STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Sequim AL, LLC
Trustwell Living at Sinclair Place
680 W Prairie St
Sequim, WA 98382

RE: Trustwell Living at Sinclair Place License # 2728

Dear Administrator:

This letter addresses Compliance Determination(s) 62024 (Completion Date 08/15/2025) and 59201 (Completion Date 05/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/15/2025 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 388-112A-0200-1, WAC 388-78A-2450-2-e

The Department staff who did the on-site verification:
Phan Pham, Nurse Surveyor
Clinton Fridley, Adult Family Home Nurse Field Manager

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Trustwell Living at Sinclair Place
Provider Type: Assisted Living Facility
License/Cert.#: 2728
Intake ID: 176127
Compliance Determination #: 59201
Region/Unit #: RCS Region 3 / Unit E
Investigator: Phan Pham
Investigation Date(s): 05/05/2025 through 05/12/2025
Complainant Contact Date(s):

Allegation(s):

1) Unqualifying personnel - Staff member was not qualified to assist residents with medications.
2) Falsifying records - Staff members were allegedly falsifying records.
3) Administration/Personnel - A management staff member was allegedly was not qualified to administer medications.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 5 Closed records sample size: 0
Observations:	Named resident, residents, environment, staff interactions with residents, staff members providing care and services, and safety measures.
Interviews:	Residents, staff members, administrative and member not associated with the facility.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:

An investigation was conducted, and allegation identified in the intake related to 1) Unqualified Personnel, 2) Falsifying records and 3) Administration and care and services were reviewed. The facility failed to ensure a staff member completed the facility's medication assistance training prior to assisting residents with medication services and failed to ensure a staff member received long term care worker orientation and safety training prior to providing care for residents. Additional residents reviewed for care, services and safety had no concerns.

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

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 05/12/2025 and 05/05/2025 of:

Trustwell Living at Sinclair Place
680 W Prairie St
Sequim, WA 98382

This document references the following complaint number(s): 176127

The following sample was selected for review during the unannounced on-site visit: 5 of 40 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 2728	Compliance Determination # 59201
Plan of Correction	Trustwell Living at Sinclair Place	Completion Date
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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.

Cory Cisneros
Residential Care Services

05/14/2025
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)

5/22/25
Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure 1 of 3 staff members (Staff B) received the long-term care worker orientation and safety trainings prior to providing care for residents. This failure resulted in residents receiving care from untrained staff and placed residents at risk of not receiving the necessary care and services.

Findings included...

Review of the assisted living facility's staff roster, dated 05/05/2025, showed Staff B, Medication Technician, was hired on 02/10/2025 and her last day of employment was 04/19/2025.

Review of Staff B's personnel file on 05/05/2025 revealed there were no documents to support Staff B having received the long-term care worker orientation and safety training.

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.

Cory Cisneros
Residential Care Services

05/14/2025
Date

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Review of Staff B's personnel file on 05/05/2025 revealed there were no documents to support Staff B having received the long-term care worker orientation and safety training.

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In an interview on 05/05/2025 at 1:15 PM, Staff A, Executive Director, stated the management staff members were responsible for ensuring staff members received the required trainings. Staff A said she had reviewed Staff B's personnel file and did not have the documentation to support Staff B had received the required trainings.

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, Trustwell Living at Sinclair Place is or will be in compliance with this law and / or regulation on (Date) 6/25/25.

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

Administrator (or Representative) Date 5/22/25

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure 1 of 3 staff members (Staff B) reviewed had completed the facility's medication assistance training prior to assisting residents with medication services. This failure resulted in residents receiving care from an untrained staff and placed them at risk for receiving wrong medications.

Findings included...

Review of the assisted living facility's Medication Competency Checklist, dated "2025", showed staff members were to successfully complete the facility's medication assistance training and were to be approved by a Licensed Nurse prior to being able to assist residents with medications independently.

In an interview on 04/30/2025 at 2:05 PM, Staff B, Medication Technician, stated she was hired on 02/10/2025 and her last day of employment at the assisted living facility was 04/19/2025. Staff B said she independently assisted residents with medication

In an interview on 05/05/2025 at 1:15 PM, Staff A, Executive Director, stated the management staff members were responsible for ensuring staff members received the required trainings. Staff A said she had reviewed Staff B's personnel file and did not have the documentation to support Staff B had received the required trainings.

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Findings included...

Review of the assisted living facility's Medication Competency Checklist, dated "2025", showed staff members were to successfully complete the facility's medication assistance training and were to be approved by a Licensed Nurse prior to being able to assist residents with medications independently.

In an interview on 04/30/2025 at 2:05 PM, Staff B, Medication Technician, stated she was hired on 02/10/2025 and her last day of employment at the assisted living facility was 04/19/2025. Staff B said she independently assisted residents with medication

administration and did not receive any medication assistance training.

Review of the assisted living facility's staff roster, dated 05/05/2025, showed Staff B, was hired as a Medication Technician on 02/10/2025 and her last day of employment was 04/19/2025.

Review of Resident 4 and Resident 5 medication administration records from 04/01/2025 to 04/30/2025 showed Staff B assisted the residents with medication services on 04/02/2025, 04/03/2025, 04/04/2025, 04/09/2025, 04/10/2025, 04/16/2025, 04/17/2025, 04/18/2025, and 04/19/2025.

In an interview on 05/05/2025 at 1:15 PM, Staff A, Executive Director, said she had reviewed Staff B's personnel file and did not have the documentation to support Staff B had received the required training.

In an interview on 05/12/2025 at 1:52 PM, Staff A said the medication technicians had to show their credentials and complete the medication assistance training prior to being able to assist residents with medication independently. Staff A stated management staff members were responsible for reviewing staff members' credentials and ensuring trainings were completed. Staff A said Staff B was hired before Staff A was employed at the assisted living facility.

In an interview on 05/12/2025 at 3:49 PM, Staff C, Resident Care Manager, said prior to being able to assist residents with medication independently the medication technicians had to complete an online computer course, observe and being observed on medication administration, complete the medication competency checklist, and were to be approved by the Licensed Nurse. Staff C stated she was responsible for ensuring the medication technicians had the necessary trainings before assisting residents with medication administration. Staff C said Staff B was hired prior to her assuming the responsibilities.

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Administrator (or Representative) [signature] Date 5/22/25

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