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

FRED LIND MANOR
FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

RE: FRED LIND MANOR License # 864

Dear Administrator:

This letter addresses Compliance Determination(s) 68153 (Completion Date 11/05/2025) and 64240 (Completion Date 09/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/05/2025 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-2140-1-a, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d

The Department staff who did the on-site verification:
Lisa Hauk, 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: FRED LIND MANOR
Provider Type: Assisted Living Facility
License/Cert.#: 864
Compliance Determination #: 64240
Intake ID: 190097
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 08/15/2025 through 09/02/2025
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) went to a doctor appointment and verbalized to his doctor that he wanted to end his life.
2. The NR left family members distressing messages and they believe the NR required increased psychological support.
3. The NR's power of attorney (POA) was manipulative and neglectful of the NR and moved the NR to the state and admitted the NR to the ALF without notifying other family members.
4. The NR had increased anxiety and the NR's POA avoided the NR on purpose.

Investigation Methods:

Sample:
Total residents: 83
Resident sample size: 3
Closed records sample size: 0

Observations:
Identified resident
Residents
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Administration
Identified resident
Nursing staff
Residents

Record Reviews:
Medical records
Facility policies

Investigation Summary:

1. Interview and record review showed the NR's physician ordered 1:1 supervision for the NR. The ALF contacted the NR's POA who refused to consent to charges for 1:1 supervision. The NR preferred to stay in common areas most of the day and was monitored by staff. The ALF nurse checked on the NR as often as every 30 minutes to 1 hour. The ALF adjusted the NR's service plan and staff performed safety checks

on the NR every 4 hours. During interview, the NR stated he had increased anxiety with deteriorating vision, but he had no plans to end his life. Interview with sampled residents showed residents voiced no concerns of care or safety at the ALF.
2. Interview and record review showed the NR had increased anxiety with deteriorating health conditions and called his family members and police often with health complaints. The ALF notified the NR's physician and family with information when appropriate. The NR's physician ordered anxiety medications and the ALF had safety checks in place for the NR. The NR had a new medical device. Review of a service plan showed the ALF failed to create a plan with interventions to monitor the device. See written citation 388-78A-2140(1)(a)(c)(d).
3. Interview and record review showed the NR agreed to move to this state and to admission to the ALF. The NR was alert and oriented and able to make decisions about his care. Initially, the ALF was unaware of other family members besides the NR's POA, but upon learning of the other family members, the ALF obtained their phone numbers and permission from the NR to discuss his care needs with all of his children. No violation of regulations identified.
4. Interview and record review showed the NR was alert and oriented, but had increased anxiety with health related changes. The increased anxiety caused the NR to make irrational statements to staff and the NR called law enforcement and made cryptic statements. The NR's physician ordered anxiety medication for the NR. Record review showed the POA responded to the ALF's phone calls and emails and was active in health care decisions. The NR stated he was pleased with his POA and would also be happy to have his daughter be his POA. The NR did not report that his POA was avoiding him. No violation of regulations 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 #: 864	Compliance Determination #64240
Plan of Correction	FRED LIND MANOR	Completion Date
Page 1 of 3	Licensee: FRED LIND MANOR	09/02/2025

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 08/15/2025 of:

FRED LIND MANOR
1802 17TH AVE
SEATTLE, WA 98122

This document references the following complaint number(s): 189905, 190097

The following sample was selected for review during the unannounced on-site visit: 3 of 83 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, 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

Statement of Deficiencies	License #: 864	Compliance Determination #64240
Plan of Correction	FRED LIND MANOR	Completion Date
Page 2 of 3	Licensee: FRED LIND MANOR	09/02/2025

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

09/08/2025
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)

9/11/2025
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) contained a plan and interventions to monitor 1 of 3 residents (Resident 1) who had an indwelling catheter (a sterile tube inserted into the bladder to drain urine into a collection bag outside the body). This failure placed Resident 1 at risk of harm and increased health issues.

Findings included:

Record review of an undated Move-In Record showed the ALF admitted Resident 1 on [redacted] 2024 with a diagnosis of [redacted] and other disabling diagnoses. A change of condition Assessment, dated 07/30/2025, showed Resident 1 had an indwelling catheter and required assistance with cleaning and emptying the urine collection, and changing catheter bags.

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

09/08/2025
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)

Date

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Record review of a Progress Note, dated 07/24/2025, showed Resident 1 was transported by ambulance to the Emergency Room due to blood-tinged urine in his catheter bag.

Review of a Service Plan Report (SPR – equivalent of an NSA), dated 08/13/2025, showed Resident 1 had an indwelling catheter. The SPR did not include interventions or how the caregivers were to monitor in the event the catheter became dislodged or clogged, or what to do in the absence of urine, presents of bloody urine, signs and symptoms of infection or other adverse reactions to and indwelling catheter. The SPR did not include who the caregivers were to contact should Resident 1 experience adverse reactions.

In interview, on 08/21/2025 at 1:03 pm, Staff A (Health Services Director) stated that there were no instructions for caregivers on the SPR of what to watch for or who to report to in the event of problems with Resident 1's urine or indwelling catheter. Staff A stated, "I can work on that."

This is a recurring deficiency previously cited on 04/12/2023 and 08/15/2023.

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, FRED LIND MANOR is or will be in compliance with this law and / or regulation on (Date) ~~10/15/2025~~ 10/17/2025

SB confirmed amended POC date with provider on 9/12/2025.

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

Administrator (or Representative) — 9/11/2025 Date

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

_____ _____

Administrator (or Representative) Date