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

Weatherly Inn - Renton LLC

Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

RE: Weatherly Inn - Renton LLC License # 2670

Dear Administrator:

This letter addresses Compliance Determination(s) 70357 (Completion Date 12/18/2025) and 68010 (Completion Date 10/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2025 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-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/30/2025 of:

Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

This document references the following SOD dated: 10/31/2025

The following sample was selected for review during the unannounced on-site visit: 9 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

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 #: 2670	Compliance Determination # 68010
Plan of Correction	Weatherly Inn - Renton LLC	Completion Date
Page 2 of 4	Licensee: Weatherly Inn - Renton LLC	10/31/2025

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.

Residential Care Services — 11/10/2025 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) — 11/21/25 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 facility failed to ensure 3 of 19 sampled staff (Staff V, Staff NN, and Staff OO) completed an initial skin test for Tuberculosis (TB), within three days of hire. This failure placed all 53 Assisted Living residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 09/11/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 10/26/2025.

Note: Washington Administrative Code (WAC) 388-78A-2481, Tuberculosis—Testing method—Required. The assisted living facility must ensure that all tuberculosis testing is done through either: (1) Intradermal (Mantoux) administration with test results read: (a) Within forty-eight to seventy-two hours of the test.

Note: WAC 388-78A-2483, Tuberculosis—One test. The assisted living facility is only

required to have a staff person take one test if the staff person has any of the following: (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 53 residents received assisted living services.

Review of the facility's undated document titled, "Tuberculosis (TB) Testing Policy" showed that the facility followed the Washington state licensing requirements for TB testing for each new employee. The policy showed that each licensed nurse was to be properly trained by the nurse manager to successfully give tuberculosis (TB) tests. The policy showed that at the time of job acceptance, the Human Resources Coordinator notified the employee of the required two-step skin test.

STAFF V
Review of the facility's undated employee roster showed the facility hired Staff V, Caregiver/Certified Nursing Assistant, on 06/03/2025. Review of Staff V's Timecard showed that Staff V worked every week in the facility in October 2025. Review of Staff V's employee records showed that Staff V completed a one-step TB skin test with a negative result dated 10/02/2024, 244 days prior to hire. The records showed no documentation that as of 10/30/2025, 149 days after hire, a TB test was completed.

STAFF NN
Review of the facility's undated employee roster showed the facility hired Staff NN, Cook, on 10/24/2025. Review of Staff NN's Timecard showed that Staff NN worked in the facility between 10/24/2025 and 10/27/2025. Review of Staff NN's employee records showed that on 10/09/2025, 15 days prior to hire, Staff NN completed two-step TB skin tests with negative results. The records showed no documentation that as of 10/30/2025, six days after hire, a TB test was completed.

STAFF OO
Review of the facility's undated employee roster showed the facility hired Staff OO, Wait Staff, on 10/20/2025. Review of Staff OO's Timecard showed that Staff OO worked in the facility between 10/20/2025 and 10/30/2025. Review of Staff OO's employee records showed that on 10/21/2025, the facility administered one initial TB skin test for Staff OO. The records showed that as of 10/30/2025, 10 days after the TB skin test was administered, there was no documentation of the date and the result of the TB skin test being read.

During an interview on 10/30/2025 at 2:15 PM, Staff I, Registered Nurse/Health Services Director, stated that Staff V and Staff NN completed TB tests with negative results prior to hire. Staff I stated that they were unaware Staff V and Staff NN required to complete TB test when hired. Staff I stated that Staff V and Staff NN did not complete a TB test after hire.

Statement of Deficiencies	License #: 2670	Compliance Determination # 68010
Plan of Correction	Weatherly Inn - Renton LLC	Completion Date
Page 4 of 4	Licensee: Weatherly Inn - Renton LLC	10/31/2025

During an interview on 10/30/2025 at 2:45 PM, Staff I stated that on 10/21/2025, the facility administered the initial TB test for Staff OO. Staff I stated that Staff OO did not receive their TB test result to be read. Staff I stated that the Staff OO's TB test was incomplete and invalid.

This is an uncorrected deficiency previously cited on 09/11/2025, subsection (1).

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 12/15/25.

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

NM Mila RN 11/21/25

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 08/27/2025 and 09/04/2025 of:

Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 7 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

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

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.

James Sherman
Residential Care Services

09-18-2025
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)

9/20/25
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document 2 of 2 sampled residents' (Resident 1 and Resident 9) care needs and interventions in their Care Plans. This failure placed Resident 1 and Resident 9 at risk for unmet care needs and potential for worsening medically diagnosed conditions.

Findings included...

Review of the facility's document titled "Catheter Policy", dated 06/01/2023, showed the facility's nurses managed urinary catheter and provided daily care. The document showed that the facility's nurses followed the doctor's orders to insert urinary catheter

for residents. The document showed that the facility's nurses were responsible to notify the doctor when the resident was bleeding from the catheter. The document showed the facility's nurses were responsible to coordinate with third party healthcare providers for long-term catheter management.

RESIDENT 1
Observation on 08/28/2025 at 10:10 AM showed Resident 1 used a urinary catheter (a tube that collects urine from the bladder and directs it to a drainage bag) and a drainage bag.

Observation on 09/03/2025 at 7:49 AM showed purple, bruise skin, sized two by two inches, on Resident 1's left lower abdomen. During an interview at this time, Staff LL, Licensed Practical Nurse, stated that the bruise on the abdomen resulted from a fall that happened a week ago.

Review of Resident 1's records showed that the facility admitted Resident 1 in [redacted] 2024. The records showed that on 08/24/2025, Resident 1 was inserted with a urinary catheter. The records showed that on 09/01/2025, Resident 1's urinary catheter was found removed. There was minimal bleeding at the 'urethral site'. The records showed the facility's staff called emergency medical service (EMS) to transport the resident to the hospital.

Review of Resident 1's May 2025, June 2025, July 2025, and August 2025 Medication Administration Records (MARs) showed Resident 1 used Aspirin (a blood thinner) 81 milligrams (mg) by mouth daily.

Review of Resident 1's Assessment, dated 08/26/2025, showed Resident 1 used an indwelling urinary catheter. The assessment showed that Resident 1 required monitoring and assistance with the catheter use.

Review of Resident 1's Care Plan, dated 09/03/2025, showed that the facility's care staff and licensed nurses provided monitoring and assistance with catheter management. The Care Plan showed that the care staff was responsible for monitoring signs of urinary tract infection. The Care Plan did not provide any staff instructions for whom to notify and what actions to take in responses to abnormal signs of the urinary catheter, such as the catheter slip-out. Further review of the Care Plan did not identify that Resident 1 received blood thinning medication. There was no documentation that provided care staff with guidance about the possible side effects from the medication, such as increased risk for bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 1 experienced any side effects.

During an interview on 09/03/2025 at 3:30 PM, Staff I, Registered Nurse/Health Services Director, stated that Resident 1 recently started using a urinary catheter. Staff I stated that they did not receive their physician's order for emergency management of the urinary catheter for Resident 1. Staff I stated that they did not develop a care plan on

what to do when the urinary catheter was pulled out. Staff I stated that their electronic record system was unable to automatically generate a care plan for the use of blood thinning medications; and they did not update Resident 1's care plan.

