STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Sabra West Coast Operations V, LLC
Ashley Pointe Senior Living
11117 20TH ST NE
LAKE STEVENS, WA 98258

RE: Ashley Pointe Senior Living License # 2643

Dear Administrator:

This letter addresses Compliance Determination(s) 59373 (Completion Date 05/16/2025) and 56536 (Completion Date 03/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/16/2025 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-2305-2, WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2, WAC 388-78A-2474-4, WAC 388-78A-2950-6, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

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 the unannounced on-site full inspection on 03/18/2025 and 03/21/2025 of:

Ashley Pointe Senior Living
11117 20TH ST NE
LAKE STEVENS, WA 98258

The following sample was selected for review during the unannounced on-site visit: 5 of 24 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Kindle,
Allison Nunn, Long Term Care Surveyor

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.

Administrator (or Representative) | Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff B, C, E, and F) obtained a food worker card within 14 days of their date of hire. This failure resulted in Staff B, C, E, and F handling food for residents while not being trained and certified on safe food handling practices and placed residents at an increased risk for foodborne illnesses.

Findings included…

Review of WAC 246-217-010 Definitions showed:
(5) "Food service worker" means an individual who works (or intends to work) with or without pay in a food service establishment and handles unwrapped or unpackaged food or who may contribute to the transmission of infectious diseases through the nature of his/her contact with food products and/or equipment and facilities. This does not include persons who simply assist residents or patients in institutional facilities with meals, or students in K-12 schools who periodically assist with school meal service.

Review of WAC 246-217-015 Applicability showed:
(1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section.

Review of the ALF's employee files showed the following:

Staff B, Medication Tech (MT), was hired 03/12/2024. Staff B's file had no food worker card available for review.

Staff C, Resident Assistant (RA), was hired 03/19/2024. Staff C's file had no food worker card available for review.

Staff E, MT, was hired 12/20/2022. Staff E's file had no food worker card available for review.

Staff F, RA, was hired 12/20/2022. Staff F's file had no food worker card available for review.

On 03/20/2025 at 11:50 AM, Staff G, Business Office Manager, stated that they did not have a food worker card for Staff B, C, E, or F.

On 03/20/2025 at 3:54 PM, Staff E stated that they rarely reheat food. Staff E stated that they reheated food for Resident 3 about a month ago.

On 03/20/2025 at 2:30 PM, Resident 3 stated that ALF staff will reheat food for them using the microwave in their apartment.

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, Ashley Pointe Senior Living 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-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 Staff (Staff A, D, and E) had a national fingerprint background check completed, and 2 of 6 Staff (Staff C and F) had a valid name and date of birth background check. This failure resulted in Staff A, C, D, E, and F not having cleared background checks and placed all 24 residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's employee files showed the following:

National Finger Print

Staff A, Executive Director, was hired 02/05/2024. Staff A did not have a national fingerprint background check available for review.

Staff D, Medication Technician (MT), was hired 09/17/2024. Staff D did not have a national fingerprint background check available for review.

Staff E, MT, was hired 12/20/2022. Staff E did not have a national fingerprint background check available for review. Review of a WA state name and date of birth background check dated 10/27/2023, showed Staff E did not have a name and date of birth background check until 372 days after their date of hire.

Washington State Name and Date of Birth

Staff C, Resident Assistant (RA), was hired 03/19/2024. Staff C did not have a WA state name and date of birth background check available for review.

Staff F, RA, was hired 12/20/2022. Staff F did not have a WA state name and date of birth background check available for review.

On 03/19/2025 at 10:22 AM, Staff G, Business Office Manager, stated that they did not have a national fingerprint background check for Staff A.

On 03/19/2025 at 11:44 AM, Staff G stated that they did not have a national fingerprint

background check for Staff D.

On 03/19/2025 at 12:00 PM, Staff G stated that they did not have a national fingerprint background check for Staff E.

On 03/20/2025 at 12:04 PM, Staff G stated that they reviewed the ALF's online portal for background checks and was not able to retrieve the information.

On 03/21/2025 at 10:04 AM, Staff D stated that they had not completed a fingerprint background check.

