



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Aegis Senior Communities LLC
AEGIS SENIOR INN OF KENT
10421 SE 248th St
Kent, WA 98030

RE: AEGIS SENIOR INN OF KENT License # 1944

Dear Administrator:

This letter addresses Compliance Determination(s) 60229 (Completion Date 05/28/2025) and 57618 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/28/2025 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-2474-4, WAC 388-112A-0105-1

The Department staff who did the on-site verification:

Claudia Allis, ALF Licensors
Steven Garrett, LTC Licensors
Jane Hermano, NCI

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1944	Compliance Determination # 57618
Plan of Correction	AEGIS SENIOR INN OF KENT	Completion Date
Page 1 of 3	Licensee: Aegis Senior Communities LLC	04/17/2025

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 04/09/2025 and 04/11/2025 of:

AEGIS SENIOR INN OF KENT
10421 SE 248th St
Kent, WA 98030

The following sample was selected for review during the unannounced on-site visit: 7 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser
Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License # 1944	Compliance Determination # 57618
Plan of Correction	AEGIS SENIOR INN OF KENT	Completion Date
Page 2 of 3	Licensee: Aegis Senior Communities LLC	04/17/2025

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.

Laurie Anderson

Residential Care Services

04/18/2025

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.

C. Saul

Administrator (or Representative)

4/21/25

Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-070, the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interviews and review records, the facility failed to ensure 1 of 6 staff (Staff E), completed all the training required to perform their job duties and responsibilities. This failure placed all 33 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the facility's personnel records showed the facility hired Staff E, Care Manager, on 01/10/2023. The records showed that on 01/08/2022, Staff E completed the basic training requirements for long-term care workers. Review of the personnel records showed documentation that Staff E's current credential as a Nursing Assistant Registered expired on 08/21/2025. The records showed no documentation that Staff E completed the Home Care Aide certification (HCA).

During an interview on 04/11/2025 at 2:10 PM, Staff A, General Manager, stated that they were unaware that Staff E worked at the facility for 823 days without completing

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
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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
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Based on interviews and review records, the facility failed to ensure 1 of 6 staff (Staff E), completed all the training required to perform their job duties and responsibilities. This failure placed all 33 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the facility's personnel records showed the facility hired Staff E, Care Manager, on 01/10/2023. The records showed that on 01/06/2022, Staff E completed the basic training requirements for long-term care workers. Review of the personnel records showed documentation that Staff E's current credential as a Nursing Assistant Registered expired on 08/21/2025. The records showed no documentation that Staff E completed the Home Care Aide certification (HCA).

During an interview on 04/11/2025 at 2:10 PM, Staff A, General Manager, stated that they were unaware that Staff E worked at the facility for 823 days without completing

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1944	Compliance Determination # 57615
Plan of Correction	AEGIS SENIOR INN OF KENT	Completion Date
Page 3 of 3	Licensee: Aegis Senior Communities LLC	04/17/2025

the HCA certification.

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, AEGIS SENIOR INN OF KENT is or will be in compliance with this law and / or regulation on (Date) 5/26/25

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

C. Saul
Administrator (or Representative)

4/21/25
Date

the HCA certification.

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, AEGIS SENIOR INN OF KENT 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