STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Aegis Senior Communities LLC
Aegis Senior Living of Lynnwood
18700 44th Ave W
Lynnwood, WA 98037

RE: Aegis Senior Living of Lynnwood License # 2345

Dear Administrator:

This letter addresses Compliance Determination(s) 75201 (Completion Date 04/02/2026) and 72608 (Completion Date 02/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/02/2026 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-2480-1, WAC 388-78A-2485, WAC 388-78A-2485-1, WAC 388-78A-2485-2, WAC 388-78A-2485-3, WAC 388-78A-24681-1

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2345	Compliance Determination # 72608
Plan of Correction	Aegis Senior Living of Lynnwood	Completion Date
Page 1 of 5	Licensee: Aegis Senior Communities LLC	02/11/2026

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 02/09/2026 and 02/11/2026 of:

Aegis Senior Living of Lynnwood
18700 44th Ave W
Lynnwood, WA 98037

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Home and Community Living 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.

Jim Sherman
Residential Care Services

02-20-2026
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)

3/2/26
Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff B and Staff C) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Care Manager, was hired on 01/22/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

Staff C, Care Manager II, was hired on 03/04/2025. There was no documentation in Staff C's file that they had TB testing within three days of hire.

On 02/10/2026 at 3:36 PM, Staff G, Area Business Office Manager, stated that they were not sure why Staff B had not completed TB skin testing within three days of hire. Staff G also stated that the ALF did not test Staff C for TB when they were hired because they accepted a previous TB blood test that was done on 05/17/2024.

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 Living of Lynnwood is or will be in compliance with this law and / or regulation on (Date) 3/26/26 .

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

Administrator (or Representative) — Date: 3/2/26

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff (Staff B and Staff D) completed a chest X-ray within seven days after they had a positive result on their tuberculosis (TB) skin test. This failure placed residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Care Manager, was hired on 01/22/2025. Staff B had a positive TB skin test on 02/22/2025. Staff B didn't have a chest X-ray until 04/19/2025, which was 56 days after they tested positive on their TB skin test.

Staff D, Care Manager, was hired on 08/01/2025. Staff D had a positive TB skin test on 08/04/2025. There was no documentation that Staff D had a chest X-ray after their positive TB skin test.

On 02/09/2026 at 4:25 PM, Staff G, Area Business Office Manager (ABOM), stated that it

had been a mistake when the ALF didn't have Staff D do a chest X-ray after their positive TB skin test.

On 02/10/2026 at 3:36 PM, Staff G, ABOM, stated that they were not sure why Staff B did not have a chest X-ray after their positive TB skin test.

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 Living of Lynnwood is or will be in compliance with this law and / or regulation on (Date) 3/26/26 .

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

Administrator (or Representative) — Date: 3/2/26

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:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; 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 3 staff (Staff D), who was provisionally employed, completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff D not having a completed fingerprint background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff D, Care Manager, was hired on 08/01/2025. In the review done on 02/09/2026, 192

days after Staff D's hire, there was no documentation that Staff D had completed a national fingerprint background check.

On 02/10/2026 at 3:36 PM, Staff G, Area Business Office Manager, stated that they were not sure why Staff D had not yet completed a national fingerprint background check.

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 Living of Lynnwood is or will be in compliance with this law and / or regulation on (Date) 3/26/26 .

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

Administrator (or Representative) — Date: 3/2/26