Plan/Attestation Statement

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_____ _____

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:

(a) Orientation and safety;

(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.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training prior to providing care to residents for 5 of 6 staff (Staff B, C, D, E, and F), 70-hour Basic training within 120 days from their hire date for 1 of 6 staff (Staff C), Specialty Dementia training for 1 of 6 staff (Staff C), Cardiopulmonary Resuscitation (CPR) and first aid training for 2 of 6 staff (Staff C and D), Department of Social and Health Services (DSHS) approved continuing education (CE) for 1 of 6 staff (Staff F), and received credentials through the Department of Health (DOH) within 200 days of hire for 1 of 6 staff (Staff C). These failures resulted in Staff B, C, D, E, and F) not having the necessary training related to their job duties and expectations and placed all 26 residents at risk for compromised care and safety.

Findings included…

Orientation and Safety Training

Review of Washington Administrative Code, WAC 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of the ALF's employee files showed the following:

Staff B, Medication Technician (MT), was hired 03/12/2024. Staff B's file showed a completed Orientation and Safety training course dated 07/15/2024 and 07/16/2024, 126 days after their date of hire.

Staff C, Resident Assistant (RA), was hired 03/19/2024. Staff C's file showed no record of a completed Orientation and Safety training course.

Staff D, MT, was hired 02/13/2025. Staff D's file showed no record of a completed Orientation and Safety training course.

On 03/21/2025 at 10:10 AM, Staff D stated that they worked with another staff person for four days before they provided care independently. Staff D stated they are scheduled to work five days per week.

Staff E, MT, was hired 12/20/2022. Staff E's filed showed a completed Orientation and Safety training course dated 10/18/2023, 302 days after their date of hire.

Staff F, RA, was hired 12/20/2022. Staff F's file showed a completed Orientation and Safety training course dated 04/08/2023, 109 days after their date of hire.

On 03/19/2025 at 11:00 AM, Staff G, Business Office Manager (BOM), stated that they did not know why the Orientation and Safety training was completed late or not at all. Staff G stated that they would assign the class through Relias (an online caregiver training program) to ensure the staff will complete the training.

Basic Training

Review of WAC 388-112A-0800(5) showed long-term care workers in assisted living facilities must complete the 70-hour Basic training within one-hundred twenty days of their date of hire.

Review of the ALF's employee files showed the following:

Staff C, RA, was hired 03/19/2024. Staff C's file showed no record of a completed 70-hour Basic training course, 247 days after their date of hire.

On 03/19/2025 at 11:33 AM, Staff G stated that Staff C did not complete the 70-hour Basic training course.

Specialty Training

Review of the ALF's Resident Characteristic Roster, dated 03/18/2025, showed two residents living in the ALF had a [redacted] diagnosis.

Review of the ALF's employee files showed the following:

Staff C, RA, was hired 03/19/2024. Staff C's file showed no record of completed dementia specialty training, 247 days after they were hired.

On 03/19/2025 at 11:33 AM, Staff G stated that Staff C did not complete Dementia specialty training. Staff G stated that Staff C would complete the training through Relias.

CPR and First Aid Training

Review of the ALF's employee files showed the following:

Staff C, RA, was hired 03/19/2024. Staff C had no record of a completed CPR and First Aid training.

Staff D, MT, was hired 09/17/2024. Staff D had no record of a completed CPR and First Aid training.

On 03/21/2025 at 10:08 AM, Staff D stated that they did not have a current CPR and First Aid card. Staff D stated that they were scheduled to take the CPR and First Aid class that was scheduled at the ALF.

On 03/19/2025 at 11:50 AM, Staff G stated that Staff C and D were scheduled to take CPR and First Aid training the following week.

Continuing Education (CE)

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of continuing education by their birthday each year.

Review of WAC 388-112A-0600 showed DSHS must approve continuing education curricula.

Review of DSHS's Continuing Education Approval Process (https://www.dshs.wa.gov/altsa/faq?field_altsa_topics_value=ce) showed that once DSHS approves a CE, it is assigned a unique DSHS CE approval code and that without a DSHS CE approval code on the certificate or transcript, the CE cannot be used to meet the 12-hour CE requirement.

Review of the ALF's employee files showed the following:

Staff E, MT, was hired 12/20/2022. There was no documentation that Staff E had completed DSHS approved CE.

