STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Providence Health & Services - Washington
HERITAGE HOUSE AT THE MARKET
1533 WESTERN AVE
SEATTLE, WA 98101

RE: HERITAGE HOUSE AT THE MARKET License # 919

Dear Administrator:

This letter addresses Compliance Determination(s) 74090 (Completion Date 03/12/2026) and 71130 (Completion Date 01/26/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/12/2026 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-2090-2-a, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2230-1-c, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-2-a, WAC 388-78A-2230-2-b, WAC 388-78A-2480-1, WAC 388-78A-3011-2-b

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 and complaint investigation on 01/05/2026 and 01/07/2026 of:
HERITAGE HOUSE AT THE MARKET
1533 WESTERN AVENUE
SEATTLE, WA 98101

This document references the following complaint numbers: 206659.

The following sample was selected for review during the unannounced on-site visit: 7 of 55 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Home and Community Living 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.

Jim Sherman
Residential Care Services

1/27/2026
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.

Jayasha Evans
Administrator (or Representative)

02/02/26
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:

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to assess the ability to independently manage medications for 1 of 1 sampled resident (Resident 6). This placed Resident 6 at risk for not receiving medications as prescribed and for a deteriorating health condition.

Findings included...

Review of an Admission Record form, dated 01/06/2026, showed that the ALF admitted Resident 6 on [redacted]2025 with multiple diagnoses, including [redacted] and [redacted]

In an interview, on 01/07/2026 at 9:42 AM, Resident 6 stated that they had a nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled, used

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.

Residential Care Services _____ 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 _____

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:

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to assess the ability to independently manage medications for 1 of 1 sampled resident (Resident 6). This placed Resident 6 at risk for not receiving medications as prescribed and for a deteriorating health condition.

Findings included…

Review of an Admission Record form, dated 01/06/2026, showed that the ALF admitted Resident 6 on [redacted]/2025 with multiple diagnoses, including [redacted] and [redacted].

In an interview, on 01/07/2026 at 9:42 AM, Resident 6 stated that they had a nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled, used

for people with lung disease) and an inhaler in their apartment and had been using it by themselves.

Review of the November and December electronic Medication Administration Records (eMARs) showed that Resident 6 was prescribed multiple medications and had been taking some of the medications independently, including apremilast (used to treat psoriatic arthritis, a condition that causes joint pain and swelling and scales on the skin), albuterol-budesonide inhalation aerosol (used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness), and ipratropium-albuterol solution (a nebulizer solution, used to relax the muscles of airways and breathe better).

Review of the ALF Assessment and Service Plan (ASP, equivalent to a combination of a Full Assessment and Negotiated Service Agreement), dated 10/25/2025, showed that Resident 6 required staff assistance with medications. There was no assessment showing that Resident 6 could take (self-administer) prescribed medications independently.

In an interview, on 01/07/2026 at 2:30 PM, Staff G (Registered Nurse) confirmed there was no self-medication evaluation for Resident 6.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 2/27/26

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

Yayasha Thurs
Administrator (or Representative)

02/02/26
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:

(iii) On-going assessments of the resident,

for people with lung disease) and an inhaler in their apartment and had been using it by themselves.

Review of the November and December electronic Medication Administration Records (eMARs) showed that Resident 6 was prescribed multiple medications and had been taking some of the medications independently, including apremilast (used to treat psoriatic arthritis, a condition that causes joint pain and swelling and scales on the skin), albuterol-budesonide inhalation aerosol (used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness), and ipratropium-albuterol solution (a nebulizer solution, used to relax the muscles of airways and breathe better).

Review of the ALF Assessment and Service Plan (ASP, equivalent to a combination of a Full Assessment and Negotiated Service Agreement), dated 10/25/2025, showed that Resident 6 required staff assistance with medications. There was no assessment showing that Resident 6 could take (self-administer) prescribed medications independently.

In an interview, on 01/07/2026 at 2:30 PM, Staff G (Registered Nurse) confirmed there was no self-medication evaluation for Resident 6.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) 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:

(iii) On-going assessments of the resident;

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 information necessary to meet the care needs for 3 of 7 sampled residents (Residents 3, 5, and 6). This placed Residents 3, 5, and 6 at risk for not having their care needs met and at risk for compromising their health conditions.

Findings included…

NOTE: According to Drugs.com, dated 12/11/2025, Clopidogrel (generic for Plavix) used to prevent blood clots and reduce the risk of heart attack and stroke. It works to prevent platelets (a type of blood cell responsible for clotting) from collecting and forming life-threatening clots. Adverse reactions may include serious bleeding, severe allergic reaction, and collection of blood under the skin, deep, dark purple bruise, itching, pain, redness, or swelling, bloody nose, black, or tarry stools, vomiting of blood or material that looks like coffee grounds. Pay attention to head injury.

