STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/11/2026

Lynden ALC LLC
Lynden Manor
905 Aaron Dr
Lynden, WA 98264

RE: Lynden Manor # 2641

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 72715 (Completion Date 02/11/2026) and 69681 (Completion Date 12/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/11/2026 and found no deficiencies.

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

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

The Department staff who did the On Site verification:

Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 12/05/2025 of:
Lynden Manor
905 Aaron Dr
Lynden, WA 98264

This document references the following SOD dated: 12/16/2025

The following sample was selected for review during the unannounced on-site visit: 14 of 87 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure hazardous items were inaccessible to residents in 1 of 1 Memory Care Units (MCU). This failure placed residents with dementia at risk for accessing and ingesting potentially harmful substances.

Findings included…

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 30 residents in their locked MCU, all 30 of whom were identified as having a diagnosis of [redacted] or [redacted], or [redacted].

An observation, on 12/05/2025 at 12:30 PM, in unlocked resident room 128, showed two bottles of calcium carbonate (a medication used for quick relief of heartburn and upset stomach), a bottle of ActivICE (a medicated cream used to relieve pain), a tube of butenafine hydrochloride cream (a medicated cream used to treat fungal infections such as Athlete's foot), a bottle of eczema relief hand cream (a cream used to provide comfort from itchy, dry, irritated skin caused by the skin condition eczema) in an unlocked bathroom cabinet. Each item had a warning label that stated, "if swallowed, get medical help or contact a Poison Control Center right away."

An observation, on 12/05/2025 at 12:39 PM, in unlocked resident room 113, showed a bottle of hydrogen peroxide solution (a first aid anti-septic), a tube of hydrocortisone cream (a medicated cream used to relieve itchy skin), and witch hazel hemorrhoidal

pads (pads used to relieve symptoms caused by inflamed veins in the anus) in an unlocked bathroom cabinet. Each item had a warning label that stated, “if swallowed, get medical help or contact a Poison Control Center right away”.

An observation, on 12/05/2025 at 12:43 PM, in unlocked resident room 107, showed three boxes of denture cleanser tablets with a warning label that stated “This product contains persulfates, which are a known allergen. In case of accidental ingestion, seek professional assistance or contact the Poison Control Center immediately at 1-800-222-1222” and a bottle of zinc oxide paste (a medicated cream used to help protect the skin) with a warning label that stated, “In case of accidental ingestion, get medical help or contact a Poison Control Center right away" on the bathroom counter.

In an interview, on 12/05/2025 at 1:50 PM, Staff B, Caregiver, stated that the resident rooms mostly stay locked and that the staff are supposed to go into the rooms several times a day to ensure there are no safety hazards present.

This is an uncorrected deficiency previously cited on 10/10/2025.

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, Lynden Manor 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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 9 staff members (Staff B, F, G, and J) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of not receiving proper care and services from staff members.

Findings included….

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed the ALF hired Staff B, Caregiver, on 05/21/2025. Staff B had no record of basic training as of 198 days after their date of hire.

In an interview, on 10/02/2025 at 12:11 PM, Staff A, Business Office Manager, stated that Staff B was still currently in the process of completing their basic training.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of staff records showed that the ALF hired Staff F, Caregiver, on 08/18/2025. Staff F did not have CPR or first aid training on file, as of 109 days after their date of hire.

Review of staff records showed that the ALF hired Staff G, Caregiver, on 07/18/2023. Staff G did not have current first aid training on file.

Review of staff records showed that the ALF hired Staff J, Caregiver, on 09/13/2025. Staff J did not have hands-on CPR or first aid training on file, as of 83 days after their date of hire.

In an interview, on 10/03/2025 at 1:46 PM, Staff A, Business Office Manager, stated that Staff F was scheduled to enroll in a Certified Nursing Assistance class at a local college where CPR was to be taught on 01/08/2025, so Staff F was not enrolled in the CPR classes offered at the ALF. Staff A stated that Staff G had not taken a first aid class yet and Staff J currently only had online CPR and first aid training.

