STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 # 2601

Dear Administrator:

This document references Compliance Determination 74864 (05/13/2026), which included complaint number(s) 216362.

The Department completed a complaint investigation of your Assisted Living Facility on 05/13/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Cynthia Chenot-Potter, Nursing Consultant Institutional

**Consultation:**

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

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

The Assisted Living Facility (ALF) did not update a resident's negotiated service agreement (NSA) with interventions when NR had falls.

The deficiency was corrected by the exit conference.

**You Must:**
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**
- Inspect the facility to determine if you have corrected all deficiencies.

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

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

**If You Have Any Questions:**
- Please contact me at (206)305-3489.

Sincerely,

Jim Sherman

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Fields Senior Living at Smokey Point
**License/Cert.#:** 2601
**Compliance Determination #:** 74864
**Investigator:** Cynthia Chenot-Potter
**Investigation Date(s):** 03/25/2026 through 05/13/2026
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility

**Intake ID:** 216362
**Region/Unit #:** RCS Region 2 / Unit D

**Allegation(s):**
Named Resident (NR) had an unwitnessed fall with injury.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 103<br>Resident sample size: 3<br>Closed records sample size: 1 |
| **Observations:** | Residents<br>Resident rooms<br>Staff to resident interactions |
| **Interviews:** | Residents<br>Nursing staff<br>Administrator |
| **Record Reviews:** | Medical records<br>Incident investigation<br>Face sheets |

**Investigation Summary:**
The Assisted Living Facility (ALF) did not update Named Resident's (NR) negotiated service agreement (NSA) with interventions, when NR had falls, in a timely manner. Reviewed NSA for NR and sampled residents, incident report, progress notes and interviewed staff on ALF process if a resident has a fall. See report dated 05/13/2026 for consultation related to updating the NSA.

**Conclusion / Action:**

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