RESIDENT 9
Review of Resident 9's records showed that the facility admitted Resident 9 in [redacted] 2025 with a urinary catheter. The records showed that on 08/07/2025, Resident 9 was transported to the emergency room due to the catheter was pulled out by the resident. The records showed that on 08/09/2025, Resident 9 was transported to the emergency room due to the catheter slipped out. The records showed that on 08/25/2025, Resident 9 was transported to the emergency room due to the catheter was pulled out by the resident. The records showed that on 09/01/2025, Resident 9 was transported to the emergency room due to the catheter was pulled out by the resident.

Review of Resident 9's Assessment, dated 08/05/2025, showed Resident 9 used a urinary catheter. The assessment showed that Resident 9 required monitoring and assistance with the catheter use.

Review of Resident 9's Care Plan, dated 09/03/2025, showed that the facility's care staff and licensed nurses provided monitoring and assistance with catheter management. The Care Plan showed that the care staff was responsible for monitoring signs of urinary tract infection. The Care Plan did not provide any staff instructions for whom to notify and what actions to take in responses to abnormal signs of urinary catheter, such as the catheter slip-out.

During an interview on 09/09/2025 at 3:30 PM, Staff I, stated they did not update the catheter management on Resident 9's care 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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) — Date: 9/26/25

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that 2 of 2 residents (Resident 1 and Resident 2) received nursing tasks and/or medication administration from licensed staff. This failure placed Resident 1 and Resident 2 at risk for improper medication administration and potential for compromised health.

Findings included…

Review of the facility's undated "Disclosure of Services" showed that the facility did not allow nursing assistants under the delegation of a Registered Nurse (RN) to provide authorized nursing services. The document showed that the facility did not allow nursing assistants under the delegation of a RN to administer eye/ear/nose drops, and oral and topical medications.

Review of the facility's Medication Services Policy, dated 06/01/2023, showed that the facility followed the Washington Administrative Codes in medication administration. The document showed that the facility allowed only nurses passing medications to residents, who required medication administration.

During an interview on 08/27/2025 at 9:45 AM, Staff A, General Manager, and Staff JJ, Licensed Practical Nurse (LPN)/Resident Services Director, stated that the facility's licensed nurses administered medications and provided skilled nursing services to assisted living residents. Staff JJ stated that the facility did not allow nursing assistants to administer medications or to provide skilled nursing services under the delegation of a RN. Staff JJ stated that Resident 1, who lived in the memory care unit, required administration of insulin (a medication that lowers blood glucose levels) injection by licensed nurses. Staff JJ stated that no residents currently received nurse delegation services.

RESIDENT 1
Observation on 09/03/2025 at 7:49 AM showed Staff LL, LPN, pricked Resident 1's finger, collected a blood drop, and completed a blood glucose check. Observation showed Staff LL informed Resident 1 the blood glucose level reading. Observation showed Staff LL administered insulin injections on Resident 1. During an interview at this time, Staff LL stated that Resident 1 was unable to self-administer blood glucose checks and insulin injections.

Review of Resident 1's records showed that the facility admitted Resident 1 in [redacted] 2024 with medical diagnoses of [redacted]

[redacted] and [redacted].

Review of Resident 1's Care Plan, dated 08/06/2025, showed that Resident 1 received administration of oral medications, "As Needed" medications, insulin injections, and blood glucose checks. The Care Plan showed that the facility's licensed nurses were responsible to administer oral medications, "As Needed" medications, insulin injections, and blood glucose checks. There was no documentation that showed Resident 1 received any medication administration and skilled nursing services under RN delegation.

Review of Resident 1's May 2025, June 2025, July 2025, and August 2025 Medication Administration Records (MARs) showed that Resident 1's medication orders included blood sugar checks before meals three times a day (TID) and Novolog insulin (a medication that lowers blood glucose levels), inject subcutaneously (under the skin) TID before meals per a sliding scale (adjusted dosages based on the blood glucose levels). The MARs showed that Staff KK, Nursing Assistant-Registered (NAR)/Resident Care Coordinator (RCC), administered and signed off blood glucose checks 14 times and Novolog injection eight times in May 2025. The MARs showed that Staff KK administered and signed off blood glucose checks seven times and Novolog injection seven times in June 2025. The MARs showed that Staff KK administered and signed off blood glucose checks 20 times and Novolog injection 10 times in July 2025. The MARs showed that between 08/01/2025 and 08/27/2025, Staff KK administered and signed off blood glucose checks eight times and Novolog injection six times.

RESIDENT 2
Review of Resident 2's records showed that the facility admitted Resident 2 in [redacted] 2024 with a medical diagnosis of [redacted].

Review of Resident 2's Care Plan, dated 08/14/2025, showed that Resident 2 received administration of oral medications and "As Needed" medications. The Care Plan showed that the facility's licensed nurses were responsible to administer oral medications and "As Needed" medications. There was no documentation that showed Resident 2 received any medication administration under RN delegation.

Review of Resident 2's Physician Orders Sheet, dated 09/11/2025, showed Resident 2 required crushed medications. The document showed instructions for not to crush Extended Release (ER, medication release slowly over a longer period) or enteric medications (medication release in the small intestine).

Review of Resident 2's May 2025, June 2025, July 2025, and August 2025 MARs showed that Resident 2's medication orders included Amlodipine (a medication that treats high blood pressure) take one tablet by mouth daily; Vitamin D3 (a supplement) take one tablet by mouth daily; Iron (a supplement) take one able by mouth daily; Melatonin (a medication that improves sleep) take one tablet by mouth daily; One-A-Day Women Vitamin (a supplement) take one tablet by mouth daily; Sertraline (a medication that

improves moods) take one tablet by mouth every evening; Quetiapine Fumarate (a medication that treats mental health conditions) take one tablet by mouth at bedtime; Quetiapine Fumarate take one tablet by mouth at 3:00 PM; Levothyroxine (a medication that treats thyroid conditions) take one table by mouth daily; Acetaminophen (a pain relieve medication) take two tablets by mouth every four hours as needed; Loperamide (a medication that regulates bowel movements) table one capsule by mouth daily as needed; and Seroquel (a medication that treats mental health conditions) take one tablet by mouth daily as needed. The MARs showed that Staff KK administered and signed off medication administration on 15 days in May 2025. The MARs showed that Staff KK administered and signed off medication administration on six days in June 2025. The MARs showed that Staff KK administered and signed off medication administration on 11 days in July 2025. The MARs showed that between 08/01/2025 and 08/27/2025, Staff KK administered and signed off medication administration on nine days.

During an interview on 09/03/2025 at 10:55 AM, Staff KK stated that they were a Nursing Assistant and worked as a Medication Technician (a trained, unlicensed person who provides medication assistance). Staff KK stated that they administered medications to the memory care residents when the licensed nurses were not on duty. Staff KK stated that they administered and signed off blood glucose checks and insulin injections for Resident 1 between May 2025 and August 2025. Staff KK stated that they were unaware they were required to be delegated by a RN delegator to administer blood glucose checks and insulin injections for residents. Staff KK stated that they did not receive nurse delegation training from an RN delegator, and they were not delegated by an RN.

