed no documentation of nurse delegation core diabetes training.

Review of the ALF's staff schedule from 08/03/20205 – 08/09/2025, showed Staff C was the only Med Tech scheduled from 10:00 PM – 6:00 AM for the assisted living side of the ALF where 7 of 7 residents lived.

Review of an undated face sheet showed Resident 9's had been admitted to the ALF on [redacted]/2025 with diagnoses of [redacted] and [redacted].

Review of Resident 9's Electronic Medical Administration Record (EMAR) for July 2025, showed Staff C provided Insulin Glargine Solution (a synthetic hormone to regulate blood sugar levels) at 8:00 AM on the July 23rd, 24th, 25th, 28th, 29th, 30th and 31st.

In an interview on 08/06/2025 at 10:21 AM, Staff K, Office Manager, stated that they could not locate documentation of Staff C completing nurse delegation core diabetes training. Staff K stated that if it was not in the employees file, they don't know where it is.

In an interview on 08/06/2025 at 3:42 PM Staff I, Resident Care Coordinator (RCC) state that the ALF's delegating nurse was let go after only working a couple weeks. Staff I stated that the ALF does not have a nurse delegator and is working with a consulting group to have a Registered Nurse (RN) get the nurse delegation caught up virtually with the assistance of a Licensed Practice Nurse (LPN) that was physically at the ALF.

Plan/Attestation Statement

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Administrator (or Representative) Date 9-9-2025

WAC 388-78A-2710 Disclosure of services.

(2) The assisted living facility must provide the services disclosed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to have a Licensed Practical Nurse (LPN) on site and a Registered Nurse (RN) available remotely, as noted in the ALF's Disclosure of Services for 1 of 1 ALF's. This failure resulted in the staff providing care to residents with no nursing oversight and placed all 78 residents at risk of unmet healthcare needs.

Findings included...

Review of the Disclosure of Services, undated, showed a Registered Nurse (RN) would have oversite provided via remote nurse delegation as needed based on resident care needs. The RN is not on-site daily, but is available for assessments, care planning and delegation. A Licensed Practical Nurse (LPN) would typically be in the ALF for 4-5 days per week, totaling 30-40 hours per week. The LPN provides direct care, supports delegated tasks, and communicates with the RN as needed.

On 08/05/2025 at 9:44 AM, Staff A, Executive Director, stated that they currently have a consulting group providing nursing services for the facility.

On 08/05/2025 at 10:08 AM, Staff A stated that they are between ALF nurses and had an open position. Staff A stated that the last nurse in the building worked until the end of July. Staff A stated that they had an LPN from the consulting group in the building today.

On 08/06/2024 at 9:58 AM, Staff Q, nurse from the consulting group, stated that they are only licensed in Colorado, not in Washington and cannot perform any nursing tasks in Washington. Staff Q stated that they were helping the RN that was working remotely from the consulting group. Staff Q stated they did not have a compact license (multi state licensure).

08/06/2025 at 10:08 AM Staff A stated that they were not aware that Staff Q was not licensed in the State of Washington and was told this was a nurse that could assist in the building with nursing tasks.

Plan/Attestation Statement

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Administrator (or Representative) Date 9-9-2025

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

This requirement was not met as evidenced by:

Based on observation, and interview, the Assisted Living Facility (ALF) failed to notify the Department (Department of Social and Health Services) after a flood occurred in 1 of 1 memory care unit. This failure placed all 23 memory care residents at risk of an unsafe and unsanitary environment.

Findings included...

The following was observed on 08/05/2025:

At 11:55 AM the west wing of the memory care unit showed all base boards and trim around the resident room doors had been removed due to a water pipe leak above the ceiling that occurred in Resident Room 13. The baseboards and trim of doorways were removed from Room 11 through 27. Resident room 13 was vacated due to the removal of walls and ceiling with extensive water damage.

Review of the Departments Complaint Resolution Unit (CRU) showed no ALF self-report for water pipe leak and displacement of the resident.

Review of the ALF's progress note dated 07/27/2025 showed no documentation of the water leak, action taken to provide safety for the resident impacted or who was notified of the event.

Review of the ALF's Emergency Preparedness Binder "Flood Emergency", showed no incident report had been completed for the water pipe leak or the immediate steps taken to maintain the safety of the residents.

On 08/05/2025 at 11:56 AM, Staff L, (Director of Plant Operations), stated that Service Master came out immediately after the water was shut off by the fire department and began the process of removing the standing water, damaged walls, ceiling and trim to assist with the drying process and repair. Staff L stated Resident Room 13 remains vacant and repairs continue.

