STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Snohomish ALC LLC
Cottages of Snohomish
1124 Pine Ave
Snohomish, WA 98290

RE: Cottages of Snohomish License # 2740

Dear Administrator:

This letter addresses Compliance Determination(s) 74890 (Completion Date 03/26/2026) and 71708 (Completion Date 02/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/26/2026 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-2474-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-i, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-24681-1, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2740	Compliance Determination # 71708
Plan of Correction	Cottages of Snohomish	Completion Date
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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 01/21/2026 and 01/26/2026 of:
Cottages of Snohomish
1124 Pine Ave
Snohomish, WA 98290

The following sample was selected for review during the unannounced on-site visit: 9 of 64 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Jim Sherman
Residential Care Services

02-05-2026
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.

Mari Harrell
Administrator (or Representative)

2/13/2026
Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, Staff D and Staff G) completed training requirements prior to providing care to residents. This failure resulted in Staff B not completing First Aid training and Staff D and Staff G not completing required continuing education to include six hours of dementia-related training. This failure caused residents to receive care from staff that did not have the necessary training and education requirements related to

their job duties.

Findings included...

First Aid Training

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

Staff B, Medication Technician (MT)/Caregiver (CG), was hired on 05/23/2025. Staff B's file showed no documentation of a completed First Aid training.

Continuing Education

Staff D, MT/CG, was hired on 08/01/2016. Staff D's file included no documentation of completed Department of Social and Health Services (DSHS) approved continuing education from their 2024 birthday through their 2025 birthday.

Staff G, Executive Director Designee/Nursing Assistant, was hired on 08/01/2016. Staff G's file included no documentation of completed DSHS approved continuing education from their 2024 birthday through their 2025 birthday.

On 01/26/2026 at 4:06 PM, Staff A, Executive Director, stated that they did not realize that Staff B did not have First Aid training. Staff A also stated that Staff G said they had continuing education hours from another employer, but they did not provide it. Staff A also stated that Staff D said they had continuing education hours, but they did not provide them, and the ALF did not have access to them.

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, Cottages of Snohomish is or will be in compliance with this law and / or regulation on (Date) 3/20/2026.

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

Administrator (or Representative) Dawn Lovell Date 2/13/2026

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff D and Staff G) had a valid Washington State name and date of birth background checks completed every two years. This failure resulted in Staff D and Staff G not having valid background checks and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

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

Staff D, Medication Technician (MT)/Caregiver (CG), was hired on 08/01/2016. Staff D had a Washington State name and date of birth background check dated 03/20/2023, that was valid until 03/20/2025. Review of a Washington State name and date of birth background check showed it was not completed until 04/22/2025, which was 33 days with no valid background check.

Staff G, Executive Director Designee/Nursing Assistant, was hired on 08/01/2016. Staff G had a Washington State name and date of birth background check dated 10/20/2022, that was valid until 10/20/2024. Review of a Washington State name and date of birth background check showed it was not completed until 04/16/2025, which was 178 days with no valid background check.

On 01/22/2026 at 2:47 PM, Staff A, Executive Director, stated that they did not know why the background checks were late, but that they should have been done sooner.

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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, Cottages of Snohomish is or will be in compliance with this law and / or regulation on (Date) 3/20/2026.

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

Administrator (or Representative) Mari Harrell Date 2/13/2026

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 7 staff (Staff D, Staff F, Staff G and Staff H), who were provisionally employed, completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff D, Staff F, Staff G and Staff H not having completed timely fingerprint background checks and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

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

Staff D, Medication Technician (MT)/Caregiver (CG), was hired on 08/01/2016. Review of a national fingerprint background check showed it was completed on 05/16/2025, which was 3210 days after their hire.

Staff F, MT/CG, was hired on 03/11/2024. Review of a national fingerprint background check showed it was completed on 03/25/2025, which was 379 days after their hire.

Staff G, Executive Director Designee/Nursing Assistant, was hired on 08/01/2016. Review of a national fingerprint background check showed it was completed on

04/29/2025, which was 3193 days after their hire.

Staff H, MT/CG, was hired on 05/09/2024. Review of a national fingerprint background check showed it was completed on 04/30/2025, which was 356 days after their hire.

On 01/26/2026 at 4:06 PM, Staff I, Regional Nurse, stated that they thought the problem was with the transition from previous ownership and it was a new process for this ALF.

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, Cottages of Snohomish is or will be in compliance with this law and / or regulation on (Date) 3/20/2026.

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

Administrator (or Representative) Mari Hamill Date 2/13/2026

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 5 staff (Staff A, Staff B and Staff H) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

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

Staff A, Executive Director (ED), was hired on 03/01/2025. There was no documentation in Staff A's file that they had TB testing within three days of hire.

Staff B, Medication Technician (MT)/Caregiver (CG), was hired on 05/23/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

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Staff H, MT/CG, was hired on 05/09/2024. There was no documentation in Staff H's file that they had TB testing within three days of hire.

On 01/22/2026 at 2:47 PM, Staff A, ED, stated that they did not know why Staff B and Staff H did not have TB testing at their hire.

On 01/26/2026 at 4:06 PM, Staff A, ED, stated that they knew their own TB testing was late when they were hired.

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, Cottages of Snohomish is or will be in compliance with this law and / or regulation on (Date) 3/20/2026

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

Mari Howell — Administrator (or Representative)

2/13/2026 — Date