NOTE: According to WebMD, dated 09/07/2025, hypoglycemia and hyperglycemia refer to blood sugar levels that are too low or too high, respectively. A fasting blood sugar level below 70 milligrams per deciliter (mg/dL) is referred to as hypoglycemia, while a fasting blood sugar level over 125 mg/dL is called hyperglycemia. Blood sugar changes, whether a dip or a spike, can cause symptoms and serious complications. These conditions are common in people with diabetes but can also be caused by other factors and occur in people without diabetes.

Resident 3
Record review showed the ALF admitted Resident 3 on [redacted]/2025 with multiple diagnoses including [redacted]. Review of the Service Plan Report (SPR – equivalent to negotiated service plan), dated 09/02/2025, showed Resident 3 required assistance with medication management.

Record review of electronic Medication Administration Records (eMARs) for November and December 2025, and January 2026, showed Resident 3 took a daily dose of clopidogrel (a medication with blood-thinning properties). Review of the SPR, showed no interventions in place to alert staff of the side effects and risks of bruising or bleeding related to the use of blood thinners, or what to do if bleeding or bruising were present.

RESIDENT 5
Record review showed the ALF admitted Resident 5 on [redacted]/2021 with multiple diagnoses including [redacted] and [redacted] Review of SPR, dated 09/21/2025, showed

Resident 5 required Licensed Nurses with medication management.

Record review of eMARs November and December 2025, and January 2026, showed Resident 5 required blood sugar (BS) checks three a day. The eMARs showed Resident 5 took Jardiance (used to help control BS levels) daily, Metformin (is a common treatment for diabetes) twice daily, Victoza subcutaneous injection (used to manage BS levels) daily, 42 units of insulin glargine (is a long-acting insulin used to manage BS levels) every night, and Humalog insulin (lispro – a fast acting insulin used to manage blood sugar levels) to inject according to sliding scale (is a method used to manage blood glucose levels by adjusting the insulin dose based on the patient's current blood glucose level).

Review of Resident 5's SPR, dated 04/01/2025, showed no documentation of any plans for diabetic management or parameters to alert staff on monitoring signs and symptoms of high or low BS levels.

During an exit interview, on 01/07/2026 at 3:00 PM, Staff G (Registered Nurse) acknowledged the SPRs for Residents 3 and 5 should include care plans related to the use of blood thinner medications and diabetic management.

RESIDENT 6
Record review showed that the ALF admitted Resident 6 on [redacted]/2025 with multiple diagnoses, including [redacted]

Review of the November and December 2025 electronic Medication Administration Records (eMARs) showed that Resident 6 was prescribed to take injections of glargine (a long-acting insulin, used to treat people with type 2 diabetes) at 5 PM daily, and injections of lispro (a short-acting insulin, used to treat people with Type 2 diabetes) three times daily.

Review of Resident 6's Service Plan Reports (SPR, equivalent to a Negotiated Service Agreement), dated 10/24/2025, showed no plan for diabetic management, including monitoring signs and symptoms of Resident 6's conditions of hyperglycemia (high BS in the body, happens when the body has too little insulin or when the body can't use insulin properly) and hypoglycemia (low BS in the body, happens when blood sugar levels are too low, usually less than 70 milligrams per deciliter).

In an interview, on 01/07/2026 at 9:20 AM, when asked how they recognized when Resident 6 exhibited signs and symptoms of hyperglycemia or hypoglycemia, Staff J (Medication Technician) stated, "I would ask a nurse."

In an interview, on 01/07/2026 at 9:30 AM, Staff I (Licensed Practical Nurse) stated that the ALF had not had a nurse working 24 hours seven days a week. Staff I stated that

previously, the ALF had posted information for medication technicians and caregivers regarding the signs and symptoms of hypo- or hyperglycemia in the health office, but it no longer does.

In an interview, on 01/07/2026 at 9:40 AM, Staff G confirmed that Resident 6's SPR did not include plans for diabetic management, including monitoring signs and symptoms of hypo- or hyperglycemic reactions.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 2/10/2026

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

Administrator (or Representative) — Date: 2/2/2026

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person:

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

(2) The assisted living facility must comply with subsection (1) of this section, unless the prescriber or primary care practitioner has provided the assisted living facility with:

(a) Specific directions for addressing the refusal of the identified medication;

(b) The assisted living facility documents such directions; and

This requirement was not met as evidenced by:

previously, the ALF had posted information for medication technicians and caregivers regarding the signs and symptoms of hypo- or hyperglycemia in the health office, but it no longer does.

