STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

THE SAMUEL & JESSIE KENNEY PRESBYT
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

RE: THE KENNEY License # 128

Dear Administrator:

This letter addresses Compliance Determination(s) 72541 (Completion Date 02/06/2026) and 70402 (Completion Date 12/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/06/2026 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-2510, WAC 388-78A-2480-1, WAC 388-78A-2620-2-b, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 128	Compliance Determination # 70402
Plan of Correction	THE KENNEY	Completion Date
Page 1 of 6	Licensee: THE SAMUEL & JESSIE KENNEY PRESBYT	12/19/2025

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 12/16/2025 and 12/18/2025 of:
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

The following sample was selected for review during the unannounced on-site visit: 5 of 29 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

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.

Jennie Singer
Residential Care Services

12/29/2025
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.

Administrator (or Representative)

12/28/2025
Date

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

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 newly hired staff (Staff A) received specialty training for dementia. This failure placed 7 of 29 residents at risk for care by untrained staff.

Findings included...

Record review of the Resident Characteristic Roster, updated on 12/16/2025, showed 29 residents lived at the ALF. Of the 29 residents, seven residents had a diagnosis of [redacted].

Record review of Staff A's personnel filed showed that they were hired on 02/02/2025 as a full time Caregiver. Further review of Staff A's personnel file gave no indication they had completed the required dementia training.

In an interview, on 12/17/2025, Staff G, Business Office Manager, stated that they must've missed that training and would schedule Staff A for specialty dementia training.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) [illegible]. 2/2/2026

SB confirmed amended POC date with Provider on 12/29/2025.

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

Administrator (or Representative) 12/29/2025 Date

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 3 newly hired staff (Staff A) was screened for Tuberculosis (TB) within 3 days of being hired. This failure placed 29 of 29 residents at risk for contracting TB.

Findings included...

Record review of Staff A's personnel filed showed that they were hired on 02/02/2025 as a full time Caregiver. Further review of Staff A's personnel file showed they received a blood test for TB on 04/22/2024. There was no further evidence of screening for TB.

In an interview, on 12/17/2025, Staff G, Business Office Manager, stated that she wasn't sure why there was no other information about Staff A's TB test. Staff G stated that there were no other records regarding this issue.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) 2/2/2026 . 2/2/2026

SB confirmed amended POC date with Provider on 12/29/2025.

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

Administrator (or Representative) 12/29/2025 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 pets (Pets 1, 2, and 3) were certified to be free of disease by a veterinarian. This failure placed 29 of 29 residents at risk for disease.

Findings included...

Record review of Pet 1 (cat), Pet 2 (cat), and Pet 3 (cat) files, undated, showed no documentation, from the most recent health and wellness visits, that the pets were free of transmittable disease, and safe to live at the ALF.

In an interview, on 12/17/2025, Staff G, Business Office Manager, stated that she wasn't aware of this regulation.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) [redacted] . 2/2/2026

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Administrator (or Representative) 12/29/2025 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 interview and record review, the Assisted Living Facility (ALF) failed to monitor medication administration to ensure Medication Technicians (MTs) followed the prescriber's hold parameters for 1 of 5 sampled residents (Resident 2). This failure resulted in Resident 2 receiving doses of two medications prescribed to lower their blood pressure when the prescriber's parameters instructed MTs to hold the medication. This placed Resident 2 at risk for falls and other adverse effects of low blood pressure.

Findings included:

Record review showed the ALF admitted Resident 2 on [redacted]/2024 with diagnoses including [redacted], and [redacted].

Record review of electronic medication administration records (eMARs) for October, November, and December 1-17, 2025 showed Resident 2's physician prescribed two medications (Medication 1 and Medication 2) to treat high blood pressure. The physician prescribed the medication with parameters that showed, "Hold for systolic (top number) blood pressure less than 110, or HR (heart rate) less than 65."

Further review of eMARS for October, 2025 showed MTs administered blood pressure medications to Resident 2 when the heart rate measured below 65. MTs administered Medication 1, prescribed for twice daily administration, to Resident 2 nine times outside of parameters at 8:00 AM, and six times at 5:00 PM. MTs administered Medication 2, prescribed for once daily morning administration, nine times outside of parameters.

Review of eMARS for November, 2025 showed MTs administered Medication 1 ten times outside of parameters at 8:00 AM and nine times at 5:00 PM and 8:00 PM. MTs administered Medication 2 ten times outside of parameters in the morning.

Review of eMARS for December 1-17, 2025 showed MTs administered Medication 1 six times outside of parameters at 8:00 AM, and five times outside of parameters at 8:00 PM. MTs administered Medication 2 six times outside of parameters in the morning. Resident 2 received a total of 36 doses of Medication 1 and 25 doses of Medication 2 from October 1 to December 17 when heart rate readings measured less than 65.

EMARs were reviewed during an interview on 12/18/2025 at 10:20 AM with Staff F, Health and Wellness Director. Staff F stated they were unsure as to why MTs administered medications when heart rate readings fell below the threshold for holding the medications.

During the exit interview, on 12/18/2025 at 10:45 AM, Staff F was given until close of business on 12/19/2025 to investigate and share their findings with the Department representative. The Department received an email from Staff F on 12/20/2025 at 9:03 AM. The email showed Staff F conducted interviews with MTs involved in passing the medications outside the prescribed parameters. Staff F's email also showed there was, "no clear explanation identified as to why the full hold parameters were not followed".

Plan/Attestation Statement

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SB confirmed amended POC date with Provider on 12/29/2025.

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

Administrator (or Representative) — Date: 12/29/2025