STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Brannan Opco, LLC
Village Concepts of Auburn
2901 I Street NE
Auburn, WA 98002

RE: Village Concepts of Auburn License # 2736

Dear Administrator:

This letter addresses Compliance Determination(s) 79248 (Completion Date 06/23/2026) and 76319 (Completion Date 04/28/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/23/2026 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-2140-1-a-ii, WAC 388-78A-2140-1-a-iii

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 follow-up on 04/21/2026 of:

Village Concepts of Auburn
2901 I Street NE
Auburn, WA 98002

This document references the following SOD dated: 04/28/2026

The following sample was selected for review during the unannounced on-site visit: 7 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2736	Compliance Determination # 76319
Plan of Correction	Village Concepts of Auburn	Completion Date
Page 2 of 6	Licensee: Brannan Opco, LLC	04/28/2026

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 — 05/06/2026 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) — 5.7.2026 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 4 of 12 sample residents' (Resident 4, Resident 10, Resident 11, and Resident 12) Negotiated Service Agreement the care, services and interventions to meet the resident's needs. This failure placed Resident 4, Resident 10, Resident 11, and Resident 12 at risk for unmet care needs and worsening of medically diagnosed conditions.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 02/16/2026 and included findings for Resident 4. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 03/06/2026.

RESIDENT 4

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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 4 of 12 sample residents' (Resident 4, Resident 10, Resident 11, and Resident 12) Negotiated Service Agreement the care, services and interventions to meet the resident's needs. This failure placed Resident 4, Resident 10, Resident 11, and Resident 12 at risk for unmet care needs and worsening of medically diagnosed conditions.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 02/16/2026 and included findings for Resident 4. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 03/06/2026.

RESIDENT 4

Review of Resident 4's records showed that the facility admitted Resident 4 on [redacted]/2020. Review of the assessment, dated 05/01/2025, showed Resident 4's multiple diagnoses, which included [redacted], and [redacted] The assessment showed Resident 4 required assistance with their medications and treatments.

Review of Resident 4's January 2026, February 2026, and March 2026 electronic medication administrative records (eMARs), showed that Resident 4 received 667 mg of calcium acetate, one capsule by mouth, three times daily with meals, a medication to control high phosphorous in patients with kidney disease on dialysis. The eMAR did not show medication side effects.

Review of Resident 4's Negotiated Service Agreement (NSA), dated 09/15/2025, showed no documentation that Resident 4 received calcium acetate. The NSA showed no instructions for staff about what actions were needed for any side effects from daily use of calcium acetate.

RESIDENT 10
Review of Resident 10's records showed that the facility admitted Resident 10 on [redacted]/2026. Review of the assessment, dated [redacted]/2026, showed Resident 10's multiple diagnoses, which included [redacted] and [redacted]. The assessment showed Resident 10 had been assessed by the facility as independent with their medications management and treatments.

Review of Resident 10's March 2026 electronic medication administrative records (eMARs), showed that Resident 10 received 0.25 mg of alprazolam (a potent and fast-acting medication used primarily to treat anxiety and panic attacks); alprazolam has a high risk of addiction, abuse, and life-threatening withdrawal if stopped abruptly, one tablet by mouth twice daily, every day for anxiety; 60 mg of duloxetine (a medication used primarily to treat depression, anxiety, and chronic pain); duloxetine has a high risk of withdrawal symptoms if stopped abruptly, one tablet by mouth twice daily, everyday for anxiety; and 12.5 mg of zolpidem extended release (a medication for short-term relief of severe insomnia); one tablets by mouth once daily for sleeplessness. The eMAR did not show medication side effects.

Review of Resident 10's Negotiated Service Agreement (NSA), dated [redacted]/2026, showed no documentation that Resident 10 received alprazolam, duloxetine, and zolpidem. The NSA showed no instructions for staff about what actions were needed for any side effects from the daily use of alprazolam, duloxetine, and zolpidem. The NSA showed no instructions for staff about what actions were needed for any side effects from the sudden withdrawal of daily use of alprazolam and duloxetine.

During an interview on 04/21/2026 at 1:40 PM, Staff J, Resident Care Director, stated

that Resident 10 managed their own medications. Staff J stated that Resident 10's NSA lacked any documented instructions and guidance for caregivers about the care needs and interventions related to the physician ordered medications.

