



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

EDMONDS ALZHEIMERS COMMUNITY LLC
ROSEWOOD COURTE MEMORY CARE COMMUNITY
728 EDMONDS WAY
EDMONDS, WA 980205126

RE: ROSEWOOD COURTE MEMORY CARE COMMUNITY # 1379

Dear Administrator:

This document references Compliance Determination 54459 (02/12/2025), which included complaint number(s) 164582, 163417.

The Department completed a complaint investigation of your Assisted Living Facility on 02/12/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Hayley Pinkham, ALF Licensor

Consultation:

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

The Assisted Living Facility (ALF) failed to notify the Local Health Jurisdiction (LHJ) to report a gastrointestinal infectious outbreak. This failure placed 43 residents at risk for acquiring an infectious illness.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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:
 - What specific deficiency or deficiencies you disagree with;
 - Why you disagree with each deficiency; and
 - Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,



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



Residential Care Services Investigation Summary Report

Provider/Facility: ROSEWOOD COURTE
MEMORY CARE COMMUNITY

License/Cert.#: 1379

Compliance Determination #: 54459

Investigator: Hayley Pinkham

Investigation Date(s): 02/07/2025 through 02/12/2025

Complainant Contact Date(s): 02/12/2025

Provider Type: Assisted Living Facility

Intake ID: 164582

Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

- 1) The Assisted Living Facility (ALF) did not report to the Department of Health (DOH) a recent outbreak of a gastrointestinal illness (GI).
- 2) The ALF is not testing for the cause of the GI illness and residents are not being excluded from shared dining spaces and the ALF is not allowing employees to wear masks for protection.

Investigation Methods:

Sample: Total residents: 43
Resident sample size: 2
Closed records sample size:

Observations: Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen

Interviews: Nursing staff
Residents
Family members
Housekeeping staff
Kitchen staff

Record Reviews: Medical records
Facility policies

Investigation Summary:

- 1) Observation of sampled residents showed no concerns for the care, safety and well-being of the residents. Interview with family members showed the ALF implemented their infection control protocols. Interview and record review showed the ALF followed infection control policy and procedures. The ALF notified the department per guidelines but did not notify DOH by email notification. Interview showed the ALF called the DOH, but the ALF could not provide supportive documentation. Consultation provided.

2) The ALF primary care physician did not order testing for the GI illness and recommended symptom-based treatment. Interview and record review showed the ALF maintained distancing precautions within the capability of the memory care unit. Observation, interview and record review showed the ALF provided the appropriate personal protective equipment and all staff were directed to use masks as needed. No findings of deficient practice.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A