During an interview on 09/03/2025 at 3:30 PM, Staff I, RN/Health Services Director, stated that the facility's licensed nurses were responsible to administer medications and provide skilled nursing services for Resident 1 and Resident 2. Staff I stated that the facility did not allow nursing assistants to administer medications and perform skilled nursing services. Staff I stated that they were unaware Staff KK administered medications and provided skilled nursing services to the residents.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) 9/26/25 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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 2 of 2 sampled staff's (Staff A and Staff G) Washington State name and date of birth background inquiry (BGI) every two years. This failure placed all 40 residents at risk of potential abuse, neglect, or exploitation from staff with unknown backgrounds.

Findings included…

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

Review of the facility's undated document titled "Criminal History Background Check" showed that the facility was responsible for completing a background check for all employees and volunteers every two years.

STAFF A
Review of the facility's undated employee roster showed that the facility hired Staff A, General Manager, on 06/01/2017. Review of Staff A's employee records showed their previous Washington state name and date of birth BGI expired on 02/17/2025. The records showed that the facility submitted and completed a BGI on 08/28/2025, 192 days after the previous BGI expired.

STAFF G
Review of the facility's undated employee roster showed that the facility hired Staff G, Housekeeper, on 11/27/1990. Review of Staff G's employee records showed that their start date at the facility was 03/14/2022. The records showed Staff G's Washington state name and date of birth BGI expired on 05/29/2022. The records showed that the facility submitted and completed a BGI on 08/29/2025, 1188 days after the previous BGI expired.

During an interview on 08/28/2025 at 3:15 PM, Staff H, Office Manager, stated that they were unaware they were required to complete a Washington state name and date of birth BGI for each staff. Staff H stated that when Staff A's BGI expired in February 2025, they did not complete a BGI for Staff A.

During an interview on 09/03/2025 at 11:48 AM, Staff H stated that Staff G's most recent Washington state name and date of birth was completed in May 2020. Staff H stated that they were unable to locate additional BGI documents for Staff G. Staff H stated that they completed a BGI for Staff G on 08/29/2025 during the onsite full inspection.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) — Date: 9/26/25

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to submit the Washington state name and date of birth background inquiry (BGI) for 2 of 22 sampled staff (Staff F and Staff M) and 1 of 2 sampled contracted staff (Staff FF) within one business day after their start date. This failure placed all 40 residents as risk for abuse and neglect from caregivers and staff persons with unknown backgrounds.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

STAFF F
Review of the facility's undated employee roster showed that the facility hired Staff F,

Caregiver/Certified Nursing Assistant (CNA), on 09/15/2023. Review of Staff F's employee records showed that the facility completed the Washington state name and date of birth BGI on 09/21/2023, four days after hire.

STAFF M
Review of the facility's undated employee roster showed that the facility hired Staff M, Caregiver/CNA, on 08/11/2025. Review of Staff M's employee records showed that the facility completed the Washington state name and date of birth BGI on 08/14/2025, three days after hire.

STAFF FF
Review of the facility's personnel records showed that the facility hired Staff FF as an Agency Licensed Practical Nurse (LPN) on 08/23/2025. The records showed that the facility completed the Washington state name and date of birth BGI on 08/29/2025, during the licensing inspection, six days after hire.

During an interview on 08/28/2025 at 3:15 PM, Staff H, Office Manager, stated that they were aware of the requirements for the Washington state background checks. Staff H stated that they were unaware they completed Staff F's Washington state name and date of birth BGI late.

During an interview on 09/02/2025 at 1:55 PM, Staff H stated that the facility hired Staff FF as the licensed nurse. Staff H stated that Staff FF's start date was 08/23/2025. Staff H stated that they did not complete the Washington state name and date of birth BGI for Staff FF on their start date.

During an interview on 09/04/2025 at 11:15 AM, Staff A, General Manager, stated that the facility hired licensed nurses from a contracted healthcare agency. Staff A stated that the facility did not have a system in place to complete the background check for the contracted nurses on each of their start dates, particularly for those contracted nurses who were called up and worked in the night shifts at the facility.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) 9/26/25 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

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

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 10 of 15 sampled staff (Staff B, Staff C, Staff D, Staff E, Staff T, Staff X, Staff Z, Staff HH, Staff KK, and Staff MM) completed facility orientation, Basic training, specialized training for dementia, specialized training for mental illness, cardiopulmonary resuscitation (CPR), first aid training, food handlers training, and Home Care Aide (HCA) certification as required. These failures placed all 40 residents at risk of receiving inadequate care from untrained staff.

Findings included…

Review of the facility's undated job descriptions for Resident Caregiver/Certified Nursing Assistant (CNA) and Staffing Assisted Living (AL) and Team Leader/Resident Care Coordinator (RCC) showed that the facility's CNAs and RCC provided personal care and supervision to the assisted living residents consistent with Washington State regulations. The document showed the positions required CPR/first aid certification within 30 days of employment, Dementia and Mental Health specialty training within 90 days of employment, and food handlers' training within 14 days of employment.

Review of the facility's undated job description for Licensed Practical Nurse (LPN) showed that the facility's LPNs provided personal care and supervision to the assisted living residents consistent with Washington State regulations. The documents showed the position required to complete Dementia and Mental Health specialty training within 90 days of employment.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services. The document showed 12 of the 40 residents had dementia (conditions that affect a person's memory, language, problem-solving, and thinking abilities), Alzheimer's disease (a condition that causes decline of cognition), or cognitive impairment. The document showed 1 of the 40 residents had mental illness.

Review of the facility's undated Disclosure of Services showed that the facility provided care and services to residents with dementia and mental health illness.

STAFF B
Review of the facility's undated employee roster showed that the facility hired Staff B, Caregiver/CNA, on 02/17/2025.

Review of Staff B's employee records showed that as of 08/27/2025, 191 days after hire, there was no documentation that showed Staff B completed the Department of Social and Health Services (DSHS) approved specialized training for dementia and the DSHS approved specialized training for mental illness. The records showed no documentation that Staff B completed the facility orientation.

Review of Staff B's timecard showed that Staff B provided care and services to the residents every week in June 2025, July 2025, and August 2025 without completion of the required training.

During an interview on 08/28/2025 at 3:15 PM, Staff H, Office Manager/Human Resource Coordinator, stated that they were unable to locate the training certificates in Staff B's personnel files. Staff H stated that Staff B did not complete the facility orientation and the DSHS approved specialized trainings for dementia and mental illness.

STAFF C
Review of the facility's undated employee roster showed that the facility hired Staff C, Caregiver/CNA, on 12/09/2024.

Review of Staff C's employee records showed that as of 08/27/2025, 261 days after hire, there was no documentation that showed Staff C completed the DSHS approved specialized training for mental illness. The records showed Staff C's food worker card expired on 09/06/2025. The records showed Staff C's CPR/first aid certification expired on 07/28/2025.

Review of Staff C's timecard showed that Staff C provided care and services to the residents every week in August 2025 without completion of the required training.

During an interview on 08/28/2025 at 3:15 PM, Staff H stated that they were unaware Staff C's food worker card and CPR/first aid certification expired. Staff H stated that they were unable to locate the specialized training for mental illness certificate for Staff C. Staff H stated that Staff C did not complete the DSHS approved specialized trainings for mental illness.

