STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Santé Shoreline ALF Op Co LLC
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

RE: Laurel Cove Community License # 2389

Dear Administrator:

This letter addresses Compliance Determination(s) 67468 (Completion Date 10/27/2025) and 63824 (Completion Date 08/26/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/27/2025 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-2100-2-b-i, WAC 388-78A-2100-2-b-ii

The Department staff who did the on-site verification:
Michelle Mcglon, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Laurel Cove Community
Provider Type: Assisted Living Facility

License/Cert.#: 2389
Intake ID: 188388
Compliance Determination #: 63824
Region/Unit #: RCS Region 2 / Unit J
Investigator: Michelle Mcglon
Investigation Date(s): 08/07/2025 through 08/26/2025
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) was physically held during care by the Named Staff (NS) and Named Staff 2 (NS2), which may have contributed to bruises at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 2 Closed records sample size:
Observations:	Identified resident Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Executive Director
Record Reviews:	State reporting log Facility policies Resident Records Staff training records Personnel files

Investigation Summary:

1. In an interview, the ALF staff stated that the NR was physically aggressive. The ALF staff denied contributing to the NR's bruises. In an interview, the Memory Care Director stated that the NR was aggressive with care. In an interview, sampled residents denied being mistreated by the ALF staff. Record review showed the ALF failed to complete an updated assessment and Negotiated Service Agreement to include the NR's aggressive behaviors during care. See Statement of Deficiencies 388-78A-2100.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 2389	Compliance Determination # 63824
Plan of Correction	Laurel Cove Community	Completion Date
Page 1 of 3	Licensee: Santé Shoreline ALF Op Co LLC	08/26/2025

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 an unannounced on-site complaint investigation on 08/07/2025 of:

Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

This document references the following complaint number(s): 188388

The following sample was selected for review during the unannounced on-site visit: 2 of 65 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2389	Compliance Determination # 63824
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Page 2 of 3	Licensee: Santé Shoreline ALF Op Co LLC	08/26/2025

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.

Jeanie Seigner — Residential Care Services — 8/27/2025 — 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) — 8/27/25 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to update the Assessment for 1 of 1 sampled resident (Resident 1) for a change of condition. This failure resulted in a Resident 1's Assessment not identifying their current care needs and placed them at risk of not receiving the appropriate care and services.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2090 - Full assessment topics. (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (c) Other conditions that may require behavioral intervention strategies.

Record review of an undated Face sheet showed the ALF admitted Resident 1 on [redacted]/2023 with multiple medical diagnoses, including [redacted]

[redacted]. Record review of an Assessment, dated 02/10/2025, did not show Resident 1 had any significant known behaviors or symptoms that required special care or intervention strategies.

Record review of an undated document called a Summation, completed by Staff A (Executive Director) showed that Staff C (Caregiver) and Staff D (Caregiver) were providing care to Resident 1. The Summation showed Resident 1 became combative during bathing.

Record review of Progress Notes, dated 06/30/2025 through 07/25/2025, showed the ALF staff documented Resident 1 had several episodes of aggressive behavior, anxiety, or wandering. Progress Notes showed Resident 1 had 10 episodes of behaviors during this time.

In an interview, on 08/07/2025 at 12:05 PM, Staff B (Memory Care Director) stated that Resident 1 was combative with all bathing and care. Staff B confirmed the ALF did not have an updated Assessment that included significant known behaviors or symptoms that required special care or intervention strategies.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 10/10/25.

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

Administrator (or Representative) — Date 8/27/25