



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Everett Leisure, LLC
Washington Oakes
1717 Rockefeller Ave
Everett, WA 98201

RE: Washington Oakes License # 2639

Dear Administrator:

This letter addresses Compliance Determination(s) 60088 (Completion Date 05/30/2025) and 56507 (Completion Date 03/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/30/2025 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-2462-2-b, WAC 388-78A-2462-2, WAC 388-78A-2464-2, WAC 388-78A-2474-2-e, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2639	Compliance Determination # 56507
Plan of Correction	Washington Oakes	Completion Date
Page 1 of 7	Licensee: Everett Leisure, LLC	03/27/2025

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 03/18/2025, 03/19/2025, 03/20/2025 and 03/24/2025 of:

Washington Oakes
1717 Rockefeller Ave
Everett, WA 98201

The following sample was selected for review during the unannounced on-site visit: 7 of 41 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melissa Phillips, Long Term Care Surveyor
Karen Glover, Complaint Investigator
Saira Khan, Regulatory QA Program Manager
Jodi Condyles, ALF Licensor

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

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
<p>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.</p>	
Administrator (or Representative)	Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff B, C, and D) had a National fingerprint background check completed. This failure resulted in Staff B, C, and D not having a cleared criminal history and placed all 41 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 the following:

Staff B, Resident Assistant, was hired on 02/22/2024. Staff B did not have a national fingerprint background check available for review.

Staff C, Resident Assistant, was hired on 11/05/2024. Staff C did not have a national fingerprint background check available for review.

Staff D, Resident Assistant, was hired on 11/05/2024. Staff D did not have a national fingerprint background check available for review.

Review of the ALF's "Onboarding Checklist", provided on 03/20/2025 at 12:59 PM, showed the Human Resources department was responsible for completing the national fingerprint background check.

On 03/19/2025 at 1:38 PM, Staff G, Business Office Manager, stated that the ALF did not do fingerprints on any staff employed by the facility.

On 03/20/2025 at 8:46 AM, Staff A, General Manager, stated that after reviewing the ALF's background check policy, the fingerprinting requirement for caregivers was missed and the ALF had not been following their policy.

On 03/26/2025 at 10:45 AM, Staff D stated that they could not remember completing a fingerprint for the ALF.

On 03/27/2025 at 9:31 AM, Staff C stated that they had not been asked to have a fingerprint when they were hired.

On 03/27/2025 at 12:26 PM, Staff E stated that they don't remember doing a fingerprint for the ALF when they were hired.

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, Washington Oakes 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>_____</p> <p>Administrator (or Representative)</p>	<p>_____</p> <p>Date</p>

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff C and D) completed a Washington state name and date of birth background check before beginning employment. This failure resulted in Staff C and D not having a completed background checks while employed and placed the safety of 41 residents at risk by allowing an employee with potentially disqualifying background access to them.

Findings included...

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

Staff C, Resident Assistant, was hired on 11/05/2024. The Washington state name and date of birth background check was completed on 11/12/2024, 7 days after hire.

Staff D, Resident Assistant, was hired on 11/05/2024. The Washington state name and date of birth background check was completed on 11/13/2024, 8 days after hire.

On 03/19/2025 at 1:42 PM, Staff G, Business Office Manager, stated that the ALF completes the Washington state name and date of birth background check during orientation on day one of hire. Staff G stated that if the background check was not completed on day one, it might have been due to the employee not having the required identification with them. Staff G stated that new hires should not be hands-on with residents if they don't have a Washington state name and date of birth background check.

On 03/20/2025 at 2:42 PM, Staff G stated that Staff E was a transfer from a sister ALF managed by the same corporation. Staff G stated that the Washington state name and date of birth background was probably run by the sister ALF and not forwarded on when Staff G transferred.

On 03/26/2025 at 10:45 AM, Staff D stated that they could not remember completing the Washington state name and date of birth background check at the time of hire.

On 03/27/2025 at 9:31 AM, Staff C stated that they had the Washington state name and date of birth background check but didn't realize it wasn't completed on their first day.

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, Washington Oakes 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-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:

(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 2 of 6 staff (Staff E and F) completed 12 hours of Department of Social and Health Services (DSHS) approved continuing education (CE) per year. This failure resulted in Staff E and F not having annual training to maintain their knowledge, expertise, and skills up-to-date and placed all 41 residents at risk for compromised care and safety.

Findings included...

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, 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 the ALF's employee files showed the following:

Staff E, Resident Assistant, was hired on 03/01/2020. Staff E's file showed no documentation of DSHS approved CE.

Staff F, Resident Assistant, was hired on 03/07/2016. Staff F’s file showed 7 of 12 hours of DSHS approved CE was completed.

On 03/19/2025 at 2:29 PM, Staff G, Business Office Manager, stated that they use a continuing education on-line program provided by the ALF’s corporate office. Staff G stated that they thought all CEs through this program were DSHS approved and had not checked for DSHS approval when reviewing the specific topics of the on-line program.

On 03/27/2025 at 12:28 PM, Staff E stated that they had CE’s but was not within the time frame required and not certain they were DSHS approved continuing education.

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, Washington Oakes 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>_____</p> <p>Administrator (or Representative)</p>	<p>_____</p> <p>Date</p>

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff B) was screened for Tuberculosis (TB) within three days of employment. This failure placed all 41 residents at risk for possible exposure to a communicable disease.

Findings included...

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

Staff B, Resident Assistant, was hired on 02/22/2024. Staff B’s TB test was initialized on 02/27/2024, five days after their hire date.

On 03/20/2025 at 10:36 AM, Staff H, Health and Wellness Director, stated that the facility had the supplies on site to complete TB testing and was not sure why Staff B's TB test was not within given three days of hire.

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, Washington Oakes 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



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3906-172nd St NE, Suite #100, Arlington, WA 98223

04/08/2025

Everett Leisure, LLC
Washington Oakes
1717 Rockefeller Ave
Everett, WA 98201

RE: Washington Oakes # 2639

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/27/2025 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:

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
Preferred methods:

eFax: (360) 651-6511

Email: rcsregion2email@dshs.wa.gov

Optional method:

3906-172nd St NE, Suite #100

Arlington, WA 98223

- 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 246-217-015 Applicability.

(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.

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

The Assisted Living Facility (ALF) failed to ensure that food service workers obtained a food worker card within fourteen calendar days from the beginning of employment. This deficiency was corrected prior to exiting.

WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

The Assisted Living Facility (ALF) failed to ensure that a used wet mop was hung to dry after use in the kitchen. This deficiency was corrected prior to exiting.

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:

Washington Oakes # 2639

03/27/2025

Page 3 of 3

- 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 Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Enclosure