STAFF D
Review of the facility's undated employee roster showed that the facility hired Staff D, Caregiver/CNA, on 04/10/2025.

Review of Staff D's employee records showed that as of 08/27/2025, 139 days after hire, there was no documentation that showed Staff D completed the DSHS approved specialized training for dementia and the DSHS approved specialized training for mental illness.

Review of Staff D's timecard showed that Staff D provided care and services to the residents every week in August 2025 without completion of the required training.

During an interview on 08/28/2025 at 3:15 PM, Staff H stated that they were unable to locate the certificates of specialized training for dementia and specialized training for mental illness for Staff D. Staff H stated that Staff D did not complete the two DSHS

approved specialized trainings as required.

STAFF E
Review of the facility's employee roster, updated on 09/03/2025, showed that the facility hired Staff E, LPN, on 03/17/2025.

Review of Staff E's employee records showed that as of 09/03/2025, 170 days after hire, there was no documentation that showed Staff E completed the DSHS approved specialized training for mental illness.

Review of Staff E's timecard showed that between 08/23/2025 and 08/27/2025, Staff E provided care and services to the residents without completion of the required training.

During an interview on 08/28/2025 at 3:15 PM, Staff H stated that they were unable to locate the certificate of specialized training for mental illness for Staff E. Staff H stated that Staff E did not complete the DSHS approved specialized training for mental illness as required.

STAFF T
Review of the facility's undated employee roster showed that the facility hired Staff T, Caregiver/CNA, on 06/13/2025.

Review of Staff T's employee records showed that as of 09/04/2025, 83 days after hire, there was no documentation that showed Staff T completed the first aid training as required.

STAFF X
Review of the facility's undated employee roster showed that the facility hired Staff X as a Caregiver/CNA, on 05/14/2025.

Review of Staff X's employee records showed a CPR/first aid card was dated 05/14/2025 and expired on 06/30/2026. The CPR/first aid card showed that the CPR course was provided by an online provider and was done online, which did not include hands-on skills development with mannequins or trainee partners as required.

STAFF Z
Review of the facility's undated employee roster showed the facility hired Staff Z as a Caregiver/CNA on 05/22/2025.

Review of Staff Z's employee records showed a CPR/first aid card dated 05/22/2025 and expired on 06/26/2027. Review of the card showed that the CPR course was provided by an online provider and was done online, which did not include hands-on skills

development with mannequins or trainee partners as required.

During an interview on 09/02/2025 at 10:30 AM, Staff H stated that they were not aware of the CPR and first aid training needed to be done in person with hands on skills demonstration.

STAFF HH
Review of the facility's undated employee roster showed that the facility hired Staff HH, Caregiver/CNA, on 07/30/2025.

Review of Staff HH's employee records showed that as of 09/04/2025, 36 days after hire, there was no documentation that showed Staff HH completed the first aid training as required.

During an interview on 09/03/2025 at 10:40 AM, Staff H stated that Staff HH was suspended from the schedule as of 09/02/2025 until they completed their CPR/First aid.

STAFF KK
Review of the facility's undated employee roster showed that the facility hired Staff KK, RCC, on 01/09/2024.

Review of Staff KK's employee records showed that Staff KK completed the DSHS approved Basic training on 01/29/2020. The records showed that Staff KK maintained an active Nursing Assistant Registration (NAR) with initial issuance on 11/16/2020. The records showed that as of 09/03/2025, 603 days after hire, there was no documentation that showed Staff KK obtained the Department of Health (DOH) HCA certification or the DOH CNA certification, as required.

Review of Staff KK's timecard showed that Staff KK provided care and services to the residents every week in August 2025 without completion of the required DOH HCA or DOH CNA certification.

During an interview on 09/03/2025 at 2:45 PM, Staff H stated that they were unable to locate the DOH HCA certification in Staff KK's personnel files. Staff H stated that they did not realize Staff KK was required to obtain the DOH HCA certification or DOH CNA certification.

During a telephone interview on 09/09/2025 at 4:50 PM, Collateral Contact 2 (CC 2), DOH staff, stated that the DOH system showed Staff KK's NAR in active status. There were no records that showed Staff KK submitted an application for HCA certification or CNA certification.

STAFF MM
Review of the facility's undated employee roster showed that the facility hired Staff MM, Activities Assistant, on 09/12/2023.

Observation on 09/03/2025 at 8:25 AM showed Staff MM, Activities Assistant, provided feeding assistance to Resident 8 in the memory care. Observation showed Staff MM spoon-fed Resident 8 with food. During an interview at this time, Staff MM stated that they were hired as an Activities Assistant. Staff MM stated that they led resident activities in the memory care unit. Staff MM stated that they assisted residents with feeding when the other Caregivers were unavailable. Staff MM stated that they were unaware providing feeding assistance was considered as personal care and services and required proper training. Staff MM stated that they did not complete the required HCA training or nursing assistance training to perform resident care and services.

Review of Staff MM's employee records showed that as of 09/03/2025, 722 days after hire, there was no documentation that showed Staff MM completed the CPR and first aid training, the DSHS approved Basic training, and the DOH HCA certification as required for long-term care workers.

During an interview on 09/03/2025 at 2:45 PM, Staff H stated that Staff MM was hired as an Activities Assistant. Staff H stated that the facility did not allow the Activities Assistant position to provide personal care and services to residents. Staff H stated that Staff MM did not complete all the training as required for Caregiver/CNA.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) — 9/26/25 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 2 sampled staff (Staff B and Staff T) with a documented negative result from a previous blood test, completed one Tuberculosis (TB) test within three days of hire. This failure placed all 40 Assisted Living Residents at risk of contracting tuberculosis, a contagious respiratory illness.

Findings included…

NOTE: Washington Administrative Code (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.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

Review of the facility's undated document titled, "Tuberculosis (TB) Testing Policy" showed that the facility followed the Washington state licensing requirements for TB testing for each new employee.

STAFF B
Review of the facility's undated employee roster showed the facility hired Staff B as a Caregiver on 02/17/2025. Review of Staff B's employee records showed Staff B completed a Quantiferon(R)-TB Gold Plus test (a blood test for TB), with a negative result on 11/25/2024. The records showed no documentation that Staff B completed a one-step TB test within three days of hire, as required.

STAFF T
Review of the facility's undated employee roster showed the facility hired Staff T as a Caregiver on 06/13/2025. Review of Staff T's employee records showed documentation of the previous negative Interferon Gamma Release Assay [(IGRA) a blood test for TB] dated 04/08/2025 done within the past 12 months before being hired. The records showed no documentation that Staff T completed a one-step TB test within three days of hire, as required.

During an interview on 08/28/2025 at 3:15 PM, Staff H, Office Manager, stated that they were unfamiliar with the TB testing requirements. Staff H stated that they were unaware Staff B was required to complete a TB test when they were hired. Staff H stated that Staff B did not complete a TB test after hire.

During an interview on 09/03/2025 at 11:48 AM, Staff H stated they did not know that a one-step TB test was still required when an employee showed a documented negative blood test result completed within the previous 12 months before being hired. Staff H stated that they were unable to locate any additional TB documents for the sampled staff in the personnel files.

