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

LUTHERAN RETIREMENT HOME OF GREATE
HEARTHSTONE
6720 E Greenlake Way N
Seattle, WA 981035439

RE: HEARTHSTONE License # 193

Dear Administrator:

This letter addresses Compliance Determination(s) 72989 (Completion Date 02/18/2026) and 70745 (Completion Date 01/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/18/2026 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 388-112A-0720-2-b

The Department staff who did the on-site verification:
Cathy Prentice, 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: HEARTHSTONE
Provider Type: Assisted Living Facility
License/Cert.#: 193
Compliance Determination #: 70745
Intake ID: 205644
Investigator: Cathy Prentice
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 12/31/2025 through 01/12/2026
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) passed away possibly by choking while eating snacks during a holiday party in the facility.

Investigation Methods:

Sample:	Total residents: 48 Resident sample size: 3 Closed records sample size: 1
Observations:	NR discharged; observed ALF residents, delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Interviewed ALF residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:
Interview and record review showed, the facility completed an Assessment and Negotiated Service Agreement that was being implemented at the time of the alleged choking incident and death. The facility completed a thorough investigation to rule out abuse/neglect that was unsubstantiated. The staff present responded to the change in condition/possible choking and attempted first aide for choking. The NR had a do not resuscitate order. Review of staff records showed one staff had an expired Cardiopulmonary Resuscitation(CPR)/first aide card. The facility failed to maintain a current CPR/first aide card for 1 of 3 staff sampled. See Statement of Deficiency dated 01/12/2026.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 12/31/2025 of:

HEARTHSTONE
6720 E Green Lake Way N
Seattle, WA 98103

This document references the following complaint number(s): 205644

The following sample was selected for review during the unannounced on-site visit: 3 of 48 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, 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.

Janice Sturgeon
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)

01/13/2026
Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

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 staff (Staff A) maintained a current Cardiopulmonary Resuscitation (CPR)/first aid card while working at the facility. This failure placed residents at risk of harm during any emergency incident.

Findings included...

Review of staff records on 12/31/2025 showed Staff A (Licensed Practical Nurse and Wellness Director) had a CPR/First Aid card that was expired on 11/13/2025.

In an interview, on 12/31/2025 at 10:15 AM, Staff B (Administrator) stated Staff A was still employed at the facility and responded to a resident choking incident on 12/15/2025.

In a follow-up email, dated 01/06/2026, Staff B stated the facility did not have any further documentation for an updated CPR/first aid card for Staff A.

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 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

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 staff (Staff A) maintained a current Cardiopulmonary Resuscitation (CPR)/first aid card while working at the facility. This failure placed residents at risk of harm during any emergency incident.

Findings included…

Review of staff records on 12/31/2025 showed Staff A (Licensed Practical Nurse and Wellness Director) had a CPR/First Aid card that was expired on 11/13/2025.

In an interview, on 12/31/2025 at 10:15 AM, Staff B (Administrator) stated Staff A was still employed at the facility and responded to a resident choking incident on12/15/2025.

In a follow-up email, dated 01/06/2026, Staff B stated the facility did not have any further documentation for an updated CPR/first aid card for Staff A.

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, HEARTHSTONE is or will be in compliance with this law and / or regulation on (Date) 02/13/2026

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

Administrator (or Representative)

01/13/2026
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, HEARTHSTONE 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