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

07/18/2025

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

RE: Cottages of Snohomish # 2740

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 62784 (Completion Date 07/18/2025) and 58982 (Completion Date 05/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/18/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

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:

(iii) When the resident has an injury requiring the intervention of a practitioner.

The Department staff who did the On Site verification:

Wesler Dumecquias, Community Complaint Investigator

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

Sincerely,

Laurie Anderson for Anthony Devito

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cottages of Snohomish
Provider Type: Assisted Living Facility

License/Cert.#: 2740
Intake ID: 176847
Compliance Determination #: 58982
Region/Unit #: RCS Region 2 / Unit A
Investigator: Wesler Dumecquias
Investigation Date(s): 05/02/2025 through 05/22/2025
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) had a fall with injury.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members Administrator
Record Reviews:	Incident investigation Facility policies care plan Assessments progress notes

Investigation Summary:
The Assisted Living Facility (ALF) investigated the incident and ruled out abuse and neglect. The ALF determined the Named Resident (NR) they tipped over on their knee scooter they used for mobility. The ALF staff followed their protocol, assessed the NR and called 911. The ALF failed to update the assessment when the NR had a change in condition. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A- 2100 (2) (a) (b) (iii) Ongoing assessment in relation with WAC 388-78A-2090- Full assessment topics.

Conclusion / Action:

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

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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 complaint investigation on 05/02/2025 and 05/08/2025 of:

Cottages of Snohomish
1124 Pine Ave
Snohomish, WA 98290

This document references the following complaint number(s): 176294, 177141, 176847

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit Z
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.

Anthony Devito
Residential Care Services

05/28/2025
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.

Mari Hamell
Administrator (or Representative)

6/4/2025
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

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(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

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;

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(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to

complete a focused assessment for 1 of 3 residents (Resident 1) who used a knee scooter. This failure placed Resident 1 at risk for potential health complications, harm and injury.

Findings included...

Note: WAC 388-78A-2090- Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: (1) Individual's recent medical history, including, but not limited to: (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons; (b) Chronic, current, and potential skin conditions; or (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

Review of the ALF's current policy titled "Assessments- Ongoing Focused Assessment" dated 10/01/2020 showed it was the policy of the ALF to complete an assessment specifically focused on a resident's identified problems and related issues as listed which included when the resident had an injury, incident, or illness that required the intervention of a practitioner.

Review of Face Sheet dated 05/02/2025 showed Resident 1 was admitted to the ALF on [redacted]2024 with multiple diagnoses including [redacted] and [redacted] and [redacted].

Review of Medical record dated 01/27/2025 showed Resident 1 was seen in the Clinic by their Podiatrist due to pain and bump on their right foot. The record showed a prescription for the use of a knee scooter for their right leg.

Review of an assessment dated 10/29/2024 did not show any record of Resident 1's assessment for the use of the knee scooter as a medical device was done or added.

Review of an Online Incident Report dated 04/25/2025 showed Resident 1 tripped on their knee scooter while using it and had a fall.

On 05/08/2025 at 2:48 PM, Collateral Contact 1 (CC1) stated that Resident 1 started using a knee scooter due to their [redacted], right foot bunion and wound on their right foot. CC1 stated that Resident 1 used their knee scooter at nighttime to use the bathroom and fell.

On 05/02/2025 at 2:01 PM, Staff B, Regional Resident Operations Specialist, stated that they would do an assessment for residents' use of medical devices. Staff B stated that they did not have an assessment of Resident 1's use of a knee scooter.

On 05/15/2025 at 3:37 PM, in an email, Staff A, Executive Director stated that Resident 1 had no records or documentation of any Physical or Occupation Therapy referrals regarding the use of their knee scooter.

On 05/22/2025, Staff A stated that any medical device or equipment prescribed for their residents would have an assessment added and the care plan updated. Staff A stated that the previous Licensed nurse should have added and updated the 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, Cottages of Snohomish is or will be in compliance with this law and / or regulation on (Date) 7/6/2025.

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

Administrator (or Representative) — Date: 6/4/2025