STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

San Juan County Public Hospital Dist #1
Village at the Harbor
543 Spring St
Friday Harbor, WA 98250

RE: Village at the Harbor License # 2608

Dear Administrator:

This letter addresses Compliance Determination(s) 62483 (Completion Date 07/15/2025) and 59672 (Completion Date 05/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/15/2025 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-2, WAC 388-78A-2466, WAC 388-78A-2480-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-4

The Department staff who did the off-site verification:
Karen Glover, Nursing Consultant Institutional

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/19/2025 and 05/21/2025 of:
Village at the Harbor
543 Spring St
Friday Harbor, WA 98250

The following sample was selected for review during the unannounced on-site visit: 5 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Cristina Gonzalez, Nursing Consultant Institutional
Karen Glover, Nursing Consultant Institutional
Cristina Gonzalez, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 _____

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

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

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

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 A, B, and F) completed a national fingerprint background check and 2 of 2 staff (Staff E and F) had a Washington state name and date of birth background check completed every two years. This failure resulted in Staff A, B, E, and F not having all necessary background checks ran and placed the safety of all 26 residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included…

National Fingerprint Background Check

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

Staff A, Executive Director, was hired on 01/31/2022. No fingerprint background checks for Staff A were available for review.

Staff B, Caregiver, was hired on 09/24/2024. No fingerprint background checks for Staff B were available for review.

Staff F, Medication Technician, was hired on 10/10/2021. No fingerprint background checks for Staff F were available for review.

On 05/20/2025 at 11:41 AM, Staff A stated that they dropped the ball for Staff B and did not have Staff B set up for a fingerprint appointment.

On 05/20/2025 at 2:41 PM, Staff A stated that they were unable to find documentation of a completed fingerprint background check for themselves or Staff F. Staff A stated that all background checks for every staff member were kept in an online database, but there was no history of themselves or Staff F ever completing a fingerprint background in this database.

Washington Name and Date of Birth Background Check

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

Staff E, Medication Technician, was hired on 05/13/2023. A Washington state name and date of birth background check for Staff E showed a background check was completed on 12/12/2022, expiring on 12/12/2024. No current background checks for Staff E were available for review.

Staff F was hired on 10/10/2021. A Washington state name and date of birth background check for Staff F showed a background check was completed on 10/04/2021, expiring on 10/04/2023. No current background checks for Staff F were available for review.

On 05/20/2025 at 3:33 PM, Staff A stated that they did not have new background tests for Staff E or F. Staff A stated that a previous staff member was responsible for running two-year background tests, but when they left, it must have dropped off.

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, Village at the Harbor 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 staff (Staff 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. These failures resulted in staff who had not been cleared of TB working with vulnerable adults and placed all 21 residents at risk of possible exposure to a communicable disease.

Findings included…

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

Staff B, Caregiver, was hired on 09/24/2024. Staff B completed a TB test on 10/03/2024, 9 days after their date of hire.

Staff C, Caregiver, was hired on 01/20/2025. Staff C completed a TB test on 02/06/2025, 17 days after their date of hire.

Staff D, Caregiver, was hired on 01/20/2025. Staff D completed a TB test on 02/07/2025, 18 days after their date of hire.

On 05/21/2025 at 11:50 AM, Staff G, Health Services Director, stated that they were responsible for getting staff tested for TB. Staff G stated that they needed to work on a new system for getting new staff tested within the three days of hire.

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, Village at the Harbor 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-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:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed 70-hour Basic training within 120 days from their date of hire for 1 of 3 staff (Staff E), Cardiopulmonary Resuscitation (CPR) and first aid training within 30 days from their date of hire for 2 of 6 staff (Staff C and D), 12 hours of annual continuing education (CE) for 1 of 1 staff (Staff F) and received credentials through the Department of Health (DOH) for 1 of 3 staff (Staff E). These failures resulted in Staff C, E, and F not having the necessary training related to their job duties and expectations and placed all 26 residents at risk for compromised care and safety.

Findings included…

Basic Training

Review of WAC 388-112A-0080(5) showed long-term care workers in assisted living facilities must complete the 70-hour Basic training within 120 days of their date of hire.

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

Staff E, Medication Technician, was hired on 05/13/2023. Staff E's file showed no record of a completed 70-hour Basic training course.

On 05/20/2025 at 9:55 AM, Staff A, Executive Director, stated that Staff E was out of compliance with the Basic training deadline. Staff A stated that Staff E ran out of time on their training program and would have to redo this course.

CPR and First Aid Training

Review of WAC 388-112A-0720(2)(a) showed long-term care workers must have and maintain a valid CPR and First Aid card or certificate within 30 days of their date of hire.

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

Staff C, Caregiver, was hired on 01/20/2025. Staff C's file showed a CPR and First Aid card dated 03/17/2025, 56 days after their date of hire.

Staff D, Caregiver, was hired on 01/20/2025. Staff D's file showed no record of completed First Aid training.

On 05/20/2025 at 9:55 AM, Staff A stated that Staff D had come in with their CPR training and Staff A had failed to realize Staff D's certification did not include a First Aid component.

On 05/20/2025 at 4:35 PM, Staff D stated that their CPR training was a hands-on class and did not include first aid training.

On 05/21/2025 at 11:50 AM, Staff G, Health Services Director, stated that Staff C did not have a previous CPR and first aid card and that the CPR and First Aid class they offered was after Staff C's deadline.

Continuing Education

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

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

Staff F, Medication Technician, was hired on 10/10/2021. There was no documentation that Staff F completed any CE in the time period between their birthday in 2024 and their birthday in 2025.

On 05/20/2025 at 9:58 AM, Staff F stated that they did not have 12 hours of continuing education between March 2024 and March 2025.

On 05/20/2025 at 3:39 PM, Staff A stated that they did not currently have a good system in place to ensure staff obtain their annual 12-hours of CE.

DOH Credentials

Review of WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain home care aide certification (HCA) within 200 days of their date of hire.

Review of Washington State Register (WSR) 23-18-052 showed that the DOH extended certification deadlines for long-term care workers hired between 08/17/2019 and 01/31/2024. An included table showed that a long-term care worker hired between 10/01/2022 to 06/30/2023 must be certified as an HCA no later than 01/31/2025.

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

Staff E was hired on 05/13/2023. Staff E’s file showed no record of obtaining certification as a home care aide as of 108 days after DOH’s extended certification deadline.

Review the DOH’s Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed Staff E did not have home care aide nor nursing assistant certified credentials in the State of Washington.

On 05/20/2025 at 3:39 PM, Staff A stated that there was some confusion about whose responsibility it was to handle the HCA application. Staff A stated that they had believed it was the training company who provided staff their Basic training job to do that, but had recently learned it was the ALF’s responsibility.

On 05/20/2025 at 3:40 PM, Staff A stated that Staff E had yet to finish their Basic training, so they weren’t able to get their credentials yet. Staff A stated that Staff E was out of compliance for both their Basic and credential deadlines.

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, Village at the Harbor 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