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

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

RE: Everett Heritage Court License # 2612

Dear Administrator:

This letter addresses Compliance Determination(s) 62638 (Completion Date 07/16/2025) and 56761 (Completion Date 04/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/16/2025 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-3090-1-c

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: 170714
Compliance Determination #: 56761
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 03/21/2025 through 04/24/2025
Complainant Contact Date(s):

Allegation(s):

1. The Named resident (NR) was admitted to a memory care facility without a diagnosis of [redacted].
2. The NR lights in the bathroom was not working and their toilet was not flushing.
3. The Care staff did not respond to the NR Emergency pull cord call.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 7 Closed records sample size: 3
Observations:	Identified resident Residents Resident rooms Resident care equipment Emergency pull cord Bathroom lights
Interviews:	Identified resident Nursing staff Residents Family members Collateral contacts Administrator
Record Reviews:	Facility policies Care plan Resident care plan Medical record

Investigation Summary:

1. The Named Resident (NR) moved to the Assisted Living Facility (ALF) on [redacted]/2025 with cognitive disorder. The moved was with the approval from the resident, their Power of Attorney and their case manager. Review of record from the NR's primary care physician dated 04/03/2025 showed the NR had a diagnosis of

[redacted]. No failed practice was identified.
2. Observation and interview showed a Named Residents' (NR) bathroom lights were not working and their emergency pull cord string was missing. A citation was issued for non compliance with WAC 388-78A-30390 (1) (c). Housekeeping and Maintenance.
3. The The Assisted Living Facility (ALF) staff failed to respond to the NR's call light. Observation and Interview showed the ALF staff was not in possession of their pager and it was left in their medication cart. The ALF acknowledged the concern and corrected it at the time of the visit. The ALF's Executive Director reminded all their staff to ensure the pagers were in their possession at all times.

Conclusion / Action:

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

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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 03/21/2025 and 04/23/2025 of:

Everett Heritage Court
4230 Colby Ave
Everett, WA 98203

This document references the following complaint number(s): 172176, 170721, 170714, 170926

The following sample was selected for review during the unannounced on-site visit: 7 of 42 current residents and 3 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 Z
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure the facility, equipment and furnishings were in good repair for 1 of 3 residents. These failures resulted in Resident 1 not being able to summon help through their emergency call light system, not having proper lighting in the bathroom and placed Resident 1 at risk for compromised safety.

Findings included…

On 03/20/2025 at 9:30 AM, Collateral Contact 1 stated that they visited on 03/07/2025 and 03/10/2025 and found out that the lights in Resident 1's room were not working.

Observations on 03/21/2025 at 1:53 PM, the emergency pull cord in Resident 1's room by their bed showed the string to pull and activate was missing.

On 03/21/2025 at 1:55 PM, Resident 1's bathroom light did not light up when switched on.

In an observation and interview on 03/21/2025 at 1:49 PM, Resident 1 was observed alert and oriented to self, place, time and situation. Resident was able to recall how

they moved into the ALF and past events. Resident 1 stated that their emergency pull cord string had been missing for a month and their bathroom light had been broken and was not working. Resident 1 stated that they informed the ALF staff, but nobody had fixed it.

On 03/21/2025 at 3:50 PM, Staff A, Executive Director, went to Resident 1's room and confirmed the light was not working and the ALF would fix it.

On 04/15/2025 at 4:00 PM, Collateral contact 2 stated that they observed the emergency pull cord string in Resident 1's room was missing.

This is a recurring citation previously cited on 06/15/2023

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)_____ .

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

_____ _____

Administrator (or Representative) Date