



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

March 26, 2019

CERTIFIED MAIL 7018 0360 0000 1579 4045

Administrator
NORMANDY PARK ASSISTED LIVING
16625 1st Ave S
Burien, WA 98148

Assisted Living Facility License #1688
Licensee: NORMANDY PARK ASSISTED LIVING LLC

AMENDED STATEMENT OF DEFICIENCIES

In a letter dated March 8, 2019, you received the results of the Department of Social and Health Services (DSHS) a complaint investigation completed on March 14, 2019, for your assisted living facility, located at **16625 1st Ave S, Burien, Washington**. **The Statement of Deficiencies (SOD) that was attached to that letter has been amended and is enclosed.**

The changes to the initial SOD were removal of two citations. The citations removed were 388-78A-2466(1)(a) and 388-78A-2474(2)(B)(4).

The civil fines imposed on the license for your assisted living facility, in the letter dated **March 8, 2019**, are still imposed and have not been affected by the amended Statement of Deficiencies dated **March 18, 2018**.

If you have any questions, please contact James Sherman, Field Manager, at (253) 234-6020.

Sincerely,

Mike Anbesse, RN, MSN
Regional Administrator
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit D
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2

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