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

TULALIP TRIBES
TULALIP TRIBES BOARDING HOME
7300 Totem Beach Rd
Tulalip, WA 98271

RE: TULALIP TRIBES BOARDING HOME License # 956

Dear Administrator:

This letter addresses Compliance Determination(s) 77052 (Completion Date 05/07/2026) and 74147 (Completion Date 03/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/07/2026 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-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2466-2, WAC 388-78A-2466

The Department staff who did the off-site verification:
Anthony Devito, Field Services Administrator
Jamie Singer, Field Manager

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 an unannounced on-site follow-up on 03/04/2026 of:
TULALIP TRIBES BOARDING HOME
7300 Totem Beach Rd
Tulalip, WA 98271

This document references the following SOD dated: 03/12/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 5 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jamie Singer, Field Manager
Anthony Devito, Field Services Administrator

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.

Jamie Singer
Residential Care Services

03/23/2026
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.

Provider refused to sign
Administrator (or Representative)

4/9/2026
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.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff (Staff A, B, C, D, E, and F) completed the background check requirements through the Department's background check central unit. This placed all residents at risk of being cared for by a staff person whose criminal history was unknown.

Findings included...

Record review showed the ALF hired Staff A (Administrator) on 07/27/2024. Staff A did not have a national fingerprint background check or a Washington state name and date

of birth background check available for review.

Record review showed the ALF hired Staff B (Geriatric Resident Aide-GRA) on 11/04/2025. Staff B did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff C (GRA) on 11/11/2025. Staff C did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff D (GRA) on 05/05/2025. Staff D did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff E (GRA) on 02/29/2016. Staff E did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff F (GRA) on 10/20/2020. Staff F did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff G (GRA) on 10/05/2016. Staff G did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

In an interview, on 03/04/2026 at 10:30 AM, Staff A stated that all background checks were conducted by the Tribal government's credentialing department, and they used their own background investigative agency. Staff A confirmed that none of the ALF's staff background checks had been processed through the Department.

This is an uncorrected deficiency previously cited on 01/08/2026.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 4/26/2026 POC date approved by Ross Devito on 4/9/2026

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

Provider refused to sign — Administrator (or Representative)

4/9/2026 — Date

Residential Care Services
Investigation Summary Report

Provider/Facility: TULALIP TRIBES BOARDING HOME
License/Cert.#: 956
Compliance Determination #: 68033
Investigator: Allison Nunn
Investigation Date(s): 12/02/2025 through 01/08/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 203757
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

The Assisted Living Facility (ALF) licensing team attempted to start a licensing visit at the ALF. The Administrator or a designee was not available. The team was denied access to entry, access to records, and access to residents unless staff were present.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Kitchen
Interviews:	Nursing staff Residents Identified staff
Record Reviews:	Facility policies Negotiated Service Agreements

Investigation Summary:

The ALF licensing team attempted to enter the ALF for their full inspection. The Administrator and designee were not available. The team was allowed in the facility and they completed a safety check only. The staff in the facility stated they were not allowed to provide any resident information unless the administrator was in the building and they did not have access to staff records. The licensing team was unable to start their licensing visit without access to records. The facility was cited WAC 388-78A- 3140 Responsibilities during inspections.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 12/02/2025, 12/10/2025, 12/15/2025 and 12/19/2025 of:

TULALIP TRIBES BOARDING HOME
7300 Totem Beach Rd
Tulalip, WA 98271

This document references the following complaint numbers: 203757.

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

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

1/12/2026
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.

Provider refused to sign
Administrator (or Representative)

2/4/2026
Date

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to provide requested records to the Department of Social and Health Services (DSHS) licensing staff when a full inspection was initiated at the ALF. This failure resulted in Department Representatives being unable to review resident records and a delay in the full inspection.

Findings included...

Note: Washington Administrative Code (WAC) 388-78A-2420 Record retention. (4) All active, inactive, and closed resident records must be available for review by department staff and other authorized persons.

On 12/02/2025 at 9:46 AM, the Department entered the ALF to conduct an unannounced inspection. Observation showed Staff E (Geriatric Resident Aide-GRA) and Staff F (GRA) as the only staff in the facility.

In an interview, on 12/02/2025 at 9:27 AM, Staff E stated that Staff A (Administrator) would not be at the ALF on 12/02/2025. When a Department Representative asked for a Resident Characteristic Roster, Staff E stated that they were instructed by Staff A to not provide the Department with any records unless they were present. Staff E stated that they thought Staff A would return to the ALF on 12/04/2025.