In an interview, on 01/07/2026 at 9:40 AM, Staff G confirmed that Resident 6's SPR did not include plans for diabetic management, including monitoring signs and symptoms of hypo- or hyperglycemic reactions.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

(2) The assisted living facility must comply with subsection (1) of this section, unless the prescriber or primary care practitioner has provided the assisted living facility with:

(a) Specific directions for addressing the refusal of the identified medication;

(b) The assisted living facility documents such directions; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the physician or evaluate for any negative outcomes when 5 of 5 sampled resident (Residents 1, 2, 3, 5, and 7) refused their medication. This placed Residents 1, 2, 3, 5, and 7 at risk for a compromised medical condition.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Review of the ALF's policy on "Medication Refusal", last reviewed 06/2027, showed Licensed Nurses (LN) would evaluate the significance of the resident not getting their medication and notify the primary care provider (PCP). The LN would notify the PCP when there is consistent pattern of resident choosing not to take their medications or if a critical medication was refused.

RESIDENT 1
Record review showed the ALF admitted Resident 1 on [redacted]/2025 with multiple disabling diagnoses including [redacted] and [redacted]. Review of the Service Report Plan (SPR – equivalent to Negotiated Service Plan), dated 12/27/2025, showed Resident 1 required assistance with medication management by medication technicians (MTs).

Review of the November, December 2025, and January 2026, electronic Medication Administration Records (eMARs), showed Resident 1 was prescribed a Nutritional Drink Oral Liquid (Nutritional Drink Supplement (NDS) designed to provide healthy balance of protein, carbohydrates, and healthy fats) daily for weight loss.

Review of the January 2026 eMAR, showed Resident 1 refused the NDS four times and 21 times in December 2025. Review of the November eMAR showed Resident 1's NDS was not available for five days. On 11/13/2025 and 11/15/2025 eMAR Chart Code "5" indicating to "Hold/See Progress Notes (PN)" the medication.

Review of Resident 1's record showed no documentation as to whether Medication Technicians (MTs) had notified a Licensed Nurse ((LN)) related to Resident 1's refusals for NDS. There was no documentation to indicate that a LN evaluated Resident 1's need for the NDS. The ALF failed to notify and obtain directions from the PCP of Resident 1's continued pattern of refusing their NDS.

RESIDENT 2
Review of an Admission Record, dated 01/06/2026, showed that the ALF admitted Resident 2 on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted]

[redacted]

Review of Resident 2's Service Plan Reports (SPR, equivalent to a Negotiated Service Agreement), dated 09/30/2025, showed that Resident 2 required staff assistance with medication services.

Review of the November and December 2025 electronic Medication Administration Records (eMARs) showed that Resident 2 was prescribed to take triamcinolone acetonide nasal spray (used to prevent and treat seasonal and year-round allergy symptoms, such as stuffy/runny nose, itchy eyes/nose/throat, sneezing) once a day related to acute and chronic respiratory failure. The eMARs showed that Resident 2 refused to take their triamcinolone acetonide nasal spray on 12 days in November 2025 and on 16 days in December 2025.

Review of Resident 2's active records showed no documentation to indicate that the ALF evaluated Resident 2's condition or notified the physician about Resident 2's continued pattern of refusing the nasal spray. There were no physician's directions for how to address Resident 2's medication refusal.

In an interview, on 01/07/2026 at 2:30 PM, Staff G (Registered Nuse) confirmed that the ALF had not notified the physician about Resident 2's pattern of refusing the nasal spray and had not evaluated Resident 2's condition after the medication refusals.

RESIDENT 3
Records review showed that the ALF admitted Resident 3 on [redacted]/2025 with multiple disabling diagnoses including [redacted] and [redacted]. Review of the SPR, dated 09/02/2025, showed Resident 3 required assistance with medication management.

Review of November and December 2025, and January 2026 eMARs, showed Resident 3 had been prescribed Lidocaine External Patch (for shoulder pain) applied topically to affected area in the morning and remove at night and Camphor-Menthol-Methyl External Patch (for shoulder pain) applied to affected area topically in the morning and remove at night.

Review of November and December 2025, and January 2026 eMARs, showed Resident 3 refused Lidocaine patch three times in January 2026, and 11 times in December 2025. Review of November 2025, showed Resident 3 refused Camphor-Menthol-Methyl External Patch 17 times and 22 times in December 2025.

Review of Resident 3's record showed no documentation to indicate that a LN evaluated Resident 3's pain issue. The ALF failed to notify and obtain directions from the PCP of

Resident 3's continued pattern of refusing the prescribed medicated patches.

