STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Queen Anne ALC LLC
Vineyard Park at Queen Anne Manor
100 Crockett St
Seattle, WA 98109

RE: Vineyard Park at Queen Anne Manor License # 2745

Dear Administrator:

This letter addresses Compliance Determination(s) 63915 (Completion Date 08/12/2025) and 60658 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/12/2025 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-2710-2, WAC 388-78A-2710-1, WAC 388-78A-2090-10

The Department staff who did the off-site verification:
Cathy Prentice, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Vineyard Park at Queen Anne Manor
License/Cert.#: 2745
Compliance Determination #: 60658
Investigator: Cathy Prentice
Provider Type: Assisted Living Facility
Intake ID: 180731
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 06/05/2025 through 06/25/2025
Complainant Contact Date(s): 05/28/2025, 06/26/2025

Allegation(s):

It was stated:
1. Doctor visits for residents are getting cancelled
2. Long call light wait times
3. Activity trips out of facility have been postponed due to money
4. Laundry is not getting done for floor 1 and 2 on East side of building-no money for soap

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 14 Closed records sample size: 0
Observations:	Named Resident (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

According to observation, interview and record review,
1. The facility completed an Assessment and Negotiated Service Agreement as required. The NR had no cancelled physician visits and the residents interviewed had no MD visits cancelled. The facility did not have rides to MD visits as a part of their services. The facility failed to provide the new Disclosure of Services since the new ownership on 04/01/2025 to the residents and legal representatives. See Statement of Deficiencies dated 06/26/2025.
2. Call light reports were reviewed for multiple residents. The NR and other residents interviewed stated they had no problems with long call light wait times. The facility stated they were working on an upgrade to the old call light system equipment and had been monitoring wait times. No failed practice identified.

3. The facility had activity trips out of the facility on hold while the new owner repaired the bus, obtained title and insurance. The facility failed to have activity preferences on resident assessments. See Statement of Deficiency dated 06/26/2025.
4. The NR and other residents interviewed stated they had no problem getting laundry done by the facility. The facility installed new soap dispenser systems on all washers and had a lag time of 3 days for laundry during that equipment change. The facility had no money issues for soap. No failed practice identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2745	Compliance Determination #60658
Plan of Correction	Vineyard Park at Queen Anne Manor	Completion Date
Page 1 of 6	Licensee: Queen Anne ALC LLC	06/25/2025

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 06/05/2025 of:

Vineyard Park at Queen Anne Manor
100 Crockett St
Seattle, WA 98109

This document references the following complaint number(s): 180731

The following sample was selected for review during the unannounced on-site visit: 14 of 80 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

06/30/2025
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)

7/9/25
Date

WAC 388-78A-2710 Disclosure of services.

(1) The assisted living facility must disclose to residents, the resident's representative, if any, and interested consumers upon request, the scope of care and services it offers, on the department's approved disclosure forms. The disclosure form shall not be construed as an implied or express contract between the assisted living facility and the resident, but is intended to assist consumers in selecting assisted living facility services.

(2) The assisted living facility must provide the services disclosed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop or provide a Disclosure of Services form that described the scope of care provided by the facility. This resulted in 80 residents not knowing the level of care and services available.

Findings included...

Record review, on 06/05/2025, showed a Disclosure of Services (DoS) form that was written for a different ALF. Record review showed the ALF did not have a completed DoS form.

In a telephone interview, on 06/05/2025 at 12:45 PM, Staff B (Administrator) stated the ALF had not developed their own DoS. Staff B stated that because the ALF had not developed a DoS, none of the residents received a copy of the scope of care and services the facility provided.

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, Vineyard Park at Queen Anne Manor is or will be in compliance with this law and / or regulation on (Date) 8/1/25 .

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

Administrator (or Representative) — Date: 7/9/25

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:

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure Assessments, for 11 of 11 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11) living on two Memory Care Units (MCU), included preferences for hobbies and activities. This placed Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 at risk of not having an activity program that was tailored to their interests.

Findings included...

NOTE: Washington Administrative Code 388-78A-2180 - Activities. The assisted living facility must: (1) Provide space and staff support necessary for: (a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and (b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents. (2) Make available routine supplies and equipment necessary for activities described in subsection (1) of this section.

Observation in the first floor of the Memory Care Unit (MCU), on 06/05/2025 at 1:00 PM, showed no group activities taking place, no individual activities taking place and no activity schedule available for the residents. Residents were observed either sleeping or sitting in their chairs in the dining area with no activities or engagement.

Record review showed the ALF admitted Resident 1 on [redacted]/2024, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 1.

Record review showed the ALF admitted Resident 2 on [redacted]/2023, with a diagnosis of [redacted]. Review of an Assessment, dated 04/25/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 2.

Record review showed the ALF admitted Resident 3 on [redacted]/2021, with a diagnosis of [redacted]. Review of an Assessment, dated 04/25/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 3.

Record review showed the ALF admitted Resident 4 on [redacted]/2023, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 4.

Record review showed the ALF admitted Resident 5 on [redacted]/2024, with a diagnosis of [redacted]. Review of an Assessment, dated 04/25/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 5.

Record review showed the ALF admitted Resident 6 on [redacted]/2024, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 6.

Record review showed the ALF admitted Resident 7 on [redacted]/2023, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 7.

Record review showed the ALF admitted Resident 8 on [redacted]/2024, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 8.

Record review showed the ALF admitted Resident 9 on [redacted]/2024, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 9.

Record review showed the ALF admitted Resident 10 on [redacted]/2022, with a diagnosis of [redacted]. Review of an Assessment, dated 04/09/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 10.

Record review showed the ALF admitted Resident 11 on [redacted]/2022, with a diagnosis of [redacted]. Review of an Assessment, dated 04/25/2025, showed a section titled, Hobbies/Interests/Activities with a note that stated "see below" however there was nothing listed below. The Assessment had no preferences or interests for activities listed for Resident 11.

In an interview, on 06/17/2025 at 3:34 PM, Collateral Contact 1 (CC1-Legal Representative for Resident 1) stated during the Assessment, CC1 had not been asked what activity preferences Resident 1 had. CC1 stated Resident 1 liked to build things and put things together. CC1 stated they had not seen activities in the MCU and Resident 1, "usually just sits there."

In an interview, on 06/13/2025 at 11:36 AM, Collateral Contact 2 (CC2-Legal Representative for Resident 4) stated the ALF had not asked them about activity interests for Resident 4. CC2 stated they had not seen an activity schedule or plan for the MCU. CC2 stated Resident 4 would enjoy being read to from papers and magazines, playing games and going for walks. CC2 has not seen these activities happening in the MCU.

In an interview, on 06/18/2025 at 2:33 PM, Staff A (Administrator) confirmed the most

recent resident Assessments did not specify the activity preferences and he was not sure why this information was not on the Assessments.

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, Vineyard Park at Queen Anne Manor is or will be in compliance with this law and / or regulation on (Date) 8/1/25 .

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

Administrator (or Representative) — Date 7/9/25