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

05/16/2025

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) 59709 (Completion Date 05/16/2025) and 54430 (Completion Date 03/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/16/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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:

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

(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.

The Department staff who did the On Site verification:
Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2612
Intake ID: 166187
Compliance Determination #: 54430
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 02/07/2025 through 03/12/2025
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility's boiler was not producing heat on the ALF's bottom floor and needed to be replaced. The ALF were using electric portable heaters for the bottom floor areas.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 0 Closed records sample size: 0
Observations:	Residents Activities Dining Resident rooms bottom level temperature Portable heaters
Interviews:	Nursing staff Residents Family members Administrator
Record Reviews:	Incident investigation Emergency Disaster plan binder Email communications

Investigation Summary:
The Assisted Living Facility (ALF) was using portable heaters as a back up source of heat because the bottom floor boiler heating system failed. The ALF did not have a way to heat the bottom floor when the boiler stopped working. The ALF notified the Fire Marshalls who allowed them to use portable heaters. The Fire Marshall conducted an onsite inspection of the ALF on 02/13/2025. The Fire Marshal's inspection report showed the ALF complied with the fire Marshalls' code in the use of portable heaters. The ALF were using 12 portable heaters in the common areas and residents rooms for the bottom floor. The ALF did not assess whether the residents were safe to use or have portable heaters in their rooms. Failed practice

was identified. A citation was issued for non compliance with WAC 388-78A-2090- Full assessment topics.

Conclusion / Action:

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

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 an unannounced on-site complaint investigation on 02/07/2025 of:

Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following complaint number(s): 166187

The following sample was selected for review during the unannounced on-site visit: 0 of 47 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.

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.

Kim Ripley — Administrator (or Representative) — 03/17/2025 — 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:

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

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to assess the capabilities of 2 of 2 sampled residents (Resident 1 and 2) to use a portable heater in their apartments when the ALF's boiler system failed. These failures resulted in Residents 1 and 2 and all residents using portable heaters without being assessed to safely use the heaters in their apartments and placed all residents at risk of fire, accidental burns, and compromised safety.

Findings included...

Resident 1

Resident 1 was admitted on [redacted]/2021 with multiple diagnoses including [redacted].

Review of an assessment titled "WA Health and Service Evaluation Results" dated 01/03/2025 showed Resident 1 was oriented to themselves only, wanders, and could not make appropriate decisions.

Review of a Service plan dated 01/03/2025 showed Resident 1 had chronic poor judgment issues and could not make appropriate decisions for themselves, makes unsafe decisions, and needs supervision.

Resident 2

Resident 2 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Review of an assessment titled "WA Health and Service Evaluation Results" dated 03/07/2025 showed Resident 2 was oriented to themselves only. Resident 2 could not make appropriate decisions for themselves and had severely impaired orientation. Resident 2 was chair-bound and required assistance with ambulation.

On 02/07/2025 at 3:27 PM, the ALF was observed utilizing portable heaters in both the common areas and in residents' rooms. The heater in Resident 2's room had an outer metal screen that covered an inner metal bar, which were heated by electricity to produce heat. The screen metal covering was hot when felt through the skin. The portable heater observed in a resident 1's room was placed in a narrow area less than three feet between their bed and the wall which was a space where Resident 1 would pass to get into their bed.

On 03/06/2025 at 2:31 PM, Resident 2 was observed seated in a wheelchair. Resident 2 was not able to interact verbally when approached.

On 03/06/2025 at 1:59 PM, Staff B, Health and Services Director stated that they used the heaters in resident's room mostly at night time. They did not do any assessments to determine whether residents understood or if it was safe for them to have portable heaters in their rooms, because they did not know that they had to.

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)_____ .

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

Administrator (or Representative) Date