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

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

RE: Lynden Manor License # 2641

Dear Administrator:

This letter addresses Compliance Determination(s) 76453 (Completion Date 04/29/2026) and 72323 (Completion Date 02/25/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/29/2026 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-2950-6, WAC 388-78A-3090-1-a

The Department staff who did the on-site verification:
Helen Fisher, Complaint Investigator

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

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Lynden Manor
Provider Type: Assisted Living Facility
License/Cert.#: 2641
Compliance Determination #: 72323
Intake ID: 209946
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 02/04/2026 through 02/25/2026
Complainant Contact Date(s): 02/03/2026

Allegation(s):

1) The main residents bathroom (MRB) shower, bathtub and sink water were cold.
2) Dirty gloves were stuffed in clean supplies because there was no garbage can in the MB.
3) The MB floor was dirty, wet and towels on the ground. The sink had smeared fecal matter.
4) Had no disinfectant available for cleaning.
5) Unnamed Staff (US1) forced residents to take showers and was verbally inappropriate towards residents. Staff were eating in the office and ignoring an Unnamed Resident (UR) complaint of being hungry.
6) The Named Resident (NR1) bed was wet and unchanged and unmade.
7) Unnamed Staff (US2) were touching muffins with bare hands. US2 served not fully cooked muffins.
8) The Named Resident (NR2) was sent to the hospital without hospice approval.
9) The hospice was not notified by the Assisted Living Facility (ALF) until four hours after the NR2 was sent to the hospital.

Investigation Methods:

Sample:
Total residents: 81
Resident sample size: 3
Closed records sample size: 1

Observations:
Nursing Staff (NS).
Residents.
Environment.
Food service.

Interviews:
Care Staff.
Nursing Staff.
Executive Director.
Collateral Contact.

Record Reviews:
Residents' records.
Water Temperature Log.
Medical Emergency Policy and Procedures.

Investigation Summary:

1) Observations showed that the water in the MB's shower, bathtub and sink was measured below 105 to 120 degrees Fahrenheit (F). Failed practice was identified. A citation was written for noncompliance with Washington Administrative Code 388-78A-2950 Water supply.
2) & 3) The MRB floor and toilet were dirty and had no garbage container found during unannounced onsite visit to the Assisted Living Facility (ALF). Staff were unaware of the MRB cleaning schedule. No cleaning documentation presented by the ALF. Failed practice was identified. A citation was written for noncompliance with Washington Administrative Code 399-78A-3090 Maintenance and housekeeping.
4) The cleaning supplies were being kept in the housekeeping room and in the housekeeping cart. Interviews indicated that cleaning supplies for MRB were available upon request. No failed practice was identified.
5) The US was unidentified. The interactions between staff and residents were observed as appropriate and pleasant. Interviews indicated that the NR1 had a history of refusing showers and care. ALF provided staff training on residents' approach during showers and care. Residents denied being forced to shower. NR1's Representative stated that NR1 disliked taking showers and had no care concerns. Staff received training on residents approach and Residents Rights. No failed practice was identified.
6) Residents' beds were made with clean linen during unannounced onsite visit to the ALF. NS stated that there were times that they had to prioritize the residents' care in the morning than changing bedding for laundry. NS stated that they eventually changed bedding as soon as they finished serving breakfast unless residents' remained in bed. No failed practice was identified.
7) Staff were serving fully cooked potato salad, prime ribs sandwiches and chocolate pies for lunch wearing gloves. Interviews indicated that there was no report of foodborne illness related to uncooked food. No failed practice was identified.
8) Interviews indicated that NR2 was sent to the hospital with an approval of the Power of Attorney (DPOA) and was consistent with ALF's Medical Emergency Policy and Procedures. No failed practice was identified.
9) Review of the investigative records showed that staff were retrained in accordance with hospice protocol. The ALF had a system in place to prevent the recurrence of the event. No failed practice was identified.

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

HOME AND COMMUNITY LIVING 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 complaint investigation on 02/04/2026 of:

Lynden Manor
905 Aaron Dr
Lynden, WA 98264

This document references the following complaint number(s): 209946, 209437

The following sample was selected for review during the unannounced on-site visit: 3 of 81 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2641	Compliance Determination # 72323
Plan of Correction	Lynden Manor	Completion Date
Page 2 of 4	Licensee: Lynden ALC LLC	02/25/2026

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.

Jennie Singer
Residential Care Services

2/26/2026
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.