In an interview, on 12/02/2025 at 9:51 AM, Staff A stated that they would not be present at the ALF on 12/02/2025. Staff A stated Department Representatives would not have access to any records until Staff A was able to return to the ALF after an illness.

The Department had to re-enter the ALF on 12/10/2025 to continue the record review portion of the licensing inspection.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign — Administrator (or Representative)

2/4/2026 — Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(f) Ensure at least one caregiver, who is 18 years of age or older and has current cardiopulmonary resuscitation and first-aid cards, is present and available to assist residents at all times:

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

(C) Cardiopulmonary resuscitation;

(D) First aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that at least one caregiver with a current Cardiopulmonary Resuscitation (CPR) and

first-aid card was present at the ALF when 3 of 6 caregivers (Staff B, C, and E) without CPR/first aid were the only caregivers providing care, and failed to ensure staff records were kept on-site. These failures placed all residents at risk of being cared for by staff without the required training and certification and resulted in records not being readily available to the Department.

Findings included...

CPR/FIRST AID
Record review of the undated job descriptions for Geriatric Resident Aide and Geriatric Resident Aide Floater showed under required licenses/certifications/prerequisites: Cardiopulmonary and resuscitation (CPR) and First Aid certification must be maintained as a condition of continued employment.

Record review of an undated Employee Schedule showed the ALF had three shifts per day: shift A was 6:00 AM to 4:00 PM, shift B was 2:00 PM to 12:00 AM, and shift C was 10:00 PM to 8:00 AM.

Record review of a Resident List showed the ALF provided care and services to five residents.

Record review showed the ALF hired Staff B (Geriatric Resident Aid- GRA) on 11/04/2025. Staff B did not have a CPR or first aid card available for review.

Record review showed the ALF hired Staff C (GRA) on 11/11/2025. Staff C did not have a CPR or first aid card available for review.

Record review showed the ALF hired Staff E (GRA) on 02/29/2016. Staff E had a CPR/first aid card issued on 12/19/2025. Records showed Staff E did not have a valid CPR or first aid card prior to 12/19/2025.

Review of the weekly Employee Schedule, showed that during shift B there were six occurrences and during shift C there were two occurrences where Staff B, C, and E, who did not have CPR/first aid certification, were the only caregivers scheduled to provide care in the ALF.

In an interview, on 12/10/2025 at 11:24 AM, Staff A (Administrator) confirmed the caregivers listed on the schedule did provide care during those shifts and there were no additional staff with CPR/first aid certification on-site.

In an interview on 12/15/2025 at 12:20 PM, Staff A verified that they received an email from the Department requesting any records pertaining to Staff B, C, and E's CPR/first

aid certification to be made available to the Department Representative by 12/16/2025 at 5:00 PM.

Record review, at 12/16/2025 at 5:00 PM, showed no CPR/first aid cards had been issued for Staff B, C, E and G.

ON-SITE STAFF RECORDS
Record review showed employee files, including CPR/first aid, specialty training certificates, continuing education documentation were not on-site and available for the Department to review.

In an interview, on 12/10/2025 at 11:24 AM, Staff A stated that employee files, including CPR/first aid, specialty training certificates, continuing education documentation, were not kept at the ALF, they are off-site at the Tribal Administrative Office.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign — Administrator (or Representative)

2/4/2026 — Date

WAC 388-78A-2489 Tuberculosis Test records. The assisted living facility must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the assisted living facility;

(2) Make the records readily available to the appropriate health provider and licensing agency,

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to keep tuberculosis (TB) records in the ALF and readily available for review by the Department during the full inspection for 4 of 6 staff (Staff A, B, C, and D). This failure resulted in Department Representatives being unable to readily review TB records. and a delay in

the full inspection.

Findings included...

Record review showed the ALF hired Staff A (Administrator) on 07/27/2024. Staff A did not have TB records available for review in the ALF.

Record review showed the ALF hired Staff B (Geriatric Resident Aide-GRA) on 11/04/2025. Staff B did not have TB records available for review in the ALF.

Record review showed the ALF hired Staff C (GRA) on 11/11/2025. Staff C did not have TB records available for review in the ALF.

Record review showed the ALF hired Staff D (GRA) on 05/05/2025. Staff D did not have TB records available for review in the ALF.

In an interview, on 12/15/2025 at 1:03 PM, Staff A stated that TB records were not kept on-site and were not readily available for review.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign — Administrator (or Representative)

2/4/2026 — Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 6 staff (Staff B, C, D, E, and F) met the long-term care worker training requirements. These failures resulted in Staff B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all residents at risk of harm.

