



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

CLAY AND DAVIS MT BAKER DEVELOPMENT  
SUMMIT PLACE ASSISTED LIVING  
2905 CONNELLY AVE  
BELLINGHAM, WA 98225

RE: SUMMIT PLACE ASSISTED LIVING License # 1606

Dear Administrator:

This letter addresses Compliance Determination(s) 65107 (Completion Date 09/11/2025) and 62251 (Completion Date 07/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2025 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-2466-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2474-4, WAC 388-78A-3010-8-e

The Department staff who did the on-site verification:

Melissa Phillips, Long Term Care Surveyor

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  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**3906-172nd St NE, Suite #100, Arlington, WA 98223**

Statement of Deficiencies	License #: 1606	Compliance Determination # 62251
Plan of Correction	SUMMIT PLACE ASSISTED LIVING	Completion Date
Page 1 of 9	Licensee: CLAY AND DAVIS MT BAKER DEVELOPMENT	07/14/2025

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 and complaint investigation on 07/09/2025, 07/10/2025 and 07/11/2025 of:

SUMMIT PLACE ASSISTED LIVING  
2905 CONNELLY AVE  
BELLINGHAM, WA 98225

This document references the following complaint numbers: 183123.

The following sample was selected for review during the unannounced on-site visit: 5 of 28 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional  
Cristina Gonzalez, Nursing Consultant Institutional  
Melissa Phillips, Long Term Care Surveyor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit A  
3906-172nd St NE, Suite #100  
Arlington, WA 98223

Statement of Deficiencies	License #: 1606	Compliance Determination # 62251
Plan of Correction	SUMMIT PLACE ASSISTED LIVING	Completion Date
Page 2 of 9	Licensee: CLAY AND DAVIS MT BAKER DEVELOPMENT	07/14/2025

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.

*Kim Ripley*  
Residential Care Services

7/16/2025  
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.

*[Signature]* RN  
Administrator (or Representative)

7/17/25  
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.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff E) completed a Washington State name and date of birth background check every two years. This failure resulted in Staff E not having a cleared background check and placed all 28 residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed Staff E, Medication Technician, was hired on 08/15/2018. Staff E had a Washington name and date of birth background check dated 06/16/2023 with an expiration date of 06/16/2025. No further background checks were available for review.

On 07/10/2025 at 11:54 AM, Staff A, Executive Director, stated that they did not have a current Washington name and date of birth background check for Staff E and that it was

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.**

(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.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff E) completed a Washington State name and date of birth background check every two years. This failure resulted in Staff E not having a cleared background check and placed all 28 residents at risk of being cared for by a staff person with a potentially disqualifying background.

**Findings included...**

Review of the ALF's employee files showed Staff E, Medication Technician, was hired on 08/15/2018. Staff E had a Washington name and date of birth background check dated 06/16/2023 with an expiration date of 06/16/2025. No further background checks were available for review.

On 07/10/2025 at 11:54 AM, Staff A, Executive Director, stated that they did not have a current Washington name and date of birth background check for Staff E and that it was

Statement of Deficiencies	License #: 1606	Compliance Determination # 62251
Plan of Correction	SUMMIT PLACE ASSISTED LIVING	Completion Date
Page 3 of 9	Licensee: CLAY AND DAVIS MT BAKER DEVELOPMENT	07/14/2025

missed.

Plan/Attestation Statement	
<p>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, SUMMIT PLACE ASSISTED LIVING is/ or will be in compliance with this law and / or regulation on          (Date) <u>8/25/2025</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p><u>[Signature]</u>          Administrator (or Representative)</p>	<p><u>7/17/25</u>          Date</p>

**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:

- (a) Orientation and safety;
  - (b) Basic;
  - (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
  - (e) Continuing education.
- (4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training for 2 of 7 staff (Staff B and C), Basic training for 3 of 7 staff (Staff B, C, and D), Developmental Disability specialty training for 7 of 7 staff (Staff A, B, C, D, E, and F), 12 hours of annual continuing education (CE) for 2 of 2 staff (Staff E and F), and a completed Home Care Aide (HCA) certification for 1 of 3 staff (Staff D). These failures resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 28 residents at risk of harm by being cared for by untrained staff.

Findings included...

missed.

<b>Plan/Attestation Statement</b>	
<p>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, SUMMIT PLACE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____ Administrator (or Representative)</p>	<p>_____ Date</p>

**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:

- (a) Orientation and safety;
  - (b) Basic;
  - (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
  - (e) Continuing education.
- (4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training for 2 of 7 staff (Staff B and C), Basic training for 3 of 7 staff (Staff B, C, and D), Developmental Disability specialty training for 7 of 7 staff (Staff A, B, C, D, E, and F), 12 hours of annual continuing education (CE) for 2 of 2 staff (Staff E and F), and a completed Home Care Aide (HCA) certification for 1 of 3 staff (Staff D). These failures resulted in Staff A, B, C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 28 residents at risk of harm by being cared for by untrained staff.