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) 9/26/25 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 sampled pets (Pet 1) had regular examinations and vaccination and were certified by a veterinarian to be free of disease transmittable to humans. These failures placed all 40 residents at risk of infectious diseases.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

Review of the facility's "Live-in Pet Policy and Form", dated 06/02/2025, showed that the facility permitted pets to live on the premises. The policy showed that the facility followed the Washington Administrative Code (WAC). The policy showed that the facility was required to ensure animals living on the facility premises received an annual examination and immunizations. The policy showed that the facility required the animals were certified by a veterinarian to be free of diseases transmittable to humans.

Observation on 09/04/2025 at 11:00 AM showed Pet 1, a bird, in a cage inside Apartment 119 in the memory care unit.

During an interview on 09/04/2025 at 11:15 AM, Staff A, General Manager, stated that they were aware Pet 1 resided in the assisted living facility. Staff A stated that they were unaware the live-in bird was required to be examined and vaccinated. Staff A stated that they were unaware the bird was required to be certified by a veterinarian to be free of diseases transmittable to humans. Staff A stated that Pet 1 had not received veterinarian visit.

During an interview on 09/04/2025 at 11:15 AM, Staff A, General Manager, stated that they were aware Pet 1 resided in the assisted living facility. Staff A stated that they were unaware the live-in bird was required to be examined regularly and to be vaccinated. Staff A stated that they were unaware the bird was required to be certified by a veterinarian to be free of diseases transmittable to humans. Staff A stated that Pet 1 had not received veterinarian visit.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) Date 9/26/25

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the assisted living facility failed to post the most recent Department of Social and Health Services full inspection report, dated February 2024, in a visible location within the facility premises. This failure placed all 40 residents at risk of being uninformed of any facility deficiencies.

Finding included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that the DSHS last conducted a full inspection at the assisted living facility in February 2024.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

Observation on 08/27/2025 between 9:00 AM and 4:00 PM and on 08/28/2025 between 9:00 AM and 11:00 AM, showed that there was no copy of the February 2024 inspection report and the plan of correction of the inspection posted in the assisted living premises.

During an interview on 08/28/2025 at 11:00 AM, Staff H, Office Manager, stated that the facility maintained the Department's letters in a binder. Staff H stated that they were unaware that the facility was required to post the most recent inspection report in a conspicuous place. Staff H stated that they did not know where the inspection report was placed.

During an interview on 08/28/2025 at 3:00 PM, Staff EE, Administrative Staff/Concierge stated that they "always" kept the binder with the most recent inspection report under the counter behind the front desk.

During the resident group meeting on 08/29/2024 at 3:00 PM, several anonymous participants stated that they did not know where the inspection report was placed in the facility.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) — Date: 9/26/25

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure the exhaust air vents in 9 of 11 rooms (second floor common shower room, second floor female restroom, second floor male restroom, third floor janitor room with a mop sink, third floor common shower room, third floor female restroom, third floor male restroom, fourth floor common shower room, and fourth floor common restroom) provided proper air flow and ventilation to the outside. This failure placed all 40 residents at risk of a diminished quality of life and potential respiratory illnesses from poor air circulation in the building.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-3030 Toilet rooms and bathrooms stated (2) The assisted living facility must provide each toilet room and bathroom with: (e) Provide mechanical ventilation to the outside.

Observations during the environmental tour on 08/28/2025, between 10:15 AM and 12:00 PM, showed the exhaust air vents of nine rooms (second floor common shower room, second floor female restroom, second floor male restroom, third floor janitor room with a mop sink, third floor common shower room, third floor female restroom, third floor male restroom, fourth floor common shower room, and fourth floor common restroom) were non-functioning. Observation showed no air flow ventilated out of the room in each of the nine rooms.

During an interview on 08/28/2025 at 10:15 AM, Staff II, Maintenance Staff, stated that the assisted living residents used the common shower rooms and restrooms. Staff II stated that the exhaust air vents of the nine rooms did not pull air out. Staff II stated that they were unsure of why the exhaust air vents did not function in those rooms.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) 9/26/25 Date

WAC 388-78A-3060 Storage space. The assisted living facility must:

(2) Provide separate, locked storage for disinfectants and poisonous compounds; and

(3) Maintain storage space to prevent fire or safety hazards.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to keep hazardous chemicals locked in the open-style kitchenette inside the memory care unit. This failure placed all eight memory care residents (Resident 1, Resident 2, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13) at risk of potential exposure to hazards and harm.

Finding included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that eight assisted living residents (Resident 1, Resident 2, Resident 8, Resident 9, Resident 10, Resident 11, Resident 12, and Resident 13) received care and services in the memory care unit.

Observation on 08/28/2025 at 10:36 AM showed an open-style kitchenette inside the memory care unit. Observation showed a half door gate between the kitchenette and resident dining room was open that allowed any person to access the kitchenette freely. Observation showed that the under-sink cabinet in the kitchenette was unlocked and unattended. Observation showed two bottles labelled all-purpose cleaner for industrial use, one unlabeled spray bottle of orange-colored solution, and one uncovered bucket of clear solution inside the unlocked under-sink cabinet.

During an interview on 08/28/2025 at 10:36 AM, Staff II, Maintenance Staff, stated that the half door gate was broken and was unable to latch and close. Staff II stated that the bottles and the bucket of solutions were cleaner and disinfectant chemicals used by the

kitchen staff. Staff II stated that they were unaware the hazardous chemicals were kept inside the unlocked under-sink cabinet in the memory care unit.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25.

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

Administrator (or Representative) 9/26/25 Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 care staff (Staff B) completed the national fingerprint background check within 120 days of hire. This failure placed all 40 residents at risk of abuse, neglect, or exploitation from staff with an unknown background.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

Review of the facility's undated "Job Description-Certified Nursing Assistant (CNA)" showed the facility's Certified Nursing Assistants provided personal care and supervision to the assisted living residents consistent with Washington State regulations.

Review of the facility's undated employee roster showed the facility hired Staff B,

Caregiver/CNA, on 02/17/2025 to provide personal care and services to the residents.

Review of Staff B's employee file showed that Staff B completed a national fingerprint background check on 08/08/2025, 172 days after hire.

Review of Staff B's employee timecard, dated 09/02/2025, showed that between 06/17/2025 and 08/08/2025, Staff B provided personal care to the residents every week without completion of the national fingerprint background check.

During an interview on 08/28/2025 at 3:15 PM, Staff H, Office Manager, stated that they were aware of the requirement to complete fingerprint background checks on all care staff. Staff H stated that they realized Staff B's fingerprint background check was completed late. Staff H stated that Staff B provided unsupervised personal care to the residents between June 2025 and August 2025, without a national fingerprint background check.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/24/25 .

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

Administrator (or Representative) 9/24/25 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(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 observation, interview, and record review, the facility failed to assess 4 of 4 sampled residents (Resident 1, Resident 4, Resident 5, and Resident 6) for their medical devices. The facility failed to assess 1 of 1 sampled resident's (Resident 7) capabilities to independently self-administer medications safely. This failure placed Resident 1, Resident 4, Resident 5, Resident 6, and Resident 7 at risk for unmet care needs, potential medical complications, and injury.