Findings included...

DEPARTMENT OF HEALTH CREDENTIALS
Record review showed the ALF hired Staff E (Geriatric Resident Aide) on 02/29/2016.

Review of the Washington State Provider Credentials Search on 12/10/2025 showed Staff E's Home Care Aid credential expired on 05/09/2025.

In an interview, on 12/15/2025 at 12:57 PM, Staff A confirmed that Staff E's DOH credential was expired.

SPECIALTY TRAINING
Record review of the undated job descriptions for Geriatric Resident Aide and Geriatric Resident Aide Floater showed under required licenses/certifications/prerequisites: a Department of Social and Health Services (DSHS) Mental Health and DSHS Dementia Specialty certificate would be obtained within 90 days of employment.

Note: Washington Administrative Code (WAC) 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) showed if an ALF served one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Note: WAC 388-112A-0400 What is specialty training and who is required to take it? (6) For long-term care workers who have completed 75-hour training and do not have a specialty training certificate that indicates completion and competency testing, the long-term care worker must complete specialty training when employed by the adult family home, enhanced services facility, or assisted living facility that serves residents with special needs.

Record review of an undated Disclosure of Services showed if the ALF chose to serve

residents with dementia, developmental disabilities (DD), or mental health issues, the ALF must provide their staff with specialized training in those areas.

Record review of an undated Medical File Cover Form showed that Resident 1 was admitted to the ALF on [redacted]/2001 with multiple diagnoses including [redacted] and [redacted].

Record review of an undated Medical File Cover Form showed that Resident 2 was admitted to the ALF on [redacted]/2019 with multiple diagnoses including [redacted].

Record review of an undated Medical File Cover Form, showed Resident 5 was admitted to the ALF on [redacted]/2015 with multiple medical diagnoses including [redacted].

Record review showed the ALF hired Staff D (Geriatric Resident Aide-GRA) on 05/05/2025. Staff D did not have dementia, DD, or mental health specialty training certificates available for review.

In an interview on 12/15/2025 at 12:20 PM, Staff A verified that they received an email from the Department requesting any records pertaining to Staff D's specialty training certification to be made available to the Department Representative by 12/16/2025 at 5:00 PM.

Record review, at 12/16/2025 at 5:00 PM, showed no specialty training certification for Staff D.

CPR AND FIRST AID
Note: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

NOTE: WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Record review showed the ALF hired Staff B (GRA) on 11/04/2025. Staff B did not have a CPR or first aid card available to review.

Record review showed the ALF hired Staff C (GRA) on 11/11/2025. Staff C did not have a

CPR or first aid card available for review.

Record review showed the ALF hired Staff E (GRA) on 02/20/2016. Staff E did not have a CPR or first aid card available for review.

Record review showed the ALF hired Staff F (GRA) on 10/20/2020. Staff F did not have a first aid card available for review.

In an interview on 12/15/2025 at 12:20 PM, Staff A verified that they received an email from the Department requesting any records pertaining to Staff B, C, E and F's CPR/first aid certification to be made available to the Department Representative by 12/16/2025 at 5:00 PM.

Record review, at 12/16/2025 at 5:00 PM, showed no CPR/first aid cards had been issued for Staff B, C, E and F.

CONTINUING EDUCATION (CE)
Note: WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide; (ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2); (iii) A certified nursing assistant;

Record review showed the ALF hired Staff E on 02/29/2016. Staff E had no record of any completed DSHS approved CE in the time period between their birthday in 2024 and their birthday in 2025.

Record review showed the ALF hired Staff F on 10/20/2020. Staff F had no record of any completed DSHS approved CE in the time period between their birthday in 2024 and their birthday in 2025.

In an interview on 12/15/2025 at 12:20 PM, Staff A verified that they received an email from the Department requesting any records pertaining to Staff E and F's CE credits be made available to the Department Representative by 12/16/2025 at 5:00 PM.

Record review, at 12/16/2025 at 5:00 PM, showed no CE credits issued for Staff E and F.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign
Administrator (or Representative)

2/4/2026
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 5 staff who prepared and served food (Staff B, C and E) had a valid food worker card. This failure resulted in Staff B, C and E handling food for residents while not being trained and certified on safe food handling practices and placed all residents at an increased risk of foodborne illnesses.

Findings included...