Findings included...

## Orientation and Safety training

Review of WAC 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of a staff schedule, as worked, dated April 2024, showed Staff B, Caregiver, was working as a long-term care worker on 04/01/2025.

Review of a staff schedule, as worked, dated April 2024 showed Staff C, Medication Technician, was working as a long-term care worker on 04/02/2025.

Review of the ALF's employee files showed the following:

Staff B was hired on 01/22/2025 and had a completed Orientation and Safety training dated 04/07/2025, 75 days after hire.

Staff C was hired on 01/22/2025 and had a completed Orientation and Safety training dated 04/15/2025, 83 days after hire.

On 07/10/2025 at 11:12 AM, Staff A, Executive Director, stated that the employee who had been managing employee compliance with training had left in March 2025 and that some training deadlines had been missed. Staff A stated that new hires are typically set up in Relias (an online training website) at hire for their completion of Orientation and Safety and would be expected to complete it prior to ending their supervised training period.

On 07/11/2025 at 11:50 AM, Staff A stated that Staff C had completed Orientation and Safety training for their employment at another ALF prior to being hired and that after there was a significant delay in the other ALF in providing the documentation, they had Staff C re-do the training.

## Basic Training

Review of WAC 388-112A-0080(5) showed long-term care workers in ALFs must complete the 70-hour Basic training within 120 days of their date of hire.



Review of the ALF's employee files showed the following:

Staff B was hired on 01/22/2025 and had no record of a completed Basic training. Staff B's Basic training was due 05/22/2025.

Staff D, Caregiver, was hired on 02/03/2024. Staff D had a completed Basic training dated 12/15/2024, 316 days after their date of hire.

On 07/10/2025 at 11:12 AM, Staff A stated that Staff B had no record of a completed Basic training and that it was not discovered until the end of June 2025 when they did an audit of employee files. Staff A stated that Staff B was pulled off the schedule on 07/02/2025 until they completed the training. Staff A stated that new hires are informed of the requirement to complete their Basic training within 120 days.

#### Specialty Developmental Disability Training

Review of WAC 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Review of Resident 2's undated face sheet showed a primary diagnosis of [REDACTED].

Review of WAC 388-823-0015 How does the state of Washington define developmental disability? showed [REDACTED] as one of the diagnosed conditions that is a developmental disability.

Review of the ALF's employee files showed the following:

Staff A was hired on 11/18/2022. Staff A had no record of a completed Developmental Disabilities training.

Staff B was hired on 01/22/2025. Staff B had no record of a completed Developmental Disabilities training.

Staff C was hired on 01/22/2025. Staff C had no record of a completed Developmental Disabilities training.

Staff D was hired on 02/03/2024. Staff D and had no record of a completed Developmental Disabilities training.



Staff E, Medication Technician, was hired on 08/15/2018. Staff E had no record of a completed Developmental Disabilities training.

Staff F, Caregiver, was hired on 10/10/2022. Staff F had no record of a completed Developmental Disabilities training.

On 07/10/2025 at 11:30 AM, Staff A stated that they had not realized Cerebral Palsy was a developmental disability and that they had not been requiring staff to complete Developmental Disabilities training.

On 07/11/2025 at 11:46 AM, Staff E stated that they did not have a completed Developmental Disabilities training and that they did not realize it was required.

On 07/11/2025 at 3:41 PM, Staff D stated that they did not have a completed Developmental Disabilities training.

#### Continuing Education

Review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education by their birthday each year.

Review of WAC 388-112A-0600 showed DSHS must approve continuing education curricula.

Review of DSHS's Continuing Education Approval Process ([https://www.dshs.wa.gov/altsa/faq?field\\_altsa\\_topics\\_value=ce](https://www.dshs.wa.gov/altsa/faq?field_altsa_topics_value=ce)) showed that once DSHS approves a CE, it is assigned a unique DSHS CE approval code and that without a DSHS CE approval code on the certificate or transcript, the CE cannot be used to meet the 12-hour CE requirement.

Review of the ALF's employee files showed the following:

Staff E was hired on 08/15/2018. Staff E completed 0.75 CE's from their birthday in 2024 and their birthday in 2025.

Staff F was hired on 10/10/2022. Two of the 12 hours of CE's dated from their birthday in 2024 and their birthday in 2025 were not DSHS approved.

On 07/11/2025 at 8:45 AM, Staff A stated that they did not know why the online learning program they used allowed CE's that were not DSHS approved and that they would have to investigate the issue.

On 07/11/2025 at 11:46 AM, Staff F stated that they thought they had completed some hours of CE's, but not enough to meet the 12-hour requirement.

#### HCA Certification

Review of WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of their date of hire.