On 03/20/2025 at 3:50 PM, Staff E stated that they complete their CE on Relias. Staff E stated that when they log into Relias there are classes already assigned to them.

On 03/19/2025 at 10:44 AM, Staff G stated that they were not aware that CE had to be approved by DSHS.

DOH Credentials

Review of the ALF's employee files showed the following:

Staff C, RA, was hired 12/20/2022. Staff C's file showed no record of obtaining certification as a home care aide, 167 days after their hire date.

Review the DOH's Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed Staff C did not have any health care provider credentials in the State of Washington.

On 03/20/2025 at 11:45 AM, Staff G stated that Staff C did not have any credentials.

Review of the ALF's monthly work schedules dated January, February, and March 2025 showed staff C worked 14 shifts as a caregiver and 16 shifts as a MT.

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-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 interview, observation and record review, the Assisted Living Facility (ALF)

failed to ensure the water temperature in resident bathrooms and in the ALF's common bathrooms was maintained at a temperature of 105 to 120 degrees Fahrenheit (F) at all times. This failure resulted in the water temperature in sinks used by residents being as hot as 145.7 degrees F and placed all 24 Residents at risk of being scalded by hot water.

Findings included…

Record review of the ALF's water temperature check log for the months of January, February, and March 2025 showed water temperatures in resident apartments that ranged from 120.3 degrees F to 145.7 degrees F.

On 03/19/2025 at 9:58 AM, the water temperature in the ALF's common area women's bathroom sink was 126 degrees F and the men's bathroom sink was 122.4 degrees F.

On 03/19/2025 at 10:17 AM, Staff A, Executive Director, stated that they knew the water in resident apartments was too hot. Staff A stated that the water heaters mixing valve needed to be replaced.

On 03/19/2025 at 2:45 PM, residents at the group meeting stated that the water in their apartment bathroom was hot.

On 03/20/2025 at 9:22 AM, Staff I, Maintenance Director, stated that they take water temperatures weekly in resident apartments and common area sinks. Staff I stated that they did not know the water temperature was too hot.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 (Staff A, B, C, D, E, and F) completed the initial step of two-step tuberculosis (TB) testing within three days of hire, and a second test done one to three weeks after the first test. This failure placed all 24 residents at risk of exposure to a communicable disease.

Findings included…

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired 02/05/2024. Staff A's TB test documentation showed they completed the first step of TB testing on 03/17/2025, 406 days after their hire date. There was no second step TB test documentation available for review.

Staff B, Medication Technician (MT), was hired 03/12/2024. Staff B's TB test documentation showed the first step TB test was completed on 03/17/2025, 370 days after their hire date. There was no second step TB test documentation available for review.

Staff C, Resident Assistant (RA), was hired 03/19/2024. There was no TB test documentation available for review.

Staff D, MT, was hired 09/17/2024. There was no TB test documentation available for review.

Staff E, MT, was hired 12/20/2022. Staff E's TB test documentation showed they completed the first step of TB testing on 03/01/2023, 71 days after their hire date. A second step TB test was completed on 03/18/2025, 748 days after the first step was completed.

Staff F, RA, was hired 12/20/2022. Staff F's TB test documentation showed the first step TB test was completed on 03/18/2025, 819 days after their hire date. There was no documentation of a completed second step TB test for Staff F.

On 03/19/2025 at 10:22 AM, Staff G, Business Office Manager, stated that Staff H, Health Services Director, was responsible for completing staff TB testing.

On 03/19/2025 at 11:41 AM, Staff G stated that they had no TB test documentation for Staff C and D.

On 03/19/2025 at 12:00 PM, Staff G stated that Staff E did not have a second step TB test that was completed within one to three weeks after the first TB test.

On 03/20/2025 at 1:49 PM, Staff A, Executive Director, stated that the pharmacy would not send the ALF TB solution without a doctor's order. Staff A stated that the ALF found a physician who agreed to sign an order for TB solution.

On 03/21/2025 at 12:55 PM, Staff H stated that they were working on the ALF's procedures for completing TB tests within three days of hire. Staff H stated that the ALF had TB solution available for them to use.

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