RESIDENT 5
Record review showed the ALF admitted Resident 5 on [redacted]/2021 with care needs related to multiple diagnoses including [redacted], and [redacted]). Review of SPR, dated 09/21/2025, showed Resident 5 required assistance and administration with medication management.

Review of the Order Summary Order, dated 01/06/2026, showed multiple prescribed medications including insulin glargine (is a long-acting insulin used to manage BS levels) every night, and HumaLOG insulin (lispro – a fast acting insulin used to manage blood sugar levels) to inject as sliding scale (is a method used to manage blood glucose levels by adjusting the insulin dose based on the patient's current blood glucose level), Ketorolac Tromethamine Ophthalmic (is used to treat itching caused by seasonal allergic conjunctivitis), and Prednisolone Acetate Ophthalmic Suspension (used to relieve inflammation and swelling in the eyes) eye drops daily, and artificial tears for dry eyes four times a day.

Review of Resident 5's November and December 2025, and January 2026 eMARs, showed several pattern of medication refusals. In November 2025 Ketorolac was prescribed to instill to Resident 5's eye twice daily. The eMAR showed Resident 5 refused Ketorolac 34 times in November, 23 times in December 2025, refused Prednisolone eye drops 26 times in November and 22 times in December 2025, and artificial tears prescribed four times a day and Resident 5 refused 60 times in November.

In November 2025, the eMAR showed a Chart Code "5" to indicate "Hold/See Progress Notes (PN)" for Humalog insulin injection, there were 28 times coded 5 in November, 22 times in December 2025, and five times in January 2026 in the eMARs.

Review of Resident 5's record showed no documentation to indicate that an LN evaluated medication refusals and holding diabetes medications. The ALF failed to notify and obtain directions from the Primary Care Physician (PCP) of Resident 5's continued pattern of refusing their prescribed medications.

RESIDENT 7
Records review showed that the ALF admitted Resident 7 on [redacted]/2018 with multiple disabling diagnoses including [redacted] and [redacted]. Review of the SPR, dated 04/09/2025, showed Resident 7 required assistance with medication management.

Review of the November and December 2025 eMARs, showed Resident 7 was prescribed Diclofenac Sodium External Gel (a non-steroidal anti- inflammatory drug

used to relieve arthritic pain) applied to neck and shoulder topically twice a day.

Review of the eMARs, showed Resident 7 refused diclofenac 18 times in November 2025 and 13 times in December 2025.

Review of Resident 7's record showed no documentation to indicate that a LN evaluated Resident 7's pain issue. The ALF failed to notify and obtain directions from the PCP of Resident 7's continued pattern of refusing the prescribed pain medication.

The ALF did not follow its own policy for Medication Refusal.

In interview, on 01/06/2026 at 12:30 PM, Staff I (Registered Nurse) stated that if a resident refused their medications, they would try two times then document the reason for refusing the medications. Staff I stated that if the resident refused insulin or other important medication, it should be reported to the physician immediately. Staff I stated that the Medication Technicians (MTs) should also report to LNs when a resident refused their medications, then LN would notify the physician by fax.

During an exit interview, on 01/07/2026 at 3:00 PM, Staff G (Registered Nurse) acknowledged that there was a lack of documentation to notify the residents' PCP on medication refusals and obtain directions.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 2/27/26.

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

Jayasna Thuru
Administrator (or Representative)

2/2/26
Date

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

used to relieve arthritic pain) applied to neck and shoulder topically twice a day.

Review of the eMARs, showed Resident 7 refused diclofenac 18 times in November 2025 and 13 times in December 2025.

Review of Resident 7's record showed no documentation to indicate that a LN evaluated Resident 7's pain issue. The ALF failed to notify and obtain directions from the PCP of Resident 7's continued pattern of refusing the prescribed pain medication.

The ALF did not follow its own policy for Medication Refusal.

In interview, on 01/06/2026 at 12:30 PM, Staff I (Registered Nurse) stated that if a resident refused their medications, they would try two times then document the reason for refusing the medications. Staff I stated that if the resident refused insulin or other important medication, it should be reported to the physician immediately. Staff I stated that the Medication Technicians (MTs) should also report to LNs when a resident refused their medications, then LN would notify the physician by fax.

During an exit interview, on 01/07/2026 at 3:00 PM, Staff G (Registered Nurse) acknowledged that there was a lack of documentation to notify the residents' PCP on medication refusals and obtain directions.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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

that 1 of 3 sampled staff members (Staff B) had undergone a Tuberculosis (TB) screening test within three days of being hired. This placed 55 residents at potential risk of exposure to a communicable disease from a staff member whose TB status was unknown.

