



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

06/30/2025

BAYVIEW MANOR HOMES
BAYVIEW MANOR HOMES
11 W Aloha St
Seattle, WA 981199963

RE: BAYVIEW MANOR HOMES # 162

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 61775 (Completion Date 06/30/2025) and 58836 (Completion Date 05/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

The Department staff who did the On Site verification:
Cathy Prentice, Complaint Investigator

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: BAYVIEW MANOR HOMES **Provider Type:** Assisted Living Facility

License/Cert.#: 162

Intake ID: 175741

Compliance Determination #: 58836

Region/Unit #: RCS Region 2 / Unit J

Investigator: Cathy Prentice

Investigation Date(s): 04/30/2025 through 05/06/2025

Complainant Contact Date(s):

Allegation(s):

The resident exited out of the facility from a secured courtyard in the memory care unit when a faulty fire door did not lock or alarm.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size: 0
Observations:	Named Resident (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment. I
Interviews:	Named Resident, other residents, staff, administration
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:

Observation, interview and record review showed, the facility completed an Assessment and Negotiated Service Agreement that was being implemented at the time of the elopement. The facility completed a thorough investigation to rule out abuse/neglect that was unsubstantiated, however, the elopement occurred from the secured memory care unit through an unlocked and unalarmed emergency exit door. The facility did not know the exit door lock and alarms were not working until the elopement occurred when the NR exited and was found blocks away almost an hour later after a fall. The facility failed to have a policy for routine checks of the secured unit exits. See Statement of Deficiencies dated 05/06/2025.

Conclusion / Action:

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

N/A



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Statement of Deficiencies	License #: 162	Compliance Determination # 58836
Plan of Correction	BAYVIEW MANOR HOMES	Completion Date
Page 1 of 4	Licensee: BAYVIEW MANOR HOMES	05/06/2025

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 an unannounced on-site complaint investigation on 04/30/2025 of:

BAYVIEW MANOR HOMES
 11 W Aloha St
 Seattle, WA 981199963

This document references the following complaint number(s): 175741

The following sample was selected for review during the unannounced on-site visit: 3 of 37 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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

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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.

	<u>5/8/2025</u>
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.

	<u>5/12/2025</u>
Administrator (or Representative)	Date

WAC 388-78A-2600 Policies and procedures.

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and implement a policy/procedure to ensure they maintained a secured and alarmed emergency exit in the memory care unit (MCU). This failure resulted in the elopement of Resident 1 and placed 10 of 10 residents at risk for elopement and harm.

Findings included...

Record review of a Resident Characteristics Roster showed the ALF had an MCU with ten residents that had various diagnoses of [REDACTED].

Review of care records showed the ALF admitted Resident 1 to the MCU on [REDACTED]/2024 with a diagnosis of [REDACTED] ([REDACTED]).

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Statement of Deficiencies	License #: 162	Compliance Determination # 58836
Plan of Correction	BAYVIEW MANOR HOMES	Completion Date
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██████).

Record review of Resident 1's Assessment, dated 10/25/2024, showed Resident 1 had a history of falls, memory loss, required assistance with safety and decisions, and had exit seeking behaviors that required constant re-direction and re-orientation. A Wander Monitoring Assessment, dated ██████/2024, showed Resident 1 was a high risk for elopement.

Observation, on 04/30/2025 at 11:20 AM, showed the MCU had an eating area with double doors to an enclosed outside courtyard. Across the courtyard was an exit door with an emergency sign on it. The door had a push bar, a flashing red light on the push bar, and two alarmed motion sensors mounted close the door. The door once opened also was equipped with an alarm. A well-travelled two lane street was right outside the door.

Record review of an Incident Report (IR), dated 04/16/2025, showed Resident 1 eloped from the MCU, through the emergency exit located in the enclosed MCU courtyard that opens to the street. The IR stated Resident 1 was able to elope because the alarm to the emergency exit door was not working.

In an interview, on 04/30/2025 at 1:25 PM, Staff A (Caregiver) confirmed when Resident 1 eloped the emergency exit door was not alarmed or locked.

In an interview, on 04/30/2025 at 11:50 AM, Staff B (Licensed Nurse) confirmed when Resident 1 eloped there was no alarm sounding from any exit door.

In an interview, on 04/30/2025 at 11:05 AM, Staff C (Maintenance Director) stated the emergency exit door in the MCU's lock and alarm was not working when Resident 1 eloped. Staff C stated there was no policy or procedure for a routine checks to maintain and ensure the emergency exit door in the MCU was functioning. Staff C stated it was probably around four to five months ago that the emergency exit door lock and alarm was checked to ensure proper functioning but there was no documentation.

In an interview, on 05/06/2025 at 1:00 PM, Staff D (Administrator) confirmed the facility did not have a policy/procedure in for checking the locked/alarmed memory care unit exits for functioning. Staff D stated it was unsafe not to have a procedure to check the exits' security for the memory care unit.

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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, BAYVIEW MANOR HOMES is or will be in compliance with this law and / or regulation on (Date) 6/20/2025

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


Administrator (or Representative)

5/14/2025
Date

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