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) 69143 (Completion Date 11/21/2025) and 65570 (Completion Date 09/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2025 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-2210-2-a

The Department staff who did the on-site verification:
Deborah Corlis, Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: AEGIS OF MARYMOOR **Provider Type:** Assisted Living Facility
License/Cert.#: 2209
Compliance Determination #: 65570 **Intake ID:** 192920
Investigator: Deborah Corlis **Region/Unit #:** RCS Region 2 / Unit D
Investigation Date(s): 09/12/2025 through 09/24/2025
Complainant Contact Date(s): 09/24/2025

Allegation(s):
Medication error.

Investigation Methods:

Sample:	Total residents: 53 Resident sample size: 3 Closed records sample size: 1
Observations:	Facility environment, common areas, memory care unit, residents engaged in activities, resident and staff interactions.
Interviews:	Reporter, General Manager, Health Services Director, family/Power of Attorney.
Record Reviews:	Characteristic Roster, face sheet, individual service plan, electronic medication records, medication release records, progress notes, Power of Attorney documents, facility and family emails, Abuse and Neglect Policy, Assisting Residents with Medications Policy.

Investigation Summary:
The Assisted Living facility provided incorrect medication and instructions to family when taking Named Resident out of the facility, causing medications errors. Failed practice identified. See statement of deficiencies, completion date 09/24/2025 .

Conclusion / Action:

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

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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 09/12/2025 of:

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

This document references the following complaint number(s): 192920

The following sample was selected for review during the unannounced on-site visit: 3 of 53 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

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

Statement of Deficiencies	License #: 2209	Compliance Determination # 65570
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 2 of 3	Licensee: Aegis Senior Communities LLC	09/24/2025

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.

James Sherman
Residential Care Services

09-25-2025
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)

9/26/2025
Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 1 sample resident (Resident 1) received medication as prescribed when the resident was out of the facility with family. This failure resulted in medication errors for Resident 1.

Findings include...

Record review of Resident 1's Individual Service Plan dated 06/24/2025 showed trained medication staff will assist to administer medications to the resident as ordered.

Record review of Resident 1's Electronic Medication Administration Record (eMAR) dated August 2025 showed that the facility admitted Resident 1 on [redacted]/2024 with a diagnosis of [redacted]. The eMAR showed Resident 1 was prescribed two medications for their treatment of dementia. The eMAR further showed one entry on 08/27/2025 which documented Resident 1 was out of facility with family at scheduled medication times.

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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Administrator (or Representative) | Date

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Record review of Resident 1's Medication Release Record, given to the family, dated 08/27/2025 showed that the facility transcribed incorrect medication orders for two medications treating dementia.

During an interview on 09/18/2025 at 02:39 PM, staff A, Executive Director and staff B, Wellness Director, were both unaware of the eMAR orders and the Medication Release Record instructions stating different instructions.

Staff B investigated and sent email to Department Staff on 09/23/2025 at 11:33 AM, stating incorrect medication (wrong dosages) was sent with the family on 08/27/2025.

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) 10/9/2025.

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

Administrator (or Representative) Peter A K Date 9/26/2025

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_____ _____

Administrator (or Representative) Date