RESIDENT 11
Review of Resident 11's records showed the facility admitted Resident 11 on [redacted]/2026. Review of Resident 11's assessment, dated 03/30/2026, showed that Resident 11 was admitted with diagnoses including [redacted] and [redacted]. The assessment showed Resident 11 had family assistance for their medication management needs.

Review of Resident 11's order summary report, dated 04/06/2026, showed that Resident 11 received 81mg of Aspirin, one tablet by mouth every day for CHF; 20 mg of Lisinopril/12.5 mg Hydrochlorothiazide, 2 tablets by mouth every day for hypertension (HTN) (condition of high blood pressure), hold if heart rate (HR) is less than or equal to 55 heart beats per minute, hold if systolic blood pressure (SBP) is less than or equal to 90 millimeters (mm) of mercury or diastolic blood pressure (DBP) is less than or equal to 55 mm of mercury, and if SBP is greater than or equal to 170 mm of mercury or DBP is greater than or equal to 100 mm of mercury, then recheck in 30 minutes, if still high, notify medical provider; 50 mg of metoprolol succinate, one tablet by mouth every day for HTN, hold if HR is less than or equal to 55 beats per minute, hold if SBP is less than or equal to 90 mm of mercury or DBP is less than or equal to 55 mm of mercury, and if SBP is greater than or equal to 170 mm of mercury or DBP is greater than or equal to 100 mm of mercury, than recheck in 30 minutes and if still high then notify medical provider. The order summary report did not show medication side effects.

Review of Resident 11's NSA, dated 03/30/2026, showed no documentation for what medication management needs Resident 11 received at the facility. The NSA showed no instructions for staff about what blood pressure monitoring parameters were needed, or actions and reporting guidelines were to be provided for Resident 11's HTN diagnosis. The NSA showed no instructions for staff about what actions were needed for any side effects from daily use of Aspirin.

During an interview on 04/21/2026 at 1:45 PM, Staff J, stated that Resident 11 managed their own medications. Staff J stated that Resident 11's NSA lacked any documented instructions and guidance for caregivers about the care needs and interventions related to the diagnoses and physician ordered medications.

RESIDENT 12
Review of Resident 12's records showed that the facility admitted Resident 12 on [redacted]/2026. Review of the assessment, dated [redacted]/2026, showed Resident 12's multiple diagnoses, which included [redacted]

[redacted]. The assessment showed Resident 12 required assistance with their medications and treatments.

Review of Resident 12's March 2026 electronic medication administrative records (eMARs), showed that Resident 12 received 5 mg tablets of glyburide (a medication to control and manage blood sugar); take two tablets by mouth, twice daily with meals; glyburide has a high risk of severe, persistent hypoglycemia (low blood sugars) that can be life-threatening.; 100 mgs of Januvia (a medication to control and manage elevated blood sugar); take one tablet by mouth , one time daily; 1000 mgs of Metformin (a medication to control and manage elevated blood sugar); take one tablet by mouth , twice daily; and 30 mgs of pioglitazone (a medication to control and manage elevated blood sugars); take one tablet by mouth, one time daily. The eMAR did not show medication side effects.

Review of Resident 12's Negotiated Service Agreement (NSA), dated [redacted]/2026, showed no documentation that Resident 12 received glyburide, Januvia, metformin, and pioglitazone. The NSA showed no instructions for staff about what actions were needed for any side effects from daily use of four oral (by mouth) medications (glyburide, Januvia, metformin, and pioglitazone) daily.

During an interview on 04/21/2026 at 1:55 PM, Staff J, stated that Resident 12 received staff assistance to manage their medications. Staff J stated that Resident 12's NSA lacked any documented instructions and guidance for caregivers about the care needs and interventions related to the physician ordered medications. Staff J stated that Resident 12's NSA lacked any documented instructions and guidance for caregivers about the need for glyburide to be given with meals and the increased potential for severe hypoglycemic (low blood sugar) side effects.

During an interview on 04/21/2026 at 2:20 PM, Staff J, stated that the NSA provided directions for caregivers on how to assist the residents based on their documented individual needs. Staff J stated that Resident 4, Resident 10, Resident 11, and Resident 12's NSA lacked any documented instructions and guidance for caregivers about the care needs and interventions related to the diagnoses and physician ordered medications.

