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

12/30/2025

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

RE: Fields Senior Living at Smokey Point # 2601

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70762 (Completion Date 12/30/2025) and 66332 (Completion Date 11/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2630 Reporting abuse and neglect.**

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

**WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:**

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Fields Senior Living at Smokey Point
**License/Cert.#:** 2601
**Compliance Determination #:** 66332
**Investigator:** Cynthia Chenot-Potter
**Investigation Date(s):** 09/29/2025 through 11/04/2025
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 195658
**Region/Unit #:** RCS Region 2 / Unit D

**Allegation(s):**

1. The Assisted Living Facility (ALF) did not report Named Resident (NR) had an unwitnessed fall that resulted in injury.
2. A staff member disabled NR's call alert system/motion detector.
3. The ALF did not have a qualified administrator.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 94<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Resident rooms<br>Resident care equipment<br>Staff to resident interactions |
| **Interviews:** | Family members<br>Nursing staff<br>Administrator |
| **Record Reviews:** | Medical records<br>Incident investigation<br>Facility policies<br>Staff patterns |

**Investigation Summary:**

1. Reviewed intakes for NR in state database and confirmed it had not been reported to the state, and the Executive Director designee said the incident had not been called into the state. Citation for failure to meet WAC 388-78a-2630 (1) (a), Reporting abuse and neglect.
2. The ALF suspended the staff member who was accused of disabling NR's call alert system while they investigated the allegation. The staff member was ultimately terminated. Reviewed investigation. Reviewed call alert system and report. Citation for failure to meet WAC 388-78a-2120 (1), Monitoring residents' well-being.
For 1.) and 2.) see Statement of Deficiencies, completion date 11/04/2025.
3. The ALF had a qualified administrator and/or designee in place. Reviewed

schedule, spoke with residents and staff who were able to verbalized the process if leadership was needed. Facility met regulatory requirement.

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**Conclusion / Action:**

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

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| Statement of Deficiencies | License #: 2601 | Compliance Determination # 66332 |
|---|---|---|
| Plan of Correction | Fields Senior Living at Smokey Point | Completion Date |
| Page 1 of 4 | Licensee: MP Smokey Point, LLC | 11/04/2025 |

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 complaint investigation on 09/29/2025 of:

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

This document references the following complaint number(s): 195658, 197155

The following sample was selected for review during the unannounced on-site visit: 3 of 94 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cynthia Chenot-Potter, Nursing Consultant Institutional

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 #: 2601 | Compliance Determination # 66332 |
|---|---|---|
| Plan of Correction | Fields Senior Living at Smokey Point | Completion Date |
| Page 2 of 4 | Licensee: MP Smokey Point, LLC | 11/04/2025 |

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 Sherman
Residential Care Services

11-06-2025
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.

Christine Colligon
Administrator (or Representative)

11-10-2025
Date

**WAC 388-78A-2630 Reporting abuse and neglect.**

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to report to the department's Complaint Resolution Unit that 1 of 3 sampled residents (Resident 1) had an unwitnessed fall with injury. This failure placed all residents at risk of not having falls with injuries reported to the department.

Review of Resident 1's undated face sheet showed diagnoses that included [redacted].

Review of Resident 1's progress notes dated 07/16/2025 showed staff found Resident 1 on the floor in their single occupancy room. These progress notes also showed that Resident 1 had a significant injury and was sent to the hospital by ambulance and required medical intervention for treatment of their injury.

Review of the completed investigation dated 08/01/2025 showed that Staff B, caregiver, had disabled Resident 1's notification system that alerts staff if a resident needs assistance, for Staff B's convenience. Resident 1 was not monitored, nor were any safety checks done by Staff B for at least 6 hours.

Resident 1's undated Negotiated Service Agreement (NSA) showed Resident 1 was to have the monitoring system on at night and staff were to do safety checks on Resident 1 every 2 to 3 hours. Records of the monitoring system dated 07/15/2025 to 07/16/2025 showed that the system had been turned off at 10:38pm from 07/15/2025 through 07/16/2025 at 6:05am indicating no entry or exit of Resident 1's room during that time.

On 10/15/2025 at 4:00pm Staff A, executive director designee, said the facility did not report the incident to the department's Complaint Resolution Unit when the fall with injury occurred.

Cross-reference to WAC 388-78A-2120(1) in this report for additional details.

**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) 12/19/25 .

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

Christine Colligan — Administrator (or Representative)

11-10-25 — Date

**WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:**

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

**This requirement was not met as evidenced by:**

Based on interview and record review the Assisted Living Facility (ALF) failed to monitor 1 out of 3 sampled residents (Resident 1) in accordance with their negotiated service agreement (NSA). This failure resulted in Resident 1 having an unwitnessed fall with injury.

A review of Resident 1's progress notes and an incident report dated 07/16/2025 showed that Resident 1 was found on the floor of their single occupancy room at approximately 6:00 am. A review of Resident 1's NSA, undated, showed that Resident 1 was at risk of falling and required assistance for transfers and toileting. Interventions in

place included that Resident 1 would have a motion detecting device in their room at night to alert staff if Resident 1 had gotten out of bed. Other NSA interventions for fall prevention included that staff were to ensure that Resident 1 had their walker within reach when going to walk, reminders to use the walker, and that Resident 1 was to have safety checks every 2-3 hours.

A review of the investigation record dated 08/01/2025 showed that the monitoring system had been disabled for Resident 1's room on 07/15/2025 from 10:38pm until 6:05am on 07/16/2025 by Staff B for the staff member's convenience and Staff B was not monitoring the resident according to Resident 1's NSA.

On 09/29/2025 at 4:25pm, Staff A, Executive Director's designee, said that while investigating Resident 1's fall it was discovered that the motion detector system had been disabled by Staff B for at least 6 hours and Resident 1 was unsupervised during that time.

**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) 12/19/25 .

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

Christine Colligan — Administrator (or Representative)

11-10-25 — Date