STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

MADISON AVENUE LIMITED PARTNERSHIP
MADISON AVENUE RETIREMENT CENTER
285 MADISON AVE S
BAINBRIDGE ISLAND, WA 98110

RE: MADISON AVENUE RETIREMENT CENTER License # 922

Dear Administrator:

This letter addresses Compliance Determination(s) 60217 (Completion Date 05/29/2025) and 56981 (Completion Date 03/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/29/2025 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-2466-2, WAC 388-78A-2466, WAC 388-78A-2480, WAC 388-78A-2480-1

The Department staff who did the off-site verification:
Cory Myers, NCI ALF Licensor
Shirley Grew, LTC Surveyor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 03/26/2025 and 03/28/2025 of:
MADISON AVENUE RETIREMENT CENTER
285 MADISON AVENUE SOUTH
BAINBRIDGE ISLAND, WA 98110

The following sample was selected for review during the unannounced on-site visit: 7 of 32 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor
Cory Myers, NCI ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record reviews and interview, the assisted living facility (ALF) failed to ensure 1 of 6 sampled staff (Staff B) received their fingerprint background check. This failure placed all residents at risk of being cared for by a staff member with a potentially disqualifying history.

Findings included…

Review of personnel records for Staff B (Nurse) showed they were hired by the ALF on 01/04/2023. Staff B's personnel file failed to show they had completed a national fingerprint background check within 120 days of hire.

In an interview on 03/28/2025 at 1:30 PM, Staff A (Executive Director) said they would ask the ALF's human resources (HR) department to check for Staff B's fingerprint document.

In an email on 03/31/2025 at 2:01 PM, Staff A said their HR department was unable to

locate Staff B's fingerprint record.

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, MADISON AVENUE RETIREMENT CENTER 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-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 record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled staff members (Staff A and B) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

Record review for Staff A, Executive Director, showed that Staff A was hired 02/16/2022. Review of Staff A's personnel records showed no documentation that Staff A was screened for TB within three days of employment at the ALF.

Record review for Staff B, Nurse, showed that Staff B was hired on 01/04/2023. Review of Staff B's personnel records showed no documentation that Staff B was screened for TB within three days of employment at the ALF.

During an exit interview on 03/28/2025 at 1:40 PM, Staff A acknowledged the ALF had no documentation to show that Staff A and Staff B had been screened for TB within three days of employment at the 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, MADISON AVENUE RETIREMENT CENTER 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