Findings included …

PACEMAKER

RESIDENT 1
Observation of Resident 1's apartment on 08/28/2025 at 10:10 AM showed a machine labelled Merline Home Transmitter (a medical equipment that is used for remote monitor and care of persons with an implanted heart device) was placed on the bedside console on the left side of the bed.

During an interview on 09/03/2025 at 9:40 AM, Collateral Contact 1 (CC 1), Resident 1's Representative, stated that Resident 1 had a cardiac pacemaker (an implanted heart device) for many years. CC 1 stated Resident 1 had a transmitter machine in their room that was used to monitor the cardiac pacemaker.

Review of Resident 1's records showed that the facility admitted Resident 1 in [redacted] 2024 with a medical diagnosis of [redacted]. The records showed that on 08/26/2025, the facility completed an assessment for Resident 1. The assessment showed no documentation that the facility assessed Resident 1 for their cardiac pacemaker and transmitter.

During an interview on 09/03/2025 3:30 PM, Staff I, Registered Nurse/Health Services Director, stated that they were unaware Resident 1 had an implanted cardiac pacemaker and a home transmitter. Staff I stated that they did not assess Resident 1's medical devices.

RESIDENT 4
Review of Resident 4's "Resident Information Sheet" dated 08/27/2025, showed the facility admitted Resident 4 in [redacted] of 2024 with a diagnosis of [redacted]. The resident information sheet showed that Resident 4 used a pacemaker and defibrillator.

During an interview on 09/02/2025 at 2:40 PM, Resident 4 stated that they had a pacemaker. Observation showed Resident 4 pointed to their chest. Resident 4 stated that the pacemaker was checked on a regular basis at an outside clinic. Resident 4

stated they did not recall the frequency of the pacemaker checks or the results.

Review of Resident 4's records showed that on 08/18/2025, the facility completed an assessment for Resident 4. The assessment showed no documentation that the facility assessed Resident 4 for their cardiac pacemaker/defibrillator. Review of Resident 4's service plan showed no documentation that there was an implanted pacemaker/defibrillator.

RESIDENT 6
Review of Resident 6's "Resident Information Sheet" dated 08/27/2025, showed that the facility admitted Resident 6 in [redacted] 2023, with a medical diagnosis of [redacted]. The records showed the "presence of a pacemaker". Review Resident 6's records showed that on 08/26/2025, the facility completed an assessment for Resident 6. The assessment showed no documentation that the facility assessed Resident 6 for their cardiac pacemaker.

During an interview on 09/03/2025 2:43 PM, Staff I stated that they were unaware Resident 4 and Resident 6 had an implanted cardiac pacemaker/defibrillator. Staff I stated that Resident 4's and Resident 6's pacemakers were not assessed.

BEDRAILS

RESIDENT 4
Observation on 09/02/2025 at 2:40 PM showed Resident 4 seated in a recliner chair in their apartment. Observation of Resident 4's bedroom showed a full-sized bed with two quarter-length bedrails secured and covered attached at the head of the bed on each side.

Review of Resident 4's records showed a physician's order for the use of a bed rail or mobility bar for bed mobility. Review of Resident 4's records and assessment dated 08/26/2025 showed no assessment for the bed rail mobility bar to ensure the bedrails were safe and secured and did not allow for entrapment-like qualities.

RESIDENT 5
Observation on 09/02/2025 at 2:23 PM, showed a hospital bed with bed rails in Resident 5's bedroom.

During an interview on 09/02/2025 at 2:23 PM, Resident 5 stated they used the bedrails to reposition themselves in bed and to assist with transfers in and out of bed.

Review of Resident 5's records showed a "Risk Benefit Analysis Agreement" dated 01/26/2024. Review of Resident 5's records showed an assessment was completed on 08/08/2025 that showed Resident used quarter length bed rails for bed mobility. Review

of Resident 5's records showed no bedrail assessment to ensure the bedrails were safe and secured and did not allow for entrapment-like qualities.

RESIDENT 6
Observation on 09/02/2025 at 2:15 PM, showed Resident 6 lay on a hospital bed with quarter side rails on each side of the head of the bed.

Review of Resident 6's records showed a "Risk and Benefit Agreement" dated 06/20/2025 for the use of a quarter bed "rail mobility bar". Review of Resident 6's records and assessment dated 08/26/2025 showed no assessment for the bed rail mobility bar to ensure the bedrails were secured and did not allow for entrapment-like qualities.

During an interview on 09/03/3035 at 2:43 PM, Staff I stated they thought the signed "Risk and Benefit Agreement" was enough and was not aware a separate bedrail assessment was required to ensure the bedrails were safe and secured.

RESIDENT SELF-ADMINISTERED MEDICATIONS

RESIDENT 7
Review of Resident 7's service plan dated 09/02/2025, showed that Resident 7 was independent with medication management.

Review of Resident 7's records showed no self-medication assessment was completed to show whether Resident 7 was safe to manage and dispense their own medications.

During an interview on 09/02/2025 at 1:44 PM, Resident 7 stated that they managed their own medications and staff assistance was not required.

During an interview on 09/02/2025 at 2:43 PM, Staff I stated that a self-medication assessment was not completed for Resident 7. Staff I stated that Resident 7 only received Assisted Living Services for assistance with the care of their lower leg wounds. Staff I stated that Resident 7 was independent for all other care needs which included medications. Staff I stated that they did not consider Resident 7 required a self-medication assessment.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/24/25 .

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

Administrator (or Representative) 9/26/25 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 4 of 7 sampled residents (Resident 4, Resident 5, Resident 6, and Resident 7) service plans. This failure placed Resident 4, Resident 5, Resident 6, and Resident 7 at risk for unmet care needs, compromised health and a diminished quality of life.

Findings included...

During an interview on 09/03/2025 at 2:43 PM, Staff I, Health Services Director/Corporate Nurse, stated that the facility used a software program for resident assessments which automatically populated the service plans. Staff I stated that the service plan duplicated the identical information that was entered into the assessment.

RESIDENT 4
Review of Resident 4's "Resident Information Sheet" dated 08/27/2025, showed the facility admitted Resident 4 in [redacted] of 2024 with a diagnosis of [redacted] and [redacted]. The resident information sheet showed that Resident 4 used a pacemaker and defibrillator.

Observation on 09/02/2025 at 2:40 PM showed Resident 4 seated in a recliner chair in their apartment. Observation of Resident 4's bedroom showed a full-sized bed with two quarter-length bedrails secured and covered attached at the head of the bed on each side.

During an interview on 09/02/2025 at 2:40 PM, Resident 4 stated that they did not sleep in their bed and instead slept in the recliner as it allowed them to breathe easier and to sleep.
Review of Resident 4's Service Plan, dated 09/04/2025, showed no documentation that Resident 4 slept in their recliner instead of the bed.

During an interview on 09/03/2025 at 2:43 PM, Staff I stated that they were not aware Resident 4 slept in their recliner instead of the bed. Staff I stated that the reason may have been Resident 4 used private caregivers during the day for care. Staff I acknowledged that the facility caregivers supported the private caregivers with providing care for Resident 4 and that the facility should have known.

RESIDENT 5
Review of Resident 5's "Resident Information Sheet" dated 08/29/2025, showed the facility admitted Resident 5 in [redacted] of 2024 with a diagnosis of [redacted], and [redacted].