On 08/05/2025 at 4:30 PM, Staff A (Executive Director), stated that they were unaware they needed to contact the department regarding the memory care unit water pipe leak which resulted in a resident being moved to another room.

Plan/Attestation Statement

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Juan Meroño
Administrator (or Representative) Date 9-9-2025

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the hot water temperature in 2 of 2 of the ALF's common bathrooms (1st floor common bathroom nearest the dining room and the 3rd floor common bathroom across from the theatre) were always maintained at a temperature of 105 to 120 degrees Fahrenheit (F). This failure resulted in the hot water temperature in those common bathrooms sinks being cooler than required and placed all 78 residents at risk for hygiene issues.

Findings included...

On 08/06/2025 at 3:34 PM, the sink hot water temperature in the 1st floor common bathroom nearest the dining room was 85.0 degrees F.

On 08/06/2025 at 3:37 PM, the sink hot water temperature in the 3rd floor common bathroom across from the theatre was 87.1 degrees F.

On 08/07/2025 at 4:38 PM, Staff A, Executive Director, stated that they had a plumber out to the ALF and parts had been ordered.

Review of a plumbing invoice, dated 08/07/2025, showed a recirculation pump needed to be replaced.

On 08/11/2025 at 9:21 AM, the sink hot water temperature in the 1st floor common bathroom nearest the dining room was 90.1 degrees F.

On 08/11/2025 at 9:25 AM, the sink hot water temperature in the 3rd floor common bathroom across from the theatre was 86.5 degrees F.

On 08/27/2025 at 1:06 PM, Staff R, Interim Executive Director, stated that the ALF's process for checking their water temperatures was to check their water temperatures monthly, but they found that they hadn't always been doing that.

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Sven merda — Administrator (or Representative)

9-9-2025 — Date

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:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete the Washington State name and date of birth background check for 2 of 6 staff (Staff E and F) and the national fingerprint background check for 1 of 6 sampled staff (Staff D). These failures resulted in all 78 residents being cared for a staff person with a potentially disqualifying background.

Findings included...

Record review of the ALF's Hiring Procedures dated 01/01/2024 showed that before any employment offer is finalized, all candidates must pass a criminal background screening, as well as a fingerprint. The initial background check must be completed prior to hire, and fingerprint appointment must be scheduled within the first week of employment.

A review of the ALF's employee files showed the following:

Staff D, Resident Aide, was hired on 07/22/2024. No national fingerprint background check had been completed.

Staff E, Resident Aide, was hired on 12/27/2021. No Washington State name and date of birth background check was provided for Staff E.

Staff F, Resident Aide, was hired on 12/13/2021. No Washington State name and date of birth background check was provided for Staff F.

On 08/06/2025 at 10:50 AM, Staff K, Office Manager, stated that there had been many different people in the office manager position and they are "catching up on a lot of things".

On 08/07/2025 at 10:22 AM, Staff K stated that they could not find the background check for Staff E and F or the fingerprint for Staff D.

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Juan meraz
Administrator (or Representative) Date 9-a-2025

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff A, B, C, and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of hire. This failure placed all 78 residents at risk for exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 01/06/2025. Staff A's file showed they completed the first step of the 2 step TB testing on 01/30/2025, 24 days after their hire date.

Staff B, Medication Technician (Med Tech), was hired on 11/19/2023. There was no TB test documentation available for review.

Staff C, Med Tech, was hired on 11/13/2023. There was no TB test documentation available for review.

Staff D, Caregiver, was hired on 07/22/2024. There was no TB test documentation

available for review.

On 8/6/2025 at 10:44 AM, Staff K, Office Manager, stated that the facility nurse provided the TB testing for the facility staff. Staff K stated that the facility did not have a nurse and was contracting with a consulting Group to have a registered nurse available when needed.

On 08/07/2025 at 11:15 AM, Staff K stated that TB had been provided in the building by the consulting nurse until a Registered Nurse (RN) is hired. Staff K stated that the consulting nurses are trying to get caught up with the TB testing that is needed.

On 8/7/2025 at 11:20 AM, Staff A, Executive Director (ED) stated that the consulting nurse was going to come in and get the TB testing caught up. Staff A stated that they did not know why their TB test was given late.

On 08/07/2025 at 11:36 AM, Staff M, Med Tech, stated that they had been hired on 07/30/2025 and not been provided with a TB test by the ALF.

Plan/Attestation Statement

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Administrator (or Representative) Date 9-9-2025