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 OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

RE: AEGIS OF MARYMOOR License # 2209

Dear Administrator:

This letter addresses Compliance Determination(s) 55100 (Completion Date 02/20/2025) and 51880 (Completion Date 12/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2025 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-2160, WAC 388-78A-24681-2, WAC 388-78A-3010-8-e, WAC 388-78A-2600-2-I

The Department staff who did the on-site verification:
Jane Hermano, NCI
Kathy Young, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
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 #: 2209	Compliance Determination # 51880
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 1 of 7	Licensee: Aegis Senior Communities LLC	12/26/2024

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 12/17/2024 and 12/20/2024 of:
AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

The following sample was selected for review during the unannounced on-site visit: 8 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

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

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
12/31/2024 — 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.

Statement of Deficiencies	License #: 2209	Compliance Determination # 51880
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 2 of 7	Licensee: Aegis Senior Communities LLC	12/26/2024

Administrator (or Representative)

12/31/2024
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement the Individualized Service Plan (ISP) for 1 of 2 Memory Care residents (Resident 8). This failure placed Resident 8 at risk of a decreased quality of life from lack of care and services as written in the service plan.

Findings included...

Review of Resident 8's Individualized Service Plan, dated 07/06/2021, showed Resident 8 used a wheelchair for primary mobility. The ISP showed care staff were required to check the wheelchair to ensure it worked safely. The ISP instructed care staff to notify the nurse or Care Director when the wheelchair needed to be repaired or replaced.

Observation on 12/20/2024 at 11:42 AM, showed staff used a Broda wheelchair (a wheelchair designed to prevention skin breakdown through use of multiple tilt positions that relieve pressure from prominent areas of the body) to bring Resident 8 into the memory care dining room. Observation showed Resident 8 asleep in the wheelchair, which was tilted back. The leg rest was made with a series of plastic straps across a U-shaped metal frame. The bottom strap was stretched out of shape and hung three to four inches below the frame. Observation showed the broken strap caused Resident 8's calves to press on the bottom of the frame, rather than be suspended.

During an interview on 12/20/2024 at 11:56 AM, Staff J, Care Director, stated that about three weeks ago, Resident 8 discharged from hospice (end of life care) services and returned their wheelchair to the hospice agency at that time. Staff J stated that the facility found a wheelchair in storage that was that was left by a former resident. Staff J stated that the facility provided Resident 8 with this wheelchair.

During an interview on 12/23/2024 at 10:40 AM, Staff J stated that they were unaware the wheelchair was damaged. Staff J stated that Resident 8's ISP instructed staff to report the damaged wheelchair.

During an interview on 12/23/2024 at 10:40 AM, Staff A, General Manager, stated that the facility used standard language in resident ISPs to instruct staff to report equipment damage to the Care Director or nurse. Staff A stated that Resident 8's ISP contained this standard language.

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 OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 2/8/2025.

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

Peter J K — Administrator (or Representative)

12/31/2024 — Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 2 of the 4 newly hired care staff (Staff C and Staff G) completed the national fingerprint background check within 120 days of hire. This failure placed all 50 residents at risk of abuse, neglect, or exploitation.

Findings included...

STAFF C
Review of facility's staff roster showed the facility hired Staff C as a Care Manager 1 (CM1) on 06/07/2024. Staff C's final fingerprint results were due by 10/05/2024.

Review of the Care Manager 1 job description, revised 02/26/2016, showed the CM1 provided direct personal care to the residents.

Review of the facility's care staff schedule, from 10/06/2024 through 12/03/2024, showed Staff C worked five shifts.

Statement of Deficiencies	License #: 2209	Compliance Determination # 51880
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 4 of 7	Licensee: Aegis Senior Communities LLC	12/26/2024

Review of Staff C's employee file showed Staff C failed to show for a fingerprint appointment on 07/02/2024. The record showed that Staff C completed their fingerprint background check on 07/16/2024. The records showed the fingerprint check was rejected, as the prints could not be read. There was no documentation that showed Staff C completed the process.

During an interview on 12/18/2024 at 10:25 AM, Staff A, General Manager, stated that they were aware of the situation with Staff C. Staff A stated that it had happened before with other newly hired staff. Staff A stated that they unsure of how to resolve the situation when staff fingerprints were rejected.

STAFF G
Review of facility's staff roster showed the facility hired Staff G as a Medication Care Manager (MCM) on 01/16/2024. Staff G's final fingerprint results were due by 05/15/2024.

Review of the Medication Care Manager job description, revised 02/26/2016, showed the MCM assisted residents with medications and activities of daily living.

Review of the facility's care staff schedule, from 10/03/2024 through 12/20/2024, showed Staff G worked 39 shifts.

Observation on 12/18/2024 between 10:15 AM and 11:00 AM, showed Staff G provided medication assistance to three residents.

Review of Staff G's employee file showed the facility received notification on 01/16/2024 and 07/19/2024, that the fingerprint check for Staff G was rejected, as the prints could not be read. There was no documentation that showed Staff G completed the fingerprint background check process.

During an interview on 12/18/2024, Staff H, Business Office Manager, stated that they were aware that Staff G continued to work directly with residents without a final fingerprint background check.

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Statement of Deficiencies	License #: 2209	Compliance Determination # 51880
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 5 of 7	Licensee: Aegis Senior Communities LLC	12/26/2024

Administrator (or Representative) Date 12/31/2024

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide 3 of 6 sampled assisted living residents (Resident 1, Resident 2, and Resident 3) with the appropriate equipment to access the lockable storage in their apartments. This failure placed Resident 1, Resident 2, and Resident 3 at risk of financial exploitation, possible theft, and loss of privacy.

Findings included...

RESIDENT 1
Review of Resident 1's records showed the facility admitted Resident 1 in [redacted] 2023.

Observation of Resident 1's apartment on 12/20/2024 at 9:53 AM, showed Resident 1 had a drawer in the bathroom with a lock. The drawer was unlocked. During an interview at this time, Resident 1 stated that the facility never supplied them with a key to the drawer.

RESIDENT 2
Review of Resident 2's records showed the facility admitted Resident 2 in [redacted] 2024.

Observation of Resident 2's apartment on 12/20/2024 at 8:46 AM, showed Resident 2 had two drawers in the bathroom, both with locks. Both drawers were unlocked. During an interview at this time, Resident 2 stated that the facility never provided them with a key. Resident 2 stated that they wanted a key to lock the drawers.

RESIDENT 3
Review of Resident 3's records showed the facility admitted Resident 3 in [redacted] 2024.

Statement of Deficiencies	License #: 2209	Compliance Determination # 51880
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 6 of 7	Licensee: Aegis Senior Communities LLC	12/26/2024

Observation of Resident 3's apartment on 12/20/2024 at 12:08 PM, showed Resident 3 had two drawers in the bathroom and one drawer in the kitchen, all with locks. The three drawers were all unlocked. During an interview at this time, Resident 3 and their representative, stated that the facility never provided any keys to the drawers. Resident 3 stated that they wanted the keys to lock the drawers.

Plan/Attestation Statement

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

Peter J K — Administrator (or Representative)

12/31/2024 — Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure staff followed the policy used for accurate inventory of resident narcotic medications on 2 of 3 medication carts (second floor medication cart and third floor medication cart). This failure placed all 51 residents at risk of financial exploitation related to possible missing medications and potential medication errors for missed medication from unaccounted, unavailable medications.

Findings included...

Review of the facility's policy titled, "Controlled/Scheduled Medication Protocol (All States)", dated 10/23/2019, showed that the facility followed federal regulations and required an accurate inventory of controlled medications as defined under the Drug Enforcement Administration. The policy showed a daily inventory check ensured accountability for the correct medication administered to the resident and helped identify early on any diversion of medications with the potential for abuse. The policy required two staff follow the step-by-step controlled drug count instruction to count and verify each controlled medications at the beginning and end of each shift. The policy required the two staff signed the facility's bound inventory narcotic book.

Statement of Deficiencies	License #: 2209	Compliance Determination # 51880
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 7 of 7	Licensee: Aegis Senior Communities LLC	12/26/2024

Observations of the second floor and the third-floor medication carts on 12/19/2024 at 9:45 AM and 10:00 AM, showed each cart contained a narcotic lock box that contained several single dose medication cards. The narcotic medication cards found inside the locked boxes were hydrocodone (for severe chronic pain), oxycodone (for moderate to severe pain), alprazolam (for anxiety or panic disorder), lorazepam (for anxiety), tramadol (for moderate to moderately severe pain), Tylenol with codeine (for mild to moderate pain), and pregabalin (for nerve pain).

Review of the facility's record on controlled substance daily count, showed there were three shifts for each date. Review of the facility's second floor medication cart for October 2024, November 2024, and December 2024 shift audit records showed there were 25 shifts without any staff signatures. Review of the third-floor medication cart for October 2024, November 2024, and December 2024 shift audit records showed there were three shifts without any staff signatures.

During an interview on 12/18/2024 at 10:12 AM, Staff G, Medication Care Manager (MCM), stated that both MCMs were required to sign in on the shift daily count record, after each count of controlled a medication was confirmed and completed.

During an interview on 12/19/2024 at 1:55 PM, Staff B, Health Services Director, stated that medications kept in the narcotic lock boxes were counted and recorded at each shift change. Staff B stated that they expected the two staff on each shift sign the narcotic book. Staff B stated that they were unaware staff did not follow the controlled drug count process, as required.

Plan/Attestation Statement

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

Administrator (or Representative) Peter J Kr Date 12/31/2024

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12/31/2024

Aegis Senior Communities LLC
AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

RE: AEGIS OF MARYMOOR # 2209

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/26/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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.

The facility failed to ensure all staff completed a Tuberculosis test within three days of hire, as required. During the full inspection, TB test records were collected from all the staff that showed the facility completed TB testing of all staff to meet the regulatory requirements.

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:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

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

The facility failed to ensure a pet that resided within the community received a regular veterinarian examination and vaccinations. During the full inspection, the facility obtained the records for the pet that showed the pet was current with a veterinarian examination and vaccinations.

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

The facility failed to ensure all chemicals were secured in the outdoor kitchen storage shed. During the full inspection, the facility locked the shed and provided an in-service to staff that reviewed the facility's chemical storage policy.

WAC 388-78A-2220 Prescribed medication authorizations.

(2) The documentation required above in subsection (1) of this section must include the following information:

(a) The name of the resident;

The facility failed to ensure all over the counter medications on facility medication carts were labeled with the resident's name. During the full inspection, the staff correctly labeled all medication bottles with the resident's name and apartment number.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

The facility failed to ensure one roof access hatch was locked. The facility failed to ensure that air vents in one resident laundry area, one unoccupied resident's apartment, and one housekeeping closet worked. During the licensing inspection, the three air vents were fixed, and the one roof hatch was padlocked.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

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

Enclosure