Observation on 09/02/2025 at 2:23 PM, showed Resident 5 seated in a wheelchair in their room. Observation showed a mechanical lift and a hospital bed in the apartment. Observation showed a foamed support with contour cut outs for Resident 5's calf to fit on top of the mattress located at the foot of the hospital bed.

During an interview on 09/02/2025 at 2:23 PM, Resident 5 stated that the mechanical lift was used to assist Resident 5 to get up off the floor when they had fallen. Resident 5 stated that the foamed support cushion was used to elevate their lower legs off the mattress to alleviate pressure to Resident 5's heels.

Review of Resident 5's Assessment/Service Plan dated 08/08/2025, showed no documentation of a diagnosis of [redacted] and did not provide caregivers with instructions on what to do should Resident 5 experience a seizure. Review of Resident 5's assessment/service plan showed no information on the use of a mechanical lift, hospital bed, or the use of a foamed support cushion for Resident 5's lower extremities.

During an interview on 09/03/2025 at 2:43 PM, Staff I stated that to their knowledge a mechanical lift was not used by the care staff. Staff I stated that they were not aware that a foam support cushion was used to support Resident 5's lower extremities to alleviate pressure on the heels.

RESIDENT 6
Review of Resident 6's "Resident Information Sheet" dated 08/27/2025, showed that the facility admitted Resident 6 in [redacted] 2023 with a diagnosis of [redacted] and [redacted]. The information sheet showed Resident 6 was on oxygen and received Hospice Care Services (End of life care) from an outside provider.

Observation on 09/02/2025 at 2:15 PM, showed Resident 6 lay in a hospital bed and used oxygen. Observation showed Resident 6 used a suction machine (a medical device that uses negative pressure to remove bodily fluids like mucus or secretions from a person's oral cavity or airway) connected to a tube with a suction catheter at the end to remove secretions from their oral cavity.

Review of Resident 6's Service Plan dated 09/03/2025, showed no documentation that Resident 6 used a suction machine. There was no guidance for the caregivers on how to maintain the suction machine such as emptying and cleaning the collection canister and when to replace the tubing and suction catheter. There was no guidance to show what the caregivers were to do if the suction machine ceased to function.

During an interview on 09/02/2025 at 2:15 PM, Resident 6 and Resident 6's spouse stated that Resident 6 was bed bound and did not get up for showers. Resident 6 stated that they suctioned themselves when there was a buildup of secretions in their oral cavity.

RESIDENT 7
Review of Resident 7's "Resident Information Sheet" showed that the facility admitted Resident 7 in [redacted] 2025 with a diagnosis of [redacted] and [redacted].

Observation on 09/02/2025 at 01:44 PM, showed Resident 7 seated in a recliner with a nasal cannula (a medical device with two prongs that fit into the nostrils to deliver supplemental oxygen) connected to a tube which was connected to an oxygen concentrator (a medical device that filters nitrogen from the room air to provide a concentrated stream of 95% pure oxygen to people with breathing problems). Observation showed that Resident 7 lived outside of the secured memory care on a different floor.

During an interview on 09/02/2025 at 1:44 PM, Resident 7 stated that they managed their own oxygen and filled their own portable oxygen tanks from a separate oxygen machine. Resident 7 stated that it was difficult to breath when they slept in the bed. Resident 7 stated that they needed to sleep with their upper body and head elevated to allow for easier breathing. Resident 7 stated that they were supposed to use a bipap machine (a noninvasive medical device that provides respiratory support). Resident 7

stated that the bipap made it difficult to sleep and therefore does not use the device. Resident 7 stated that they did not know what would happen if they were no longer capable of managing their own oxygen. Resident 7 expressed doubt that the caregivers would know what to do. Resident 7 stated they discontinued wearing compression devices to their lower legs.

During an interview on 09/02/2025 at 2:43 PM, Staff I stated that the only service Resident 7 received from the caregivers was assistance with care for their legs. Staff I stated that the compression devices and care for Resident 7's lower extremities was the only reason Resident 7 was on assisted living services.

Review of Resident 7's Service Plan, dated 09/02/2025, showed Resident 7 only required occasional assistance with escorts and arrangements for appointments and outings and was independent with all other ADLs. The service plan listed [redacted] as a diagnosis. The service plan showed that under the diabetes section, Resident 7 did not have diabetes. Resident 7's service plan showed under the "Dementia" section there was no impaired judgement. The service plan showed Resident 7 lived in the secured memory care. The service plan showed Resident 7 was independent with their oxygen management. The service plan did not provide staff with instructions on what to do in case Resident 7 was unable to manage their oxygen. The service plan did not show that Resident 7 slept in a recliner instead of the bed. The service plan showed no documentation staff provided care for Resident 7's legs.

Review of the last progress note as of 08/27/2025 showed that on 05/12/2025 Resident 7's physician discontinued the pneumatic compression devices for Resident 7's legs.

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, Weatherly Inn - Renton LLC is or will be in compliance with this law and / or regulation on (Date) 10/26/25 .

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

Administrator (or Representative) 9/26/25 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 facility failed to ensure 13 of 34 sampled staff (Staff C, Staff J, Staff L, Staff N, Staff P, Staff R, Staff S, Staff U, Staff V, Staff W, Staff X, Staff Z, and Staff BB) completed an initial skin test for Tuberculosis (TB), within three days of hire, as required. The facility failed to ensure 3 of 33 sampled staff (Staff K, Staff O, and Staff Y) completed a second TB skin test one to three weeks after the initial skin test. These failures placed all 40 Assisted Living residents at risk of potential exposure to tuberculosis, an infectious disease.

Findings included…

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 40 residents received assisted living services.

Review of the facility's undated document titled, "Tuberculosis (TB) Testing Policy" showed that the facility followed the Washington state licensing requirements for TB testing for each new employee. The policy showed that each licensed nurse was to be properly trained by the nurse manager to successfully give tuberculosis (TB) tests. The policy showed that at the time of job acceptance, the Human Resources Coordinator notified the employee of the required two-step skin test.

ONE INITIAL-STEP TB
STAFF C
Review of the facility's undated employee roster showed that the facility hired Staff C, Caregiver/Certified Nursing Assistant (CNA), on 12/09/2024. Review of Staff C's employee records showed three TB tests with invalid test results. The records showed on 04/09/2025, 121 days after hire, the facility administered Staff C the first of the two-steps TB test with a negative result.

During an interview on 08/28/2025 at 3:15 PM, Staff H, Office Manager, stated that the facility's licensed nurse administered several TB tests for Staff C between December 2024 and April 2025. Staff H stated that their licensed nurse determined the first three TB tests were not done properly and the results of those three tests were invalid. Staff H stated that their nurse completed the two-steps TB skin tests, with negative results, in April 2025 and their nurse determined the results of the two-steps TB tests were valid. Staff H stated that they were aware the two-steps TB tests were done late.

STAFF J
Review of the facility's undated employee roster showed the facility hired Staff J, Licensed Practical Nurse, on 08/18/2025. Review of Staff J's employee records showed no documentation that a one-step TB skin test was completed.

