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

03/14/2025

Greenlake Management Everett, LLC
Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

RE: Everett Heritage Court # 2612

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 56389 (Completion Date 03/14/2025) and 52848 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The Department staff who did the On Site verification:
Cynthia Chenot-Potter, Nursing Consultant Institutional

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

Sincerely, Kim Ripley

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

Statement of Deficiencies	License #: 2612	Compliance Determination # 52848
Plan of Correction	Everett Heritage Court	Completion Date
Page 1 of 3	Licensee: Greenlake Management Everett, LLC	01/15/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 01/09/2025 and 01/09/2025 of:
Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following SOD dated: 01/15/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 44 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

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.

Kim Ripley
Residential Care Services

01/24/2025
Date

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

Administrator (or Representative) 1/25/25 Date

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

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

This requirement was not met as evidenced by:

Based on observation and interviews, the Assisted Living Facility (ALF) failed to ensure a system was in place to inform and permit visitors to exit the ALF without assistance from staff. This failure prevented the ALF visitors from being able to exit without assistance and resulted in unnecessary wait time to leave the ALF.

Findings included...

A review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that 11/01/2024 the ALF received a citation for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 12/16/2024.

On 01/09/2025 at 1:42 PM, the ALF was observed to have two secured doors. One door was an internal door providing access between the top floor and the bottom floor and the other door on the top floor of the ALF was the main entrance/exit. The internal door had two codes, one for going down stairs and another for going upstairs. No codes were posted. The exterior door had one code to allow entry and exit to the ALF. The ALF's top-level exit door did not have a visible code for visitors and families visiting to open the egress without calling for a staff to open it.

On 01/09/2025 at 1:45 PM, Collateral Contact 1 (CC1), provider, stated that there was no way for them to open the top-level exit door every time they would exit the ALF. CC1 stated they would have to call and wait for an ALF staff to open it.

On 01/09/2025 at 1:47 PM, Staff C, Caregiver, stated that they do not have a visible code in the top-level floor exit door for visitors or family to open. Staff C said the visitors had to get them to open the door.

On 01/09/2025 at 1:48 PM Staff C was observed trying to look for a code to open the top-level floor egress but could not see one.

Statement of Deficiencies	License #: 2612	Compliance Determination # 52848
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Page 3 of 3	Licensee: Greenlake Management Everett, LLC	01/15/2025

On 01/09/2025 at 1:50 PM, the internal door had a coded door to exit from the bottom floor to the top-level floor. There was no code posted to open the door to the top-level floor or to the bottom floor.

On 01/09/2025 at 3:20 PM, Staff A, Executive Director, stated that they do not put the codes for the bottom level floor to the second floor. Staff A said that they did not have a system for the visitors to know the code and did not give the code to visitors. Staff A stated that staff would have to open the doors for the visitors. Staff A said they did not put codes by the exit doors because the ALF was a memory care unit and the residents could elope. Staff A stated that they gave the codes to family members, and the family members knew how to open them.

This is an uncorrected citation previously cited on 11/01/2024.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 2/21/25.

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

Administrator (or Representative) 1/25/25 Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 149602
Compliance Determination #: 49395
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 10/25/2024 through 11/01/2024
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility's (ALF) bottom floor does not have an accessible outdoor area for residents.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities outdoor area
Interviews:	Residents Nursing staff Administrator
Record Reviews:	face sheet care plan progress notes residency agreement assessment

Investigation Summary:
The Assisted Living Facility (ALF) operates for 47 beds as Specialized Dementia and Enhanced Adult Residential care and assisted living for the bottom and top floors. The Residents on the bottom floor do not have an outdoor area. The top floor had an outdoor area shared with the residents of the bottom floor. The ALF did not have a written policy and procedure documenting how residents of 1 of 2 floors (Bottom and top floor) would have access to an outdoor area. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2381 (2) (e) (i, ii, iii, iv)- General design requirements for memory care.