Hollander
Administrator (or Representative)

3/6/26
Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times, and

This requirement was not met as evidenced by:

Based an observation, interviews and record review, the Assisted Living Facility (ALF) failed to ensure the hot water temperature in the in 1 of 1 main residents' bathroom (MBR's) shower, bathtub and sink were always maintained at a temperature of 105 to 120 degrees Fahrenheit (F). This failure resulted in the hot water temperature being too low.

Findings included...

Observation and water temperature measurement, on 02/04/2026 at 11:30 AM, showed hot water temperatures in the MBR were: bathroom sink 80.6 F, shower was 70.0 F, and bathtub was 95.0 F.

Record review showed no documentation the facility checked MBR's hot water temperature.

In an interview, on 02/04/2026 at 1:20 PM, Staff B, Executive Director, stated that the water temperature issue was reported to them two weeks ago. Staff B was unsure if the MBR's temperature was tested when they became aware of the issue. Staff B confirmed no steps were taken to adjust the MBR's hot water temperature.

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.

Jamie Singer
Residential Care Services

2/26/2026
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-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interviews and record review, the Assisted Living Facility (ALF) failed to ensure the hot water temperature in the in 1 of 1 main residents' bathroom (MBR's) shower, bathtub and sink were always maintained at a temperature of 105 to 120 degrees Fahrenheit (F). This failure resulted in the hot water temperature being too low.

Findings included...

Observation and water temperature measurement, on 02/04/2026 at 11:30 AM, showed hot water temperatures in the MBR were: bathroom sink 80.6 F, shower was 70.0 F, and bathtub was 95.0 F.

Record review showed no documentation the facility checked MBR's hot water temperature.

In an interview, on 02/04/2026 at 1:20 PM, Staff B, Executive Director, stated that the water temperature issue was reported to them two weeks ago. Staff B was unsure if the MBR's temperature was tested when they became aware of the issue. Staff B confirmed no steps were taken to adjust the MBR's hot water temperature.

Statement of Deficiencies	License #: 2641	Compliance Determination # 72323
Plan of Correction	Lynden Manor	Completion Date
Page 3 of 4	Licensee: Lynden ALC LLC	02/25/2026

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) 4/11/26.

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

Administrator (or Representative) — Date: 3/6/26

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must.

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for residents living at ALF in 1 of 1 main resident bathroom (MBR). This failure resulted in residents' main bathroom being unclean and unsanitary and placed 27 residents at risk for a diminished quality of life.

Findings included...

Observation, on 02/04/2026 at 11:30 AM, in the Memory Care Unit's (MCU) MBR, showed the toilet soiled with feces on the side of the toilet bowl and feces smeared on the toilet seat. The bathroom floor was wet and soiled with food debris and dirt. There was no garbage container found in the bathroom.

Record review showed the ALF had no documentation of a cleaning schedule or cleaning tasks for the MBR.

In an interview, on 02/04/2026 at 11:45 AM, Staff A, Resident Care Coordinator, stated that residents were using the toilet and given showers in the main bathroom. Staff A stated that the housekeeping and the care staff were responsible for cleaning the main bathroom. Staff A stated that they were unsure how often the main bathroom being cleaned.

In an interview, on 02/04/2026 at 1:20 PM, Staff B, Executive Director, stated that housekeeping and care staff shared responsibility in making sure that the MCU main

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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for residents living at ALF in 1 of 1 main resident bathroom (MBR). This failure resulted in residents' main bathroom being unclean and unsanitary and placed 27 residents at risk for a diminished quality of life.

Findings included...

Observation, on 02/04/2026 at 11:30 AM, in the Memory Care Unit's (MCU) MBR, showed the toilet soiled with feces on the side of the toilet bowl and feces smeared on the toilet seat. The bathroom floor was wet and soiled with food debris and dirt. There was no garbage container found in the bathroom.

Record review showed the ALF had no documentation of a cleaning schedule or cleaning tasks for the MBR.

In an interview, on 02/04/2026 at 11:45 AM, Staff A, Resident Care Coordinator, stated that residents were using the toilet and given showers in the main bathroom. Staff A stated that the housekeeping and the care staff were responsible for cleaning the main bathroom. Staff A stated that they were unsure how often the main bathroom being cleaned.

In an interview, on 02/04/2026 at 1:20 PM, Staff B, Executive Director, stated that housekeeping and care staff shared responsibility in making sure that the MCU main

bathroom was getting clean. Staff B was unaware that the MCU main bathroom was dirty.

This is a deficiency previously cited on 07/21/2025.

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) 4/11/26 .

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

Administrator (or Representative) — Date: 3/6/26

bathroom was getting clean. Staff B was unaware that the MCU main bathroom was dirty.

This is a deficiency previously cited on 07/21/2025.

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