STAFF L
Review of the facility's Employee Roster showed the facility hired Staff L, Dietary, on 08/25/2025. Review of Staff L's employee records showed no documentation that a one-step TB skin test was completed.

STAFF N
Review of the facility's undated employee roster showed the facility hired Staff N, Activities Staff, on 09/14/2023. Review of Staff N's employee records showed Staff N completed a one-step TB test with negative results on 04/16/2025, 214 days after hire and not within three days of hire as required.

STAFF P
Review of the facility's undated employee roster showed the facility hired Staff P, Dishwasher, on 05/01/2025. Review of Staff P's employee records showed Staff P completed a one-step TB test with negative results on 07/01/2025, 61 days after hire and not within three days of hire as required.

STAFF R
Review of the facility's undated employee roster showed the facility hired Staff R, Waitstaff, on 06/05/2025. Review of Staff R's employee records showed Staff R completed a chest X-ray with negative results on 06/11/2025. Review of Staff R's records showed no documentation of a positive TB test or TB screen evaluation six days after hire.

STAFF S
Review of the facility's undated employee roster showed the facility hired Staff S, Waitstaff, on 08/05/2025. Review of Staff S's employee records showed Staff S completed a one-step TB test with negative results on 08/05/2025, five days after hire and not within three days of hire as required.

STAFF U
Review of the facility's undated employee roster showed the facility hired Staff U, Administration Staff, on 01/23/2025. Review of Staff U's employee records showed Staff U completed a one-step TB test with negative results on 02/09/2025, 17 days after hire.

STAFF V
Review of the facility's undated employee roster showed the facility hired Staff V, Caregiver, on 06/03/2025. Review of Staff V's employee records showed documentation that Staff V completed a one-step TB test with negative results dated 10/02/2024 244 days before hire. The records showed no documentation that a one-step TB test was completed 93 days after hire Staff V was hired.

STAFF W
Review of the facility's Employee Roster showed the facility hired Staff W, Maintenance,

on 06/16/2025. Review of Staff W's employee records showed Staff W was administered a one-step TB test with no documentation of test results on 06/16/2025. Review showed that on 06/25/2025 Staff W completed a one-step Test with negative results 9 days after hire and completed a second-step TB on 07/01/2025 with negative results.

STAFF X
Review of the facility's undated employee roster showed the facility hired Staff X, Caregiver, on 05/14/2025. Review of Staff X's employee records showed Staff X was administered a one-step TB test with no documented results 53 days after hire. The records showed that a two-step TB was administered on 07/08/2025 with no documented results. Review of Staff X's file showed no documentation of a completed TB test, chest X-ray, or blood test 77 days after hire.

STAFF Z
Review of the facility's undated employee roster showed the facility hired Staff Z, Caregiver, on 05/22/2025. Review of Staff Z's employee records showed a one-step TB test was administered on 05/23/2025 with no documented results. The records showed a completed one-step TB test with negative results on 07/06/2025, 45 days after hire.

STAFF BB
Review of the facility's undated employee roster showed the facility hired Staff BB, Cook, on 03/28/2025. Review of Staff BB's employee records showed Staff BB completed a one-step TB test with negative results on 04/09/2025, 12 days after hire. The records showed that a second-step TB test was administered on 05/02/2025, 23 days after the one-step was completed, two days past the required 21 days for completion and no documentation of the results. Review of the Staff BB's records showed a one-step TB test was completed on 06/11/2025 with negative results and a second-step TB test was completed on 06/24/2025 with negative results 100 days after hire.

During an interview on 09/03/2025 at 11:48 PM, Staff H stated that there was no documentation Staff J completed a TB test. Staff H stated that Staff K's initial TB test was not completed and was "restarted". Staff H stated that Staff L's TB test was restarted "today".

SECOND-STEP TB

STAFF K
Review of the facility's undated employee roster showed the facility hired Staff K, Waitstaff, on 05/13/2025. Review of Staff K's employee records showed Staff K completed a one-step TB test with negative results on 05/23/2025, 10 days after hire. The records showed that a second-step TB test was not completed. The records showed Staff K completed a one-step TB on 07/03/2025, there was no documentation of a second-step TB 114 days after hire.

STAFF O
Review of the facility's undated employee roster showed the facility hired Staff O, Activities Assistant, on 07/01/2025. Review of Staff O's employee records showed Staff O completed a one-step TB test with negative results on 07/22/2025, 21 days after hire. The records showed no documentation that a second-step TB test was completed 65 days after hire.

STAFF Y
Review of the facility's undated employee roster showed the facility hired Staff Y, Housekeeper, on 08/06/2025. Review of Staff Y's employee records showed Staff Y completed a one-step TB test with negative results on 08/06/2025. The records showed no documentation of a second-step TB test 29 days after the one-step was completed, eight days past the required 21 days for completion.

During an interview on 09/03/2025 at 11:48 PM, Staff H stated that Staff O did not complete a second-step TB. Staff H stated that Staff O restarted the two-step TB process "today". Staff H stated that the facility was aware that the employees' TB tests were not done in accordance with the Assisted Living Facility Washington Administrative Code as required.

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) 9/26/25 Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete a written family medication assistance plan for 1 of 1 sampled resident (Resident 6). This failure placed Resident 6 at risk for not receiving their medications as prescribed.

Findings included…

Review of the facility's "Mediation Administration-Specific Procedures", dated 06/01/2023, showed the facility "may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance to the resident. Family member must submit a written primary mediation/treatment plan and a written alternate medication/treatment plan…" The policy showed that the "family member must notify" the facility of "any changes in the primary or alternate medication/treatment plan which included change of medications, change of treatment, change of family member information, and/or change of emergency contact information".

RESIDENT 6

Review of Resident 6's "Resident Information Sheet" dated 08/27/2025, showed that the facility admitted Resident 6 in [redacted] 2023 with a diagnosis of [redacted]. The information sheet showed Resident 6 received Hospice Care Services (End of life care) from an outside provider.

Observation 09/02/2025 at 2:15 PM, showed Resident 6 lay in a hospital bed. Observation showed a mediset (medication organizer) labeled with the days of the week and times of the day filled with pills.

During an interview on 09/02/2025 at 2:15 PM, Resident 6's spouse stated that they dispensed Resident 6's medications from a mediset previously filled by a family member. Resident 6 stated that their spouse gave them their medications and not the facility staff.

Review of Resident 6's records showed no documentation of a written family medication plan for Resident 6.

During an interview on 09/03/2025 at 2:43 PM, Staff I, Health Services Director/Regional Nurse, stated that there was no written family member administered medication plan

for Resident 6. Staff I stated that the previous Health Services Director must have "missed" that one.

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 9/26/25

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

Weatherly Inn - Renton LLC
Weatherly Inn - Renton LLC
4550 Talbot Rd S
Renton, WA 98055

RE: Weatherly Inn - Renton LLC # 2670

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/11/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

James Sherman, Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

The Assisted Living Facility failed to ensure that two culinary staff (Staff S and Staff DD) obtained a food worker card issued by the Washington State Department of Health within 14 days of hire. On 08/30/2025, during the Department's full inspection, Staff S and Staff DD completed the food worker training through the jurisdictional health departments to meet the requirements.

This deficiency was corrected by the exit conference.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (206)305-3489.

Sincerely,

James Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure