STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 36109 (Completion Date 06/06/2024) and 28031 (Completion Date 08/17/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/06/2024 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-2040, WAC 388-78A-2040-1, WAC 388-78A-2040-2

The Department staff who did the on-site verification:
Lisa Hauk, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: THE KENNEY
Provider Type: Assisted Living Facility
License/Cert.#: 128
Compliance Determination #: 28031
Intake ID: 93080
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 08/14/2023 through 08/17/2023
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility (ALF) failed their 3rd fire and life safety inspection and was issued a State Fire Marshal's Office Letter of Non-Compliance from Deputy State Fire Marshal.

Investigation Methods:

Sample:	Total residents: 29 Resident sample size: 29 Closed records sample size: 0
Observations:	Environment, facility common areas.
Interviews:	Administrator and Maintenance Director.
Record Reviews:	Fire Marshal reports.

Investigation Summary:
Record Review of the Washington State Patrol Fire Inspection Report dated 08/02/2023, showed the ALF had not corrected seven violations from previous inspections dated 02/21/2023 and 04/12/2023. In an interview, the Administrator stated that the ALF was aware of the compliance issues and would continue to work on completing repairs. See citation WAC 388-78A-2040.

Conclusion / Action:

- [x] 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 #: 128	Compliance Determination # 28031
Plan of Correction	THE KENNEY	Completion Date
Page 1 of 3	Licensee: THE SAMUEL & JESSIE KENNEY PRESBYT	08/17/2023

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 08/14/2023 and 08/14/2023 of:

THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

This document references the following complaint number(s): 93080

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

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, 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

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.

Jamie Singer
Residential Care Services

8/17/2023
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) 8/17/23 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 29 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 08/14/2023, showed the ALF was licensed for 98 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 29 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 02/21/2023. Records showed the ALF failed the OSFM follow-up visit on 04/12/2023 and 08/02/2023. The follow up visit on 08/02/2023 showed the ALF failed to comply with the following International Fire Codes (IFC):

IFC 0405.5 – The ALF failed to provide documentation of fire drills once per shift per quarter.
IFC 706.1 – The ALF failed to provide documentation of a 4-year inspection of fire/smoke dampers.
IFC 903.5 – The ALF failed to provide documentation of a 5-year fire department connection hydro testing.
IFC 904.1.1 – The Alf failed to provide documentation showing service technician for kitchen suppressior system holds ICC/NAFED certification.
IFC 904.12.5.2 – The ALF failed to provide documentation showing second semi-annual servicing for 2022 of kitchen suppression system.
IFC 904.12.5.3 – The ALF failed to provide documentation showing annual replacement of fusible links for kitchen suppression system.
IFC 904.8.3 – The ALF failed to provide documentation for smoke detectors, sensitivity test.

In interview, on 08/14/2023 at 1:34 PM, Staff A (Administrator) stated that he was aware of being out of compliance with the items listed on the OSFM report and the ALF would continue to work on getting the required work completed.

This deficiency was previously cited on 02/25/2022.

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) 10/1/2023 .

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

Administrator (or Representative) — Date: 8/17/23