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

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) 65058 (Completion Date 09/03/2025) and 60627 (Completion Date 07/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/03/2025 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-2610-1

The Department staff who did the on-site verification:
Cynthia Chenot-Potter, Nursing Consultant Institutional

If you have any questions, please contact me at (253)281-1245.

Sincerely,

James Sherman for

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Ashley Pointe Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2643
Intake ID: 184739
Compliance Determination #: 60627
Region/Unit #: RCS Region 2 / Unit A
Investigator: Anthony Devito
Investigation Date(s): 06/04/2025 through 07/08/2025
Complainant Contact Date(s):

Allegation(s):
There was an outbreak at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:	Total residents: 25 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Administrator
Record Reviews:	Medical records Incident investigation Facility policies

Investigation Summary:
The ALF had a recent outbreak and did not have staff who provided direct care to residents fit tested for respirators. The Failed practice was identified and a Citation written for failure of WAC 388-78a-2610 (1), Infection Prevention.

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 06/04/2025 of:

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

This document references the following complaint number(s): 179418, 184739

The following sample was selected for review during the unannounced on-site visit: 3 of 25 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cynthia Chenot-Potter, Nursing Consultant Institutional
Anthony Devito, Field Services Administrator

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

Statement of Deficiencies	License #: 2643	Compliance Determination # 60627
Plan of Correction	Ashley Pointe Senior Living	Completion Date
Page 2 of 3	Licensee: Sabra West Coast Operations V, LLC	07/08/2025

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.

Anthony Rosa DeMito
Residential Care Services

07/17/2025
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.

Administrator (or Representative)

7/21/2025
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement infection control measures to prevent infectious respiratory disease for 1 of 1 outbreaks. This failure resulted in all staff not being properly assessed for an N95 respirator during a respiratory outbreak and placed all residents, staff and visitors at risk of contracting a respiratory infection.

Findings included...

Review of the ALF's Respiratory Protection Program dated 05/04/2022 showed fit testing (a procedure that ensures a respirator fits a person's face and provides the expected level of protection) for the use of an N-95 respirator (a respiratory protective device designed to achieve a very close facial fit and efficient filtration of airborne particles) was to be done initially and annually thereafter.

Review of the Local Health Department records showed they were notified of an outbreak by the ALF on 05/27/2025.

In an interview on 06/04/2025 at 4:02 pm, Staff B stated they do not know when they were last fit-tested but thought it had been over a year.

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.

Anthony Ross DeMito — Residential Care Services

07/17/2025 — 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.

Administrator (or Representative)

Date

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Review of the Local Health Department records showed they were notified of an outbreak by the ALF on 05/27/2025.

In an interview on 06/04/2025 at 4:02 pm, Staff B stated they do not know when they were last fit-tested but thought it had been over a year.

In an interview on 06/04/2025 at 4:11 pm, Staff C stated they don't recall when they had a fit test done but thought it had been more than a year.

On 06/04/2025 the ALF records did not show any staff had completed fit testing.

In an interview on 06/04/2025 at 4:27 PM Staff A, Executive Director, stated they did not have a record of fit testing done and will have to re-test everyone.

This is a recurring deficiency previously cited on 02/01/2023 and 02/22/2024.

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) 8/20/2025

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

Administrator (or Representative) [signature] Date 7/21/25

In an interview on 06/04/2025 at 4:11 pm, Staff C stated they don't recall when they had a fit test done but thought it had been more than a year.

On 06/04/2025 the ALF records did not show any staff had completed fit testing.

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

_____ _____

Administrator (or Representative) Date