Review of Washington State Register (WSR) 23-18-052 showed that the Department of Health (DOH) began standard certification deadlines for long-term care workers hired beginning 02/01/2024.

Review of the ALF's employee files showed Staff D was hired on 02/03/2024. Staff D had no documentation that they had obtained their HCA certification that was due on 08/21/2024.

Review of the DOH's Provider Credential Search (<https://fortress.wa.gov/doh/providercredentialsearch/>) showed Staff D did not have home care aide nor nursing assistant certified credentials in the State of Washington.

Review of the staff schedule for July 2025 showed Staff D working as a caregiver from 07/03/2025 to 07/06/2025.


On 07/11/2025 at 3:41 PM, Staff D stated that they had passed their HCA testing that day. Staff D stated that they had received emails about being overdue to complete their HCA certification.

Statement of Deficiencies	License #: 1606	Compliance Determination # 62251
Plan of Correction	SUMMIT PLACE ASSISTED LIVING	Completion Date
Page 8 of 9	Licensee: CLAY AND DAVIS MT BAKER DEVELOPMENT	07/14/2025

#### 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, SUMMIT PLACE ASSISTED LIVING is or will be in compliance with this law and / or regulation on  
(Date) 8/25/2025

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

  
Administrator (or Representative)

7/17/25  
Date

**WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:**

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Assisted Living Facility (ALF) failed to provide a secure space such as a lockable drawer or cupboard in 6 of 14 resident rooms (Room 306, 310, 311, 312, 313, and 314). This failure resulted in six residents not being able to secure their valuables within their apartment and placed these residents at risk for loss of personal property.

**Findings included...**

On 07/11/2025 at 9:43 AM, a walkthrough of 14 resident rooms was completed. Rooms 306, 310, 311, 312, 313, and 314 were observed without a lockable drawer, cupboard, or other secured space within their apartment.

On 07/11/2025 at 9:50 AM, Resident 7 stated that it would be nice to have a lockable drawer to keep some sentimental valuables with them. Resident 7 stated they left all their valuables with family to avoid any sort of temptation from anybody else at the ALF.

On 07/11/2025 at 9:51 AM, Resident 8 stated that the ALF didn't provide them with anything that locks in their room. Resident 8 stated they decided to leave valuables with family instead of bringing them to the ALF since there wasn't a secure place to put them in their room.

**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, SUMMIT PLACE ASSISTED LIVING 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-3010 Resident units. The assisted living facility resident units must have the following:**

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Assisted Living Facility (ALF) failed to provide a secure space such as a lockable drawer or cupboard in 6 of 14 resident rooms (Room 306, 310, 311, 312, 313, and 314). This failure resulted in six residents not being able to secure their valuables within their apartment and placed these residents at risk for loss of personal property.

**Findings included...**

On 07/11/2025 at 9:43 AM, a walkthrough of 14 resident rooms was completed. Rooms 306, 310, 311, 312, 313, and 314 were observed without a lockable drawer, cupboard, or other secured space within their apartment.

On 07/11/2025 at 9:50 AM, Resident 7 stated that it would be nice to have a lockable drawer to keep some sentimental valuables with them. Resident 7 stated they left all their valuables with family to avoid any sort of temptation from anybody else at the ALF.

On 07/11/2025 at 9:51 AM, Resident 8 stated that the ALF didn't provide them with anything that locks in their room. Resident 8 stated they decided to leave valuables with family instead of bringing them to the ALF since there wasn't a secure place to put them in their room.

Statement of Deficiencies	License #: 1606	Compliance Determination # 62251
Plan of Correction	SUMMIT PLACE ASSISTED LIVING	Completion Date
Page 9 of 9	Licensee: CLAY AND DAVIS MT BAKER DEVELOPMENT	07/14/2025

On 07/11/2025 at 11:50 AM, Staff A, Executive Director, stated that they did not realize that having a lockable drawer or cupboard in all resident rooms was a requirement.

On 07/11/2025 at 11:51 AM, Staff G, Director of Operational Excellence, stated that after the issue was raised that they remembered that there is a regulation requiring lockable drawers or cupboards in resident units and that they would work with Staff A to address this.

**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, SUMMIT PLACE ASSISTED LIVING is or will be in compliance with this law and / or regulation on  
(Date) 8/25/2025

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

  
Administrator (or Representative)

7/17/25  
Date

On 07/11/2025 at 11:50 AM, Staff A, Executive Director, stated that they did not realize that having a lockable drawer or cupboard in all resident rooms was a requirement.

On 07/11/2025 at 11:51 AM, Staff G, Director of Operational Excellence, stated that after the issue was raised that they remembered that there is a regulation requiring lockable drawers or cupboards in resident units and that they would work with Staff A to address this.

**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, SUMMIT PLACE ASSISTED LIVING 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