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

Aegis Senior Communities LLC
Aegis of Queen Anne on Galer

,

RE: Aegis of Queen Anne on Galer License # 2339

Dear Administrator:

This letter addresses Compliance Determination(s) 77040 (Completion Date 05/13/2026) and 74327 (Completion Date 03/24/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2026 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 388-78A-2305-2, WAC 388-78A-2474-1, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-78A-2474-5, WAC 388-78A-2474-6, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the off-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

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

Statement of Deficiencies	License #: 2339	Compliance Determination # 74327
Plan of Correction	Aegis of Queen Anne on Galer	Completion Date
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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 the unannounced on-site full inspection on 03/17/2026 and 03/19/2026 of:
Aegis of Queen Anne on Galer
223 W Galer St
Seattle, WA 98119

The following sample was selected for review during the unannounced on-site visit: 7 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jessica Singer
Residential Care Services

3/31/2026
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)

4-7-2026
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled culinary staff (Staff I) had valid food worker cards (FWC) on file with the facility. These failures placed 43 of 43 residents at risk for foodborne illnesses.

Findings included...

NOTE: Reference Washington Administrative Code 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment.

Record review of a Resident Characteristic Roster showed the ALF provided care and services to 43 residents.

Review of staff records showed the facility hired Staff I on 06/27/2021 as a Lead Cook. Staff I had a FWC on file that expired on 02/21/2026. Review of the staff schedule, from 02/22/2026 through 03/17/2026, showed Staff I worked 16 shifts.

In interview, on 03/19/2026 at 10:48 AM, Staff J (Culinary Service Director) confirmed FWC for Staff I had expired and was not valid.

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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 Queen Anne on Galer is or will be in compliance with this law and / or regulation on (Date) 5/7/2026 .

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

Administrator (or Representative) 4/7/26 Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff D) received facility orientation and 1 of 6 sampled staff (Staff E) had completed the required annual 12 hours of continuing education (CE). This failure placed 43 residents at risk of harm from care staff untrained and unfamiliar with the ALF and their expected duties.

Findings included...

Facility Orientation
Note: Washington Administrative Code (WAC) 388-112A-0200 - There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Record review showed the ALF hired Staff D (Care Manager) on 12/23/2025. Staff D's records did not show they received facility orientation.

In an electronic mail communication record, received on 03/17/2026 at 10:35 AM, Staff H (Business Office Program Manager) confirmed she did not have facility orientation records for Staff D.

Continuing Education
WAC 388-112A-0611 - Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(i) A certified home care aide; (i) Must complete 12 hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

Review of staff records showed the ALF hired Staff E (Care Manager- HCA-Home Care Aide) on 08/03/2023. Record review of a training summary showed Staff E completed five hours of CEs on 06/20/2025. Record review showed Staff E did not have the required annual 12 hours of continuing education between the years 2025 and 2026 of Staff E's month and day of birth as required for a credential HCA.

During an interview, on 03/19/2026 at 9:35 AM, Staff G (Care Director) stated they would follow up with Staff E for any additional CE records.

Record review, on 03/20/2026 at 4:30 PM, showed no additional records for Staff E were provided.

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Administrator (or Representative) 4/7/2026 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff members (Staff B, C and D) completed the required two-step tuberculin skin test (TST). This placed 43 residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records showed the ALF hired Staff B (Care Manager) on 11/16/2025. Review showed Staff B did not have the two-step TST completed after date of hire.

Review of staff records showed the ALF hired Staff C (Care Manager) on 05/13/2025. Review showed Staff C did not have the two-step TST completed after date of hire.

Review of staff records showed the ALF hired Staff D (Care Manager) on 12/23/2025. Review showed Staff D did not have the two-step TST completed after date of hire.

In an interview, on 03/19/2026 at 12:45 PM, Staff G (Care Director) stated they were not sure what happened and aknowledged staff who work nights or weekends have difficulty completing the TST process. Staff G stated they will figure out a plan going forward.

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Administrator (or Representative) — Date: 4/7/2026