



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

04/11/2025

Bear Creek Senior Living, Inc
Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

RE: Redmond Heights Senior Living # 2628

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 57888 (Completion Date 04/11/2025) and 56706 (Completion Date 03/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/11/2025 and found no deficiencies.

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

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

The Department staff who did the Off Site verification:
Thomas Forkgen, ALF Licenser

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Redmond Heights Senior Living
License/Cert.#: 2628
Compliance Determination #: 56706
Investigator: Thomas Forkgen
Investigation Date(s): 03/17/2025 through 03/18/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility
Intake ID: 171499
Region/Unit #: RCS Region 2 / Unit D

Allegation(s):

The facility failed to submit a change in administrator attestation form within 10 days of the change.

Investigation Methods:

Sample: Total residents: 68
Resident sample size: 0
Closed records sample size: 0

Observations: Observed the Administrator/Executive Director in the building interacting with residents, staff, visitors, and the Department Licensors.

Interviews: Administrator/Executive Director, Nursing Home Administrator who eventually was listed as the administrator of record.

Record Reviews: Reviewed the Department of Social and Health Services STARs system to determine who was the administrator of record. Reviewed emails from BOAU, and facility staff roster, characteristics roster.

Investigation Summary:

Failed practice substantiated. Facility was cited for failure to submit a change in administrator attestation within 10 days of the change. The investigation took place during the follow-up inspection for the full inspection completed in December of 2024.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2628	Compliance Determination # 56706
Plan of Correction	Redmond Heights Senior Living	Completion Date
Page 1 of 3	Licensee: Bear Creek Senior Living, Inc	03/18/2025

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 complaint investigation on 03/17/2025 and 03/18/2025 of:

Redmond Heights Senior Living
7950 Willows Rd NE
Redmond, WA 98052

This document references the following complaint number(s): 171499

The following sample was selected for review during the unannounced on-site visit: 0 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Thomas Forkgen, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2628	Compliance Determination # 56706
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Page 2 of 3	Licensee: Bear Creek Senior Living, Inc	03/18/2025

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.

Laurie Anderson

Residential Care Services

03/28/2025

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.

J. D. H. R. N.

Administrator (or Representative)

03/28/25

Date

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Department of a change in the assisted living facility administrator within 10 days of hire for 2 of 2 sampled staff (Staff Q and Staff GG), as required. This failure placed all 68 residents at risk of being uninformed of who was the correct administrator of the facility.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed that on 03/17/2025, Staff A, former Administrator, was listed as the Administrator of record.

During an interview on 03/17/2025 at 11:35 AM, Staff Q, former business office manager, stated that 02/14/2025 was Staff A last day of work. Staff Q stated that on 02/01/2025, they started in the Administrator position. Staff Q stated that there was a two-week training period that overlapped with Staff A. Staff Q stated that they were informed the corporate office submitted the attestation for change of administrator to the Department of Social and Health Services (DSHS, Residential Care Services (RCS), Business Operations and Analysis Unit (BOAU).

Review of an email dated 03/18/2025 at 11:04 AM, from the DSHS, RCS, BOAU showed

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

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Administrator (or Representative)

Date

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Based on interview and record review, the facility failed to notify the Department of a change in the assisted living facility administrator within 10 days of hire for 2 of 2 sampled staff (Staff Q and Staff GG), as required. This failure placed all 68 residents at risk of being uninformed of who was the correct administrator of the facility.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed that on 03/17/2025, Staff A, former Administrator, was listed as the Administrator of record.

During an interview on 03/17/2025 at 11:35 AM, Staff Q, former business office manager, stated that 02/14/2025 was Staff A last day of work. Staff Q stated that on 02/01/2025, they started in the Administrator position. Staff Q stated that there was a two-week training period that overlapped with Staff A. Staff Q stated that they were informed the corporate office submitted the attestation for change of administrator to the Department of Social and Health Services (DSHS, Residential Care Services (RCS), Business Operations and Analysis Unit (BOAU).

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Statement of Deficiencies	License #: 2628	Compliance Determination # 56706
Plan of Correction	Redmond Heights Senior Living	Completion Date
Page 3 of 3	Licensee: Bear Creek Senior Living, Inc	03/18/2025

there was no change of administrator attestation form submitted for change in administrator.

During an interview on 03/18/2025 at 11:17 AM, Staff GG, Nursing Home Administrator, stated that the corporate office submitted a change of administrator attestation to DSHS, RCS, BOAU.

Review of an email dated 03/18/2025 at 2:03 PM, from DSHS, RCS, BOAU showed a change of administrator attestation was "just now submitted", 46 days after Staff Q stated they moved into the administrator position.

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed that on 03/18/2025, Staff GG was listed as the Administrator of record.

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, Redmond Heights Senior Living is or will be in compliance with this law and / or regulation on (Date) 03/18/25.

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

Administrator (or Representative)

[Signature]

Date 03/28/25

there was no change of administrator attestation form submitted for change in administrator.

During an interview on 03/18/2025 at 11:17 AM, Staff GG, Nursing Home Administrator, stated that the corporate office submitted a change of administrator attestation to DSHS, RCS, BOAU.

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Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed that on 03/18/2025, Staff GG was listed as the Administrator of record.

Plan/Attestation Statement

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

Administrator (or Representative)

Date