This is an uncorrected deficiency previously cited on 02/16/2026 for WAC 388-78A-2140 subsection (1)(a)(ii)(iii).

Statement of Deficiencies	License #: 2736	Compliance Determination # 76319
Plan of Correction	Village Concepts of Auburn	Completion Date
Page 6 of 6	Licensee: Brannan Opco, LLC	04/28/2026

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, Village Concepts of Auburn is or will be in compliance with this law and / or regulation on (Date) 6.5.2026.

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

Administrator (or Representative) — 5.7.2026 Date

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, Village Concepts of Auburn 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2736	Compliance Determination # 72158
Plan of Correction	Village Concepts of Auburn	Completion Date
Page 1 of 11	Licensee: Brannan Opco, LLC	02/16/2026

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 02/03/2026 and 02/05/2026 of:
Village Concepts of Auburn
2901 I Street NE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 9 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Jane Hermano, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Jim

I ity I	
Admini	Date

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.

Jim Sherman
Residential Care Services

02-18-2026
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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 3 of 9 sample residents' (Resident 3, Resident 4, and Resident 7) Negotiated Service Agreement the care, services and interventions to meet the resident's needs. This failure placed Resident 3, Resident 4, and Resident 7 at risk for unmet care needs and worsening of medically diagnosed conditions.

Findings included...

RESIDENT 3
Review of Resident 3's records showed the facility admitted Resident 3 on [redacted] 2017. Review of the assessment, dated 09/28/2025, showed that Resident 3 had a history of cardiovascular accident (stroke), a condition that referred to the sudden interruption of blood flow to the brain. The assessment showed Resident 3 required assistance with their medications and treatments.

Review of Resident 3's December 2025, January 2026, and February 2026 medication administration records (eMARs) showed that Resident 3 received 81 milligrams (mg) of Aspirin chewable, one tablet by mouth every evening, a medication with blood thinner qualities, used to prevent blood clots.

Review of Resident 3's Negotiated Service Agreement (NSA), dated 10/01/2025, showed no documentation that Resident 3 received blood thinner medication. The NSA showed no instructions for staff about what actions were needed for any side effects from daily use of Aspirin.

RESIDENT 4
Review of Resident 4's records showed that the facility admitted Resident 4 on [redacted]2020. Review of the assessment, dated 05/01/2025, showed Resident 4's multiple diagnoses, which included [redacted] and [redacted] The assessment showed Resident 4 required assistance with their medications and treatments.

Review of Resident 4's December 2025, January 2026, and February 2026 eMARs, showed that Resident 4 received 81 mg of Aspirin, one tablet by mouth every day for blood thinner. The eMARs showed that Resident 4 received 667 mg of calcium acetate, one capsule by mouth, three times daily with meals, a medication to control high phosphorous in patients with kidney disease on dialysis.

Review of Resident 4's Negotiated Service Agreement (NSA), dated 05/09/2025, showed no documentation that Resident 4 received blood thinner medication. The NSA showed no instructions for staff about what actions were needed for any side effects from daily use of Aspirin and calcium acetate.

RESIDENT 7
Review of Resident 7's records showed that the facility admitted Resident 7 on [redacted]2024. Review of the assessment, dated 01/26/2026, showed Resident 7's diagnosis of [redacted] The assessment showed Resident 7 required assistance with medications and treatments.

Review of Resident 7's December 2025, January 2026, and February 2026 eMARs, showed that Resident 7 received 20 mg of Xarelto, one tablet by mouth, daily to prevent blood clots.

Review of Resident 7's Negotiated Service Agreement (NSA), dated 01/26/2026, showed no documentation that Resident 4 received blood thinner medication. The NSA showed no instructions for staff about what actions were needed for any side effects from daily use of Xarelto.

During an interview on 02/05/2026 at 9:10 AM, Staff J, Resident Care Director, stated that the NSA provided directions for caregivers on how to assist the resident based on their needs. Staff J stated that Resident 3, Resident 4, and Resident 7's NSA lacked any documented instructions and guidance for caregivers about the care needs and interventions related to the diagnoses and physician ordered medications.

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, Village Concepts of Auburn is or will be in compliance with this law and / or regulation on (Date) 3-6-2026 .