This is an uncorrected deficiency previously cited on 10/10/2025.

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, Lynden Manor 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 10/01/2025, 10/02/2025 and 10/03/2025 of:
Lynden Manor
905 Aaron Dr
Lynden, WA 98264

The following sample was selected for review during the unannounced on-site visit: 9 of 84 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 staff (Staff F) had a Washington state name and date of birth background check completed every two years. This placed 84 residents at risk for receiving care and services from staff whose current criminal background history was unknown.

Findings included…

Record review of undated Resident Characteristic Roster showed 84 residents received care and services.

Record review of employee files showed the ALF hired Staff F, Caregiver, on 08/29/2023. Staff F's file showed their Washington state name and date of birth background check expired on 08/28/2025. No current background checks for Staff F were available for review.

In an interview, on 10/03/2025 at 1:53 PM, Staff A, Executive Director, stated that they were in the process of training their new Business Office Manager, who was not aware that background checks expired, so Staff F's background check renewal was missed.

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, Lynden Manor 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure hazardous items were inaccessible to residents in 1 of 1 Memory Care Units (MCU). This failure placed residents with dementia at risk for accessing and ingesting potentially harmful substances.

Findings included…

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 30 residents in their locked MCU, 18 of whom were identified with dementia (a general term for a decline in mental ability, severe enough to interfere with daily life).

An observation, on 10/03/2025 at 11:18 AM, in Resident 1's room, showed a tube of moisture barrier cream (for skin irritation due to incontinence) and a stick of anti-perspirant deodorant on the bathroom counter, both with a warning label that stated, "if swallowed get medical help or contact a Poison Control Center right away". The door to the room was unlocked.

An observation, on 10/03/2025 at 11:24 AM, in an unsampled resident room, showed a bottle of hydrogen peroxide (a first aid antiseptic) in the cabinet under the bathroom sink with a warning label that stated, “if swallowed get medical help or contact a Poison Control Center right away”. The bathroom cabinet door and the door to the room was unlocked.

An observation, on 10/03/2025 at 11:28 AM, in a second unsampled resident room, showed a bottle of Genexa cold crush homeopathic medication (used to address symptoms of the common cold), a bottle of Hyland’s Naturals kids stuffy nose and sinus (for relieving congestion), a loose bubble pack of five Aleve capsules (used to relieve minor aches and pains) and a bottle of aspirin (used to reduce pain, fever, and inflammation) in the main living area, and a tube of anti-itch cream with a warning label that stated “if swallowed get medical help or contact a Poison Control Center right away” on the bathroom counter. The door to the room was unlocked.

An observation, on 10/03/2025 at 11:36 AM, in a third unsampled resident room, showed a tube of barrier skin protectant ointment, a bottle of Head & Shoulders shampoo and conditioner (used to treat dandruff) with a warning label that stated “if swallowed get medical help or contact a Poison Control Center right away”, and a bottle of acetaminophen/diphenhydramine (relief or minor aches and pains and occasional insomnia) in the bathroom cabinet. The bathroom cabinet door and the door to the room was unlocked.

In an interview, on 10/03/2025 at 11: 40 AM, Staff H, Caregiver, stated that some of the residents in the MCU were independent in toileting and showering and had products related to hygiene in the bathroom cabinets. Staff H stated that there should not be any medications in resident rooms.

In an interview, on 10/03/2025 at 4:45 PM, Staff J, Regional Operations Specialist, stated that the bathroom cabinets in the MCU have locks that should be used to keep potentially hazardous items secure.

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, Lynden Manor 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to update 2 of 9 residents (Resident 7 and 9) Assessments and Negotiated Service Agreements (NSAs) when Resident 7 and 9 required an increase in medication management services. This failure placed the residents at risk of receiving care and services that were not assessed or agreed upon.

Findings included…

Record review of the ALF's undated policy titled "Assessments-Comprehensive/Full Assessment", showed that the ALF would complete an assessment specifically focused on a resident's identified problems and related issues, including when the resident's services no longer addressed the resident's current needs and preferences. This included reviewing the resident Service Plan (equivalent to an NSA) to ensure that changes were correctly reflected.

Resident 7

Review of an undated face sheet showed that the ALF admitted Resident 7 on [redacted]/2025 with multiple medical diagnoses.

Review of an Assessment and a Service Plan, dated 09/23/2025, showed that Resident 7's family would order and deliver medications.

Resident 9

Review of an undated face sheet showed that the ALF admitted Resident 9 on [redacted]/2022 with multiple medical diagnoses.

Review of an Assessment dated 04/29/2025 showed that Resident 9 was independent

with medications.

Review of a Service Plan dated 12/20/2024 showed Resident 9's family was to obtain medications.

Review of Electronic Medication Administration Records (EMARs) dated 07/01/2025 to 9/30/2025 showed that Resident 9 received medication assistance from the staff.

In an interview, on 10/03/2025 at 3:34 PM, Staff A, Executive Director, stated that Resident 7 and 9's Assessments and Service Plans were not accurate and that Resident 7 transitioned to medication assistance, which included the staff ordering the medications from the ALF's contracted pharmacy, on 08/22/2025 and that Resident 9 transitioned on 06/10/2025.

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, Lynden Manor 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-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to follow the criteria for nurse delegation (ND) for 1 of 4 residents (Resident 7). This resulted in there being no ND assessment or plan for Resident 7's blood glucose (BG) monitoring and insulin injections, placing Resident 7 at risk for medical complications.

Findings included…

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation,
(1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.
ASSESS
(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.
(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.
(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.
PLAN
(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.
(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:
(a) The rationale for delegating the nursing task;
(b) The delegated nursing task is specific to one patient and is not transferable to another patient;
(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;
(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;
(e) A clear description of the procedure or steps to follow to perform the task;
(f) The predictable outcomes of the nursing task and how to effectively deal with them;
(g) The risks of the treatment;
(h) The interactions of prescribed medications;
(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;
(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:
(i) How to notify the registered nurse delegator of the change;
(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and
(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

Review of the ALF's undated policy titled "Nurse Delegation" showed the Registered Nurse (RN) would assess the nursing care needs of the resident and that decisions concerning delegation would be determined in accordance with the Board of Nursing Rules.

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2025 with multiple diagnoses including [redacted]

Review of an Assessment, dated 09/23/2025, showed Resident 7 was receiving BG monitoring and insulin injection by the staff. The Assessment was completed by Staff I, Licensed Practical Nurse, who was not the ALF's Nurse Delegator.

Review of Resident 7's Electronic Medication Administration Record (EMAR) from 08/27/2025 to 09/30/2025 showed Resident 7 had physician's orders for Lantus Solostar (a long-acting insulin used to manage blood sugar levels) 18 units twice per day. The EMAR showed staff initials when insulin had been given to the resident.

Review of the ALF's ND binder showed no documentation of an assessment or plan for Resident 7's insulin administration.

In an interview, on 10/03/2025 at 1:47 PM, Resident 7 confirmed that staff were providing medication administration, which included insulin injections.

In an interview, on 10/03/2025 at 3:34 PM, Staff A, Executive Director, stated that Resident 7 started receiving medication services from the ALF on 08/22/2025 and that they would contact their RN to inquire about the ND assessment and plan.

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, Lynden Manor 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-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to evaluate for any outcome or notify the resident's physician for 1 of 9 residents (Resident 5) when they refused their medication. This failure placed Resident 5 at risk for complications related to untreated health care needs.

Findings included…

Record review of the ALF's undated policy titled, "Medication Refusal by a Resident", showed when a resident who received medication assistance or administration services from the boarding home chose to not take his or her medications, the facility would contact a licensed nurse to evaluate the significance of the resident not receiving their medication, and take appropriate action, including notifying the prescriber or health care practitioner when there was a consistent pattern of the resident choosing to not take their medication.

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted] 2023 with multiple medical diagnoses.

Record review of an Electronic Medication Administration Record (EMAR), dated 07/07/2025 through 08/31/2025, showed Resident 5 had physician's orders for Tinactin (an aerosol powder used to treat fungal infections) twice per day.

Record review of the EMAR, dated 07/07/2025 to 08/31/2025, showed Tinactin was not given for 27 doses during the timeframe of 07/07/2025 through 08/31/2025 because the resident declined the medication.

Record review of Resident 5's progress notes showed Resident 5 declined the Tinactin because it would sting when it was applied.

There was no documentation that the ALF nurse evaluated for any outcome associated with Resident 5 refusing their Tinactin, nor was there documentation that the physician was notified of the medication refusals.

In an interview, on 10/03/2025 at 3:19 PM, Staff A, Executive Director, stated that if a resident refused their medication the Medication Technician would notify the physician by telephone or by sending a fax. Staff A stated that they did not know why the physician was not notified of Resident 5's medication refusal.

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, Lynden Manor 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-2710 Disclosure of services.

(2) The assisted living facility must provide the services disclosed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide nursing services as identified in 1 of 1 Disclosure of Services. This failure resulted in nursing services not provided or available to 84 residents as disclosed and placed residents at risk of unmet healthcare needs.

Findings included...

Record review of undated Resident Characteristic Roster showed 84 residents received care and services.

Record review of the ALF's undated Disclosure of Services showed a Registered Nurse (RN) was in the building, three days per week, totaling 24 hours per week, and a Licensed Practical Nurse (LPN) was in the building five days per week, totaling 40 hours per week.

In an interview, on 10/02/2025 at 3:45 PM, Staff A, Executive Director, stated that the Disclosure of Services was not updated. Staff A stated that an LPN works 24 hours per week, and an RN was on-call and available by telephone.

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, Lynden Manor 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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSAs) were signed by the resident or their representative and an authorized facility representative for 9 of 9 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9). This failure placed Residents 1, 2, 3, 4, 5, 6, 7, 8, and 9 at risk of receiving care that was not agreed to and did not support their needs and preferences.

Findings included…

Resident 1

Record review of an undated face sheet showed the ALF admitted Resident 1 on [redacted] 2021 with multiple medical diagnoses.

Record review of a Service Plan Report (equivalent to an NSA), dated 09/21/2025, showed no signature for Resident 1, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 2

Record review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2023 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 09/18/2025, showed no signature for Resident 2, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 3

Record review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2021 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 06/25/2025, showed no signature for Resident 3, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 4

Record review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2023 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 09/25/25, showed no signature for Resident 4, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 5

Record review of an undated face sheet showed the ALF admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 09/29/2025, showed no signature for Resident 5, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 6

Record review of an undated face sheet showed the ALF admitted Resident 6 on

[redacted]/2025 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 09/08/2025, showed no signature for Resident 6, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 7

Record review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2025 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 09/23/2025 , showed no signature for Resident 7, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 8

Record review of an undated face sheet showed the ALF admitted Resident 8 on [redacted]/2018 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 04/21/2025, showed no signature for Resident 8, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

Resident 9

Record review of an undated face sheet showed the ALF admitted Resident 9 on [redacted]/2025 with multiple medical diagnoses.

Record review of a Service Plan Report, dated 12/20/2024, showed no signature for Resident 9, their representative or an authorized facility representative. No additional signed documents to show agreement with the service plan were available for review.

In an interview on 10/02/2025 at 3:35 PM, Staff A, Executive Director, stated that there were no signatures on the Service Plans for Residents 1, 2, 3, 4, 5, 6, 7, 8, or 9. Staff A stated that when a Service Plan is updated, a signature from the resident or their family member should be obtained.

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, Lynden Manor 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 observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and G) initiated tuberculosis (TB) screening within three days of employment. This placed 84 residents at risk of exposure to a communicable disease.

Findings included…

Record review of undated Resident Characteristic Roster showed 84 residents received care and services.

Record review of employee files showed the ALF hired Staff B, Caregiver, on 08/18/2025. Staff B's TB screening had not been initiated as of 10/03/2025, 44 days after their hire date.