Note: Washington Administrative Code (WAC) 246-217-010 Definitions showed: (5) "Food service worker" means an individual who works (or intends to work) with or without pay in a food service establishment and handles unwrapped or unpackaged food or who may contribute to the transmission of infectious diseases through the nature of his/her contact with food products and/or equipment and facilities. This does not include persons who simply assist residents or patients in institutional facilities with meals, or students in kindergarten-12th grade schools who periodically assist with school meal service.

Note: WAC 246-217-015 Applicability showed: (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section.

In an interview, on 12/19/2025 at 3:13 PM, Staff A (Administrator) stated the geriatric resident aides (GRA) served food to the residents that was prepared at the local senior center for breakfast, lunch and dinner Monday through Friday. Staff A stated the GRA's prepared, cooked and served food to the residents on the weekends and holidays.

Record review showed the ALF hired Staff B (GRA) on 11/24/2025. There was no food worker card available for review.

Record review showed the ALF hired Staff C (GRA) on 11/11/2025. There was no food worker card available for review.

Record review showed the ALF hired Staff E (GRA) on 02/29/2016. There was no food worker card available for review.

In an interview, on 12/10/2025 at 11:10 AM, Staff A (Administrator) Staff A stated that food worker cards are kept off-site. Food worker cards were not made available for review.

In an interview on 12/15/2025 at 12:20 PM, Staff A verified that they received an email from the Department requesting any records pertaining to Staff B, C and E's food worker cards be made available to the Department Representative by 12/16/2025 at 5:00 PM.

Record review, at 12/16/2025 at 5:00 PM, showed no food worker cards issued for Staff B, C or E.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign
Administrator (or Representative)

2/4/2026
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.

(1) A Washington state name and date of birth background check is valid for two years

from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff (Staff A, B, C, D, E, and F) completed the background check requirements through the Department's background check central unit. This placed all residents at risk of being cared for by a staff person whose criminal history was unknown.

Findings included...

Record review showed the ALF hired Staff A (Administrator) on 07/27/2024. Staff A did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff B (Geriatric Resident Aide-GRA) on 11/04/2025. Staff B did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff C (GRA) on 11/11/2025. Staff C did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff D (GRA) on 05/05/2025. Staff D did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff E (GRA) on 02/29/2016. Staff E did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff F (GRA) on 10/20/2020. Staff F did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

Record review showed the ALF hired Staff G (GRA) on 10/05/2016. Staff G did not have a national fingerprint background check or a Washington state name and date of birth background check available for review.

In an interview, on 12/10/2025 at 11:10 AM, Staff A stated that all background checks were conducted by the Tribal government's credentialing department, and they used their own background investigative agency. Staff A confirmed that none of the ALF's staff background checks had been processed through the Department per regulation.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign
Administrator (or Representative)

2/4/2026
Date

WAC 388-78A-2521 Certification of training. As used in WAC 388-78A-2522 through 388-78A-2527 , an individual obtains certification of training as follows. The individual has certification of completing a recognized administrator training course that consists of a minimum of twenty-four hours of instruction or equivalent online training, or certification of passing an administrator examination from or endorsed by a department-recognized national accreditation health or personal care organization such as:

(1) The American association of homes and services for the aging;

(2) The American college of health care administrators;

(3) The American health care association;

(4) The assisted living federation of America; or

(5) The national association of board of examiners of long term care administrators.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 Administrators (Staff A) completed a Department recognized administrator training course and receive the certification required to hold the position in an ALF. This placed the residents at risk when the administrator had not received Department approved instruction and certification to be an ALF administrator.

Findings included...

Record review of the staff list, undated, showed that Staff A (Administrator) was hired at the ALF on 07/27/2024. Review of records showed no certification that Staff A had completed a Department recognized administrator training course.

In an interview on 12/19/2025 at 4:02 PM, Staff A stated that they had not completed an administrator training course.

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, TULALIP TRIBES BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) 2/22/2026 .

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

Provider refused to sign
Administrator (or Representative)

2/4/2026
Date

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

TULALIP TRIBES
TULALIP TRIBES BOARDING HOME
7300 Totem Beach Rd
Tulalip, WA 98271

RE: TULALIP TRIBES BOARDING HOME # 956

Dear Administrator:

This document references the following complaint numbers 203757.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 01/08/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jamie Singer, Field Manager
Residential Care Services

Region 2, Unit J
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

The Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreements were signed by the resident or their representative. This placed the residents at risk of receiving care and services not agreed to. This failure was resolved prior to the exit interview.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

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

Enclosure