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

Administrator (or Representative) 2-23-2026 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure all controlled substances in pharmacy pre-packaged medication cards stored on 3 of 3 medication carts (Medication Cart 1, Medication Cart 2, and Memory Care Medication Cart) were accounted for and documented in the facility-controlled medication count record. This failure placed all residents on prescribed controlled medications at risk of financial exploitation related to possible missing medications and potential medication errors for missed medications from unaccounted, unavailable medications.

Findings included...

Review of the facility's policy titled, "Managing Controlled Medications/Controlled Medications Count, Storing and Securing, revised 04/14/2024, showed the facility kept an accurate inventory and record of use for controlled drugs, in accordance with the State and Federal regulations and standards of practice. The policy showed two Medication Aides, verified and counted each controlled drugs at the beginning and end

of each shift. The policy showed the two Aides were required to sign the controlled substance daily count record.

Observation on 02/04/2026 at 9:21 AM, showed a Medication Aide (MA, nurse delegated staff to deliver, assist or administer medications) retrieved a single dose/blister pack medication card (a card that packages doses of medications within small, clear-resistant plastic bubbles) from the narcotic lock box. Inside the narcotic lock box contained more than five single dose medication cards of controlled medications.

Observation on 02/04/2026 at 1:30 PM, showed each three medication carts used their own controlled drug count log, kept in the lock box of the cart. Observation showed the narcotic lock boxes contained multiple packaged drugs in single dose for moderate to severe chronic pain, anxiety, and sleeping.

Review of the facility's November 2025, December 2025, and January 2026 controlled medications daily count logs showed there were three shifts for each day of the month. Review of the logs showed there were 38 missing signatures over 19 different shifts.

During an interview on 02/05/2026 at 10:06 AM, Staff J, Resident Care Director, stated that they expected the MA's to sign the logbooks to confirm the controlled drug count accurately matched the count on each count sheets. Staff J stated that they were unaware the MA's did not follow the required process.

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, Village Concepts of Auburn is or will be in compliance with this law and / or regulation on (Date) 3-6-2026 .

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

Administrator (or Representative) — 2.23.2026 Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(v) An assisted living facility administrator or the administrator designee as provided under WAC 388-112A-0060 .

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

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 facility failed to ensure 1 of 6 staff (Staff A) completed all required training to perform their job duties and responsibilities. This failure placed 82 residents at risk of unmet care needs from staff with incomplete training.

Review of facility's undated personnel records showed the facility hired Staff A, Executive Director, on 09/21/2020.

Review of Staff A's undated personnel records showed Staff A provided supervision of direct care to residents from 09/21/2020 through 02/03/2026. There was no documentation in Staff A's records that showed Staff A completed the required 12 hours of continuing education by their birthday between 11/16/2024 and 11/16/2025.

During an interview on 02/05/2026 at 2:25 PM, Staff A, Executive Director, stated that they were aware Staff A had not completed the required 12 hours of continuing education requirements.

Statement of Deficiencies	License #: 2736	Compliance Determination # 72158
Plan of Correction	Village Concepts of Auburn	Completion Date
Page 7 of 11	Licensee: Brannan Opco, LLC	02/16/2026

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, Village Concepts of Auburn is or will be in compliance with this law and / or regulation on (Date) 3-6-2026 .

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

Administrator (or Representative) 2-23-2026 Date

WAC 246-215-03351 Preventing contamination from the premises Food storage (FDA Food Code 3-305.11).

(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:

(a) In a clean, dry location;

(b) Where it is not exposed to splash, dust, or other contamination; and

WAC 246-215-03510 Temperature and time control Thawing (FDA Food Code 3-501.13). Except as specified in subsection of this section, time/temperature control for safety food must be thawed:

(1) Under refrigeration that maintains the food temperature at 41 F (5 C) or less; or

(3) As part of a cooking process if the food that is frozen is:

(a) Cooked as specified under WAC 246-215-03400 (1) or (2) or 246-215-03405 ; or

WAC 246-215-04600 Objective Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (FDA Food Code 4-601.11).

(1) equipment, food-contact surfaces, and utensils must be clean to sight and touch.

(2) The food-contact surfaces of cooking equipment and pans must be kept free of encrusted grease deposits and other soil accumulations.

(3) Nonfood-contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

WAC 246-215-06350 Dressing areas and lockers Designation (FDA Food Code 6-305.11).

(1) Dressing rooms or dressing areas must be designated if employees routinely change their clothes in the establishment.

(2) Lockers or other suitable facilities must be provided for the orderly storage of employees' clothing and other possessions.

WAC 246-215-06410 Employee accommodations Designated areas (FDA Food Code 6-403.11).

(1) Areas designated for employees to eat, drink, and use tobacco must be located so that food, equipment, linens, and single-service and single-use articles are protected from contamination.

(2) Lockers or other suitable facilities must be located in a designated room or area where contamination of food, equipment, utensils, linens, and single-service and single-use articles cannot occur.

WAC 246-215-06505 Methods Cleaning, frequency and restrictions (FDA Food Code 6-501.12).

(1) physical facilities must be cleaned as often as necessary to keep them clean.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to implement systems to ensure all dietary services and the food service facility was following WAC (Washington Administrative Code) 246-215. This failure placed residents living at the ALF at risk for foodborne illness and cross-contamination.

Findings included...

Review of WAC 246-215 showed the following:

FOOD SERVICE WORKERS – EATING, SMOKING, and LOCKER AREAS

WAC 246-215-06350 - Dressing areas and lockers—Designation (FDA Food Code 6-305.11).
(1) Dressing rooms or dressing areas must be designated if employees routinely change their clothes in the establishment.
(2) Lockers or other suitable facilities must be provided for the orderly storage of employees' clothing and other possessions.

WAC 246-215-06410 Employee accommodations—Designated areas (FDA Food Code 6-403.11).
(1) Areas designated for EMPLOYEES to eat, drink, and use tobacco must be located so that FOOD, EQUIPMENT, LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES are protected from contamination.

Review of facility's policy titled "Community Smoking Policies-Resident/Staff", revised 08/07/2020, showed that smoking was only permitted in a designated outdoor area. The policy showed that the facility adhere to all local, State and Federal Laws regarding smoking.

RCW 70.160.020 Definitions. (1) "Smoke" or "smoking" means the carrying or smoking of any kind of lighted pipe, cigar, cigarette, or any other lighted smoking equipment.

Observation on 02/04/2026 at 3:21 PM showed Staff L, Dining Dishwasher used an electronic smoking device inside a confined space that was part of the kitchen area that contained maintenance tools, such as mops and cleaning buckets. Observation showed kitchen aprons and staff personal items, such as jackets and a purse, all hung on the wall. Observation showed a suspended white vapor and a faint sweet odor lingered in the space. During an interview, Staff L acknowledged that they smoked and used vape (a battery-operated device that contained nicotine and flavoring and produced aerosol). Staff L stated that vaping was allowed in that area of the kitchen.

During an interview on 02/05/2026 at 08:30 AM, Staff A, Executive Director, stated that smoking in any form was prohibited inside the facility. Staff A stated that staff were not allowed to smoke in the kitchen. Staff A stated that the facility provided a designated smoking area for staff and residents.

Observation on 02/05/2026 at 08:42 AM, in the main kitchen showed three unidentified staff members stood by the food preparation counter holding breakfast plates. Staff A addressed the staff that they were not allowed to eat in the kitchen. Another staff member reported that they had reminded all three staff members not to eat in the kitchen.

PREVENTING CONTAMINATION and CLEANLINESS OF FOOD SERVICE AREAS

WAC 246-215-03351
Preventing contamination from the premises—Food storage (FDA Food Code 3-305.11).
(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:
(a) In a clean, dry location;
(b) Where it is not exposed to splash, dust, or other contamination;

WAC 246-215-03510
Temperature and time control—Thawing (FDA Food Code 3-501.13).
Except as specified in subsection (4) of this section, time/temperature control for safety food must be thawed:
(1) Under refrigeration that maintains the food temperature at 41°F (5°C) or less; or
(3) As part of a cooking process if the food that is frozen is:
(a) Cooked as specified under WAC 246-215-03400 (1) or (2) or 246-215-03405; or

WAC 246-215-04600
Objective—Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (FDA Food Code 4-601.11).
(1) equipment, food-contact surfaces, and utensils must be clean to sight and touch.

(2) The food-contact surfaces of cooking equipment and pans must be kept free of encrusted grease deposits and other soil accumulations.
(3) Nonfood-contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

WAC 246-215-06505 - Methods—Cleaning, frequency and restrictions (FDA Food Code 6-501.12).
(1) physical facilities must be cleaned as often as necessary to keep them clean.

OBSERVATIONS OF OVERALL DIETARY AREA CLEANLINESS

Observation in the kitchen food prep area on 02/04/2026 at 11:45 AM, showed the vegetable-steamer was covered with visible sticky debris. The covered 5-gallon buckets stored below the preparation /vegetable sink were dust and debris covered. A large-opened paper bag labeled "breadcrumbs" was unsealed and undated. The steam table drain hose was observed to lay across the top of the opened bag. A non-working gas grill located next to the griddle cook top was covered with visible dust, grease, and food debris. The rolling metal shelves located across from the food preparation sink and baking area holding dishware and pans were visibly covered with gray dust on the edges and the surfaces. Observation showed the fan grate coverings of the walk-in refrigerator, and the walk-in freezer were covered with black, sticky residue and visible strands of dust.

Observation in the kitchen food prep area on 02/05/2026 at 11:20 AM 11:55 AM, showed the grill top surface was coated with brown crusted residue and food scraps. Observation showed the refrigerated area at the sandwich station was warm to the touch and the temperature of the interior was 44 degrees Fahrenheit. The dairy refrigerator showed a broken interior shelf. The shelves of the dairy refrigerator were sticky to the touch. The edges of the steam table and the food preparation surfaces were sticky to the touch and covered with a brown residue and dust.

The metal shelves attached to the wall located next to the food service area were visibly covered with gray dust on the edges and the surfaces. Observation showed the fan grate coverings in the walk-in refrigerator and the walk-in freezer were covered with greyish-black, sticky residue and visible strands of dust. There were pieces of food debris observed on the floor mat in the walk-in refrigerator. The floor mats throughout the kitchen were observed to have scraps of food, used band-aids, and dirt.

The light fixture mounted on the ceiling above the preparation/vegetable surface was covered with a brown residue and dust. The metal shelves attached to the wall located next to the food preparation area were visibly covered with gray dust on the edges and the surfaces.

FOOD TEMPERATURE AND DEFROSTING

Observation showed the refrigerated area at the sandwich station was warm to the touch. Sandwich items such as sliced yellow cheese, sliced deli-turkey, sliced ham, lettuce, and sliced tomatoes were stored in individual plastic bins. Staff H, Cook/Dining Service Staff stated that the sandwich station did not have a built-in thermometer. Staff I, Dining Service Staff, stated that there was no portable thermometer in the unit to monitor internal temperatures. The temperature of the interior was taken with a portable food thermometer and showed the interior temperature was 44 degrees Fahrenheit. The dairy refrigerator showed a mobile thermometer hanging on the front of the upper shelf and showed a temperature of 22 degrees Fahrenheit. The shelves of the dairy refrigerator were sticky to the touch.

Observation of the walk-in refrigerator showed defrosting, undated, sitting in a drain pan with visible liquid meat juices around it was observed in the walk-in refrigerator. Staff I stated that she did not know how long the meat had been unfrozen and when it had been placed in the walk-in refrigerator to defrost.

Observation showed an uncovered rack of 3 trays of baked cookies located next to the dishwashing area. The fixed shelves of the rack had visible debris on the surfaces.

During an interview on 02/05/2026 at 1:15 PM, Staff A, Executive Director, stated that the current kitchen cleaning schedule included daily, weekly, and monthly tasks. Staff A stated that the cleaning schedule had cleaning tasks for both the kitchen staff and maintenance staff. Staff A stated that the cleaning schedule and overall cleanliness needed to be monitored and enforced to ensure the kitchen was clean and sanitary. Staff A stated that the current dietary staff were ensuring meal services for residents continued to be available. Staff A stated that they were not aware if the kitchen cleaning schedule was being followed by current culinary staff. Staff A stated that the Culinary Director had not been available and did not have a scheduled return to work date.

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, Village Concepts of Auburn is or will be in compliance with this law and / or regulation on (Date) 3·6·2026 .

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

Administrator (or Representative) — Date: 2·23·2026