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

Summer Hill Operations, LLC
Summer Hill Assisted Living
165 SW 6th Ave
Oak Harbor, WA 98277

RE: Summer Hill Assisted Living License # 2676

Dear Administrator:

This letter addresses Compliance Determination(s) 61476 (Completion Date 06/24/2025) and 58987 (Completion Date 05/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2025 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-2040-2

The Department staff who did the off-site verification:
Melissa Phillips, Long Term Care Surveyor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced off-site follow-up on 04/29/2025 and 05/02/2025 of:

Summer Hill Assisted Living
165 SW 6th Ave
Oak Harbor, WA 98277

This document references the following SOD dated: 05/02/2025

The following sample was selected for review during the unannounced off-site verification: 0 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the off-site verification(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the ALF failed 4 of 4 Fire and Life Safety annual inspections (12/11/2023, 01/16/2023, 03/19/2024, and 01/21/2025). These failures placed all residents, staff, and visitors at risk of harm in the event of a fire.

Findings included…

Review of the Department of Social and Health Services Secure Tracking and Reporting System showed that the ALF was initially cited on 12/23/2024. On 03/07/2025 the ALF received a second citation for this regulation. The ALF signed an attestation statement that the facility would have the deficiency corrected by 04/20/2025.

Review of the Washington State Patrol Fire Protection Bureau report dated 03/19/2024 showed the ALF had failed to comply with International Fire Code (IFC) for three items. During the Fire Marshal's fourth visit on 01/21/2025 the following two violations remained uncorrected:

IFC 903.5 2018 Testing and Maintenance. 1. As per documents provided the sprinkler system testing completed on 08/14/2023 had deficiencies noted that have not been corrected. 2. The system does not have the hydraulic design information sign as required by NFPA 13.

IFC 904. 12.5.2 2018 Extinguishing System Service. Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing. Update: Service completed on 12/21/2023 showed deficiencies have not been corrected. Vendor states that the system is not UL 300 compliant and must be upgraded.

On 04/29/2025 at 5:14 PM, Collateral Contact 1 (CC1), Fire Marshal, stated that one violation remained uncorrected due to the information the facility had for the hydraulic calculation plates being incorrect:

IFC 903.5 2018 Testing and Maintenance. 1. As per documents provided the sprinkler system testing completed on 08/14/2023 had deficiencies noted that have not been corrected. 2. The system does not have the hydraulic design information sign as required by NFPA 13.

On 05/02/2025 at 12:12 PM, Staff A, Executive Director, stated that violation code IFC 903.5 was not yet corrected due to being informed by the Fire Marshal that the numbers they had for the hydraulic design information sign were incorrect. Staff A stated that they will have to hire a professional to measure and scope their system.

This is an uncorrected deficiency previously cited on 03/07/2025 and recurring previously cited12/23/2024.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 02/28/2025 and 03/07/2025 of:

Summer Hill Assisted Living
165 SW 6th Ave
Oak Harbor, WA 98277

This document references the following SOD dated: 03/07/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the ALF failed 4 of 4 Fire and Life Safety annual inspections (12/11/2023, 01/16/2023, 03/19/2024, and 01/21/2025). These failures placed all residents, staff, and visitors at risk of harm in the event of a fire.

Findings included…

Review of the Department of Social and Health Services Secure Tracking and Reporting System showed that on 12/23/2024, the ALF received a citation for this regulation. The ALF signed an attestation statement that the facility would have a system in place and the deficiency corrected by 02/06/2025.

Review of the Washington State Patrol Fire Protection Bureau report dated 03/19/2024 showed the ALF had failed to comply with International Fire Code (IFC) for three items. During the Fire Marshal's fourth visit on 01/21/2025 the following two violations remained uncorrected:

IFC 903.5 2018 Testing and Maintenance. 1. As per documents provided the sprinkler system testing completed on 08/14/2023 had deficiencies noted that have not been corrected. 2. The system does not have the hydraulic design information sign as required by NFPA 13.

IFC 904. 12.5.2 2018 Extinguishing System Service. Facility is unable to provide documentation for the semi-annual kitchen suppression system servicing. Update: Service completed on 12/21/2023 showed deficiencies have not been corrected. Vendor states that the system is not UL 300 compliant and must be upgraded.

On 03/03/2025 at 9:06 AM, Collateral Contact 1, Fire Marshal, stated that they received an email from the ALF on 02/21/2025 that they were not yet back in compliance and were working with a contractor to get an upgraded fire suppression system in place and had not yet received the hydraulic calculation plates.

On 03/07/2025 at 12:55 PM, Staff A, Executive Director, stated that violation code IFC 903.5 was not yet corrected and that they have the information needed for the hydraulic design information signs but have not yet had the new signs made. Staff A stated that violation code IFC 904.12.5.2 was not yet corrected and that they are waiting on permits to start upgrading to a UL 300 fire suppression system.

This is an uncorrected deficiency previously cited on 12/23/2024.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Summer Hill Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2676
Intake ID: 144628
Compliance Determination #: 46906
Region/Unit #: RCS Region 2 / Unit A
Investigator: Teresa Pederson-Tuley
Investigation Date(s): 09/10/2024 through 12/23/2024
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) was not in compliance with the Fire Marshal.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 0 Closed records sample size: 0
Observations:	Assisted Living Facility
Interviews:	Executive Director (ED)
Record Reviews:	Fire Marshal documentation

Investigation Summary:
Based on interviews and record reviews, the ALF failed to ensure the violations for 3 Fire and Life Safety inspections were corrected. A citation was written for noncompliance with WAC 388-78A-2040(2) Other requirements.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 09/10/2024 and 09/10/2024 of:

Summer Hill Assisted Living
165 SW 6th Ave
Oak Harbor, WA 98277

This document references the following complaint number(s): 144628

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

The department staff that investigated the Assisted Living Facility:

Teresa Pederson-Tuley, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure the violations for 3 of 3 Fire and Life Safety annual inspections (12/11/2023, 01/16/2024, and 03/19/2024) were corrected. This failure resulted in the ALF being out of compliance with the Washington State Fire Marshal and placed 40 of 40 residents at risk of harm in the event of a fire.

Findings included…

Review of the Washington State Patrol Fire Protection Bureau report dated 12/11/2023 showed the ALF had failed to comply with the International Fire Codes (IFC) for 12 items. During the Fire Marshal's 2nd visit on 01/16/2024 showed the ALF failed to comply with the IFC for 5 of 12 items. During the Fire Marshal's 3rd visit on 03/19/2024 showed the ALF failed to comply with the IFC for the following 3 of 5 items.

IFC 903.5 2009, 2012, 2015, 2018 Testing and Maintenance. Sprinkler systems shall be tested and maintained in accordance with Section 901.

IFC 904.12.5.2 2018 Extinguishing System Service. Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system.

IFC 1203.4 2018 Maintenance. Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.

Interview on 09/10/2024 at 1:37 PM Staff A, Executive Director (ED), stated that the ALF had placed an order for new sprinkler heads.

Interview on 12/23/2024 at 1:25 PM Collateral Contact, Fire Marshal stated the ALF was not in compliance.

Interview on 12/23/2024 at 2:08 PM Staff B, ED, stated that the ALF was not in compliance with the Fire Marshal violations.

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, Summer Hill Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date