Conclusion / Action:

[X] Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Everett Heritage Court
Provider Type: Assisted Living Facility

License/Cert.#: 2612
Intake ID: 151568
Compliance Determination #: 49395
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 10/25/2024 through 11/01/2024
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) did not have a visible access code for their visitors on their secured exits doors.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities visitors Secured exit doors
Interviews:	Nursing staff Residents Administrator Collateral contacts
Record Reviews:	face sheet care plan progress notes residency agreement assessment

Investigation Summary:
The Assisted Living Facility (ALF) operates solely as a memory care facility. The ALF had two secured exit doors on the bottom and top floors. The bottom floor exit door to the top floor did not have an access code system to help visitors and appropriate residents freely exit the ALF. The top floor did not have a visible access code for visitors and appropriate residents to freely exit the ALF. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2080 (3)- Freedom of movement.

Conclusion / Action:

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

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2612	Compliance Determination # 49395
Plan of Correction	Everett Heritage Court	Completion Date
Page 1 of 5	Licensee: Greenlake Management Everett, LLC	11/01/2024

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 10/25/2024 and 10/25/2024 of:

Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following complaint number(s): 149602, 151568

The following sample was selected for review during the unannounced on-site visit: 3 of 42 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

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.

Kim Ripley

Residential Care Services

11/08/2024

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) 11/19/24 Date

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

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

This requirement was not met as evidenced by:

Based on observation and interviews, the Assisted Living Facility (ALF) failed to ensure a system was in placed to allow visitors to exit the ALF without assistance from staff. This failure prevented the ALF visitors from being able to exit without assistance and resulted in unnecessary wait time to leave the ALF.

Findings included...

On 10/25/2024 at 11:55 AM, it was observed that the ALF had two secured doors. One door was located on the bottom and one on the top floor. Each door had a code to allow entry and exit to the ALF.

In an interview on 10/25/2024 at 11:57 AM, Staff C, Caregiver, stated that the secured door in the top floor entrance did not have a visible code. Staff C stated that visitors or family that came to visit called on staff to open the door.

In an interview on 10/25/2024 at 11:59 AM, Staff E, Med Tech/Caregiver, stated that the top floor secured entrance and exit door had no code posted for exiting. Families or visitors would call staff to open it when they exited. Staff E stated that only employees had the code for the doors.

On 10/25/2024 at 12:38 PM, it was observed that Collateral Contact 1 (CC1), a Licensed Social Worker visiting their client, was standing near the bottom floor's secured door waiting for an ALF staff to open the door with their code for them to exit.

In an interview on 10/25/2024 at 12:41 PM, CC1 said they would visit the ALF weekly. CC1 stated that they never saw a code posted for exiting the for either door. CC1 noted that they would always have to ask and wait for staff to open the door for them to exit. CC1 said it would take time, especially when they have to locate and wait for an ALF staff member to open the door.

In an interview on 10/25/2024 at 12:51 PM, Staff A, Executive Director, stated they would not post the codes for exiting in the secured doors because the residents could figure it out. Staff A stated that they would never give the codes to visitors but only to families. Staff A stated that they had placed the code before, but residents would pull them off, so they never returned it. Staff A stated that residents on the first floor could go to the second floor if they could figure out the codes. Staff A said the ALF staff would accompany the residents to the top floor. Staff A acknowledged they had been cited before on a similar issue and had been put back in compliance.

In an interview on 10/25/2024 at 12:55 PM, Staff B, Health and Service Director, stated that the bottom floor secured door had no posted code for exiting and entering the second floor. Staff B said the ALF staff had to open the door for visitors and families. Staff B stated that the ALF staff on the bottom floor needed to open and accompany the residents on the bottom floor to the top floor.

This is a recurring citation previously cited on 07/08/2023.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 12/23/24. 12/16/2024 SL

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

Administrator (or Representative) — Date: 11/19/2024

WAC 388-78A-2381 General design requirements for memory care.

(2) The facility must provide common areas, including at least one resident accessible common area outdoors. Such common areas should accommodate and offer the opportunity of social interaction, stimulate activity, contain areas with activity supplies and props to encourage engagement, and have safe outdoor paths to encourage exercise and movement.

(e) If a facility does not provide an outdoor area located on the floor on which the resident resides in compliance with subsection (b)(i) of this subsection, a facility must put in place and maintain a written policy and procedure that documents how the facility provides residents with access to an outdoor area on a floor other than the floor on which the resident resides. Upon request the facility shall present that plan to the department for review. Such a plan must include:

(i) The location of the outdoor space;

(ii) A description of any assistance necessary for the resident to reach the outdoor space at any time, and documented in the negotiated service agreement plan per WAC

388-78A-2140 (2);

(iii) The facility's plan for providing any necessary staff assistance described in (e)(ii) of this subsection;

(iv) A plan to maintain safety and security to prevent wandering or exit seeking while the resident is using the outdoor space; and

This requirement was not met as evidenced by:

Based on observation and interviews, the Assisted Living Facility (ALF) failed to have a written policy and procedure documenting how residents of 1 of 2 floors (Bottom and top floor) would have access to an outdoor area. The failure resulted in the ALF not having a clear plan for residents of the bottom floor to access an outdoor area for social interactions and activities. This failure placed residents of the bottom floor at risk for unmet services and a decreased quality of life.

Findings included…

A review of the facility features in STARS showed the ALF was licensed to operate for 47 beds as Specialized Dementia and Enhanced Adult Residential care and assisted living for the bottom and top floors.

On 10/25/2024 at 11:55 AM, it was observed that the ALF had two floors. The top floor was street level, and the bottom floor was accessible through stairs and an elevator from the top floor going down. The ALF's bottom floor had a door marked as an emergency exit that was supposed to exit into an outdoor area, but it had a permanent lock that only the ALF staff could access using their issued key. The emergency exit door leads to a small outdoor area. The top floor had an outdoor area with a courtyard and a space that residents would use as an outdoor area for all the residents of the bottom and top floors. The outdoors area consisted of a courtyard, and a garden with outdoor chairs and plants. The outdoor area was secured by a fence that enclosed the ALF's perimeter and an egress-secured door leading to the ALF's parking lot.

In an interview on 10/25/2024 at 11:48 AM, Staff D, Med tech/Caregiver, stated that the emergency exit door on the bottom floor was always locked and only care staff could open it using their issued keys. Staff D stated that they would not use the bottom floor outside the emergency exit door for their outdoor activities because it was a narrow area. Staff D stated that it would accompany residents wanting to use the outdoor area on the top floor.

In an interview on 10/25/2024 at 12:55 PM, Staff B, Health Services Director (HSD), stated that there was no outdoor area on the bottom floor. The HSD stated that the ALF’s care staff had to escort and bring the residents of the bottom floor to the top floor outdoor area for their outdoor activities. Staff B stated that the ALF planned to build a courtyard for the bottom floor.

In an interview on 10/25/2024 at 1:01 PM, Staff A, the Executive Director (ED), stated that the bottom floor had a small outdoor area accessible through the emergency exit door but enough for just one person to pace back and forth. Staff A stated that residents on the bottom floor would use the outdoor area on the top floor for walking, outdoor social activities, and interactions. Staff A stated that the ALF staff would escort the residents from the bottom to the top floor. Staff A stated that they do not have a written policy and procedure documenting how residents on the bottom floor would have access to the outdoor area on the top floor.

On 10/25/2024 at 12:16 PM, Resident 1 stated that the area of their apartment does not have an outside place where they could go out for a walk. Resident 1 stated that they had to tell the staff to bring them up to the top floor to access an outdoor area. Resident 1 stated that the ALF staff did not let them go upstairs since they lived in the ALF.

On 10/25/2024 at 12:33 PM, Resident 2 stated they had yet to see an outdoor area on the bottom floor where they could hang out. Resident 2 stated that they never knew if there was an outdoor area through the emergency exit door because they were never allowed to use the door, which was always locked. Resident 2 stated that care staff brings them to the top floor if they want to go outside of the bottom floor.

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, Everett Heritage Court is or will be in compliance with this law and / or regulation on (Date) 12/23/24 12/16/2024 SD

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

Administrator (or Representative) — Date: 11/19/2024