



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

Covenant Living West
Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

RE: Covenant Living West License # 958

Dear Administrator:

This letter addresses Compliance Determination(s) 70868 (Completion Date 01/06/2026) and 69183 (Completion Date 11/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/06/2026 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-2481-2, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481

The Department staff who did the off-site verification:

Scottie Sindora, ALF Licenser
Sunny Kent, Licenser

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

Sincerely,

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



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

Statement of Deficiencies	License #: 958	Compliance Determination # 59183
Plan of Correction	Covenant Living West	Completion Date
Page 1 of 3	Licensee: Covenant Living West	11/24/2025

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 the unannounced on-site full inspection on 11/19/2025 and 11/21/2025 of:

Covenant Living West
9115 FORTUNA DRIVE
MERCER ISLAND, WA 98040

The following sample was selected for review during the unannounced on-site visit: 7 of 44 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensors
Scottie Sindora, ALF Licensors

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies

License #: 958

Compliance Determination # 69183

Plan of Correction

Covenant Living West

Completion Date

Page 2 of 3

Licensee: Covenant Living West

11/24/2025

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

11/26/2025
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.

Debbie K. Gillaspie
Administrator (or Representative)

11/27/2025
Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

- (1) Intradermal (Mantoux) administration with test results read:
 - (a) Within forty-eight to seventy-two hours of the test; and
 - (b) By a trained professional; or
- (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place for 1 of 3 newly hired staff (Staff C) to complete an State approved Tuberculosis (TB) test within three days of hire. This failure placed 42 of 42 residents at risk for increased health issues.

Findings included...

Record review of Staff C's personnel file showed the ALF hired them, as a full time Caregiver, on 02/26/2025. Review showed Staff C had a chest X-Ray completed on 09/16/2021, however there was no documentation the ALF conducted any TB testing upon hire.

In an interview, on 11/21/2025 at 11:30 AM, Staff F (Assisted Living Director) stated that because Staff C's Chest X-Ray was within the past five years, she thought no other testing was required.

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Page 3 of 3	Licensee: Covenant Living West	11/24/2025

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, Covenant Living West is or will be in compliance with this law and / or regulation on (Date) 12/27/2025

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

Administrator (or Representative) Debbie H. Hillaspie Date 11/27/2025