Record review of employee files showed the ALF hired Staff G, Cook, on 09/24/2025. Staff G's TB screening had not been initiated as of 10/03/2025, nine days after their hire date.

In an observation, on 10/02/2025 at 11:41 AM, Staff G was observed working in the ALF.

In an interview, on 10/02/2025 at 11:42 AM, Staff G stated that they had not yet gotten a TB test.

In an interview, on 10/03/2025 at 1:44 PM, Staff A, Executive Director, stated that Staff B and G had not been tested for TB yet. Staff A stated they were still working with their newly hired nurse to create a system to ensure staff receive TB testing within three days of hire.

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

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;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff members (Staff A, B, C, D, E and F) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included….

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living

facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Review of staff records showed the ALF hired Staff C, Caregiver, on 05/15/2025. Staff C had no record of basic training as of 139 days after their date of hire.

Review of staff records showed the ALF hired Staff D, Caregiver, on 04/27/2025. Staff D had no record of basic training as of 157 days after their date of hire.

In an interview, on 10/02/2025 at 12:11 PM, Staff A, Executive Director, stated that there was a lag in getting new staff registered for their basic training classes, so Staff C and D had not yet finished their basic training.

In an interview, on 10/02/2025 at 1:38 PM, Staff C stated that they were still working on finishing their basic training.

SPECIALTY TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of the ALF's Resident Characteristic Roster, dated 09/05/2025, showed 26 residents living in the ALF had a [redacted] iagnosis and one resident living in the ALF had a [redacted] diagnosis.

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for

Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Review of staff records showed the ALF hired Staff A, Executive Director, on 06/22/2022. Staff A had no record of dementia or mental health training as of 1,199 days after their date of hire.

Review of staff records showed the ALF hired Staff C, Caregiver, on 05/15/2025. Staff D had no record of dementia or mental health training as of 139 days after their date of hire.

In an interview, on 10/03/2025 at 1:48 PM, Staff A stated that Staff D had not completed their dementia or mental health specialty training yet. Staff A stated that they had previously taken their dementia and mental health training around 10 years ago but were unable to locate these records. Staff A denied having an administrator designee who had these trainings completed and on file.

In an interview, on 10/02/2025 at 1:38 PM, Staff C stated that they were not sure if they finished their specialty training, but that management would have it if they did.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Review of staff records showed that the ALF hired Staff A, Executive Director, on 06/22/2022. Staff A did not have current first aid training on file.

Review of staff records showed that the ALF hired Staff B, Caregiver, on 08/18/2025. Staff B did not have CPR or first aid training on file, as of 44 days after their date of hire.

Review of staff records showed that the ALF hired Staff C, Caregiver, on 05/15/2025. Staff C did not have first aid training on file, as of 139 days after their date of hire.

Review of staff records showed that the ALF hired Staff E, Caregiver, on 07/18/2023. Staff D did not have current first aid training on file.

In an interview, on 10/03/2025 at 1:46 PM, Staff A stated that the class they, as well as

Staff C and D, took was only a CPR class without a first aid component. Staff A stated Staff B had not been to CPR or first aid training yet.

In an interview, on 10/02/2025 at 1:38 PM, Staff C stated that the CPR class that was offered did not include a first aid component.

12 HOURS CONTINUING EDUCATION (CE)

NOTE: WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education? (1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. The Department of Social and Health Services (DSHS) must approve continuing education curricula and instructors.

NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide (HCA); (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

Review of staff records showed that the ALF hired Staff E, Caregiver, on 07/19/2023. Staff E had no record of any completed CE in the time period between their birthday in 2024 and their birthday in 2025.

Review of staff records showed that the ALF hired Staff F, Caregiver, on 08/29/2023. Staff F had no record of any completed CE in the time period between their birthday in 2024 and their birthday in 2025.

In an interview, on 10/02/2025 at 1:18 PM, Staff E stated that they had a login for the ALF’s online CE program but were waiting for management to tell them what classes they were supposed to be taking.

In an interview, on 10/03/2025 at 1:50 PM, Staff A stated that Staff F and E did not have any CE.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date