Findings included...

Review of the Residents' Characteristics Roster, dated 01/02/2026, showed that the ALF had been providing care and services for 55 residents.

Review of staff records, dated 12/01/2025, showed that the ALF hired Staff B (Resident Assistant/Caregiver) on 02/10/2025. Staff B's records showed no documentation that Staff B had taken a TB screening test within three days of the hire date.

In an interview, on 01/06/2026 at 11:20 AM, Staff K (Regional Manager/Caregivers Health Services) confirmed that there was no document showing that Staff B had any TB screening test within three days of their employment.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 2/10/26.

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

Administrator (or Representative) — Date: 2/2/26

WAC 388-78A-3011 Resident unit furnishings.

(2) The assisted living facility may use or allow use of carpets and other floor coverings only when the carpet is:

(b) Kept clean and free of hazards, such as curling edges or tattered sections.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure the environment in 3 of 3 sampled resident apartments (Resident 5, 9, and 10) received as-needed maintenance when observation showed significant areas of dirt and staining.

that 1 of 3 sampled staff members (Staff B) had undergone a Tuberculosis (TB) screening test within three days of being hired. This placed 55 residents at potential risk of exposure to a communicable disease from a staff member whose TB status was unknown.

Findings included…

Review of the Residents' Characteristics Roster, dated 01/02/2026, showed that the ALF had been providing care and services for 55 residents.

Review of staff records, dated 12/01/2025, showed that the ALF hired Staff B (Resident Assistant/Caregiver) on 02/10/2025. Staff B's records showed no documentation that Staff B had taken a TB screening test within three days of the hire date.

In an interview, on 01/06/2026 at 11:20 AM, Staff K (Regional Manager/Caregivers Health Services) confirmed that there was no document showing that Staff B had any TB screening test within three days of their employment.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-3011 Resident unit furnishings.

(2) The assisted living facility may use or allow use of carpets and other floor coverings only when the carpet is:

(b) Kept clean and free of hazards, such as curling edges or tattered sections.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure the environment in 3 of 3 sampled resident apartments (Resident 5, 9, and 10) received as-needed maintenance when observation showed significant areas of dirt and staining

on the carpeting. This failure resulted in Residents 5, 9, and 10 living in unclean conditions and placed them at risk of a diminished quality of life from a non-homelike environment.

Findings included…

NOTE: RCW 70.129.140 Quality of life—Rights. (1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

RESIDENT 5
Record review of Resident Characteristic Roster (RCR), dated 01/02/2026, showed the ALF admitted Resident 5 on [redacted]/2021. The RCR showed Resident 5 required moderate assistance with activities of daily living (ADL - a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) including toileting.

Observation on 01/06/2026 at 2:30 PM, showed Resident 5 in his wheelchair. The carpeting in Resident 5's studio apartment was heavily stained and had a strong odor of urine.

Resident 9
Record review of the RCR showed the ALF admitted Resident 9 on [redacted]/2017 requiring moderate assistance with ADLs including toileting.

Observation of Resident 9's studio apartment, on 01/06/2026 at 2:35 PM, showed the carpet was unclean to sight, heavily stained, and had a strong odor of urine.

Resident 10
Record review of the RCR showed the ALF admitted Resident 10 on [redacted]/2023 requiring moderate assistance with ADLs including toileting.

Observation and interview, on 01/06/2026 at 2:40 PM, showed Resident 10 was in bed. Resident 10 stated that they used a motorized wheelchair. Observation of Resident 10's apartment showed heavily stained carpet, frayed carpet between the hallway and bathroom threshold. There were two foot long wood scrap with a nail sticking out situated along the side of the entrance to Resident 10's studio apartment.

In an interview, on 01/07/2026 at 8:45 AM, Staff A (Resident Services Coordinator) and Staff G (Registered Nurse) stated that their activity person had a "Tidy Friday" deal and tried to deep clean resident rooms. Staff F (Administrator) stated that CBRE (an outside company) was their maintenance and in charge of deep cleaning (shampoo) of residents' rooms.

In an interview, on 01/07/2026 at 10:30 AM, a CBRE representative stated that they do not deep clean on existing carpets, they only change carpets when residents are discharged.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date) 2/27/26 .

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

Jayasna Chuon
Administrator (or Representative)

2/2/26
Date

In an interview, on 01/07/2026 at 10:30 AM, a CBRE representative stated that they do not deep clean on existing carpets, they only change carpets when residents are discharged.

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, HERITAGE HOUSE AT THE MARKET is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date