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 Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

RE: Aegis of Mercer Island License # 2509

Dear Administrator:

This letter addresses Compliance Determination(s) 67346 (Completion Date 10/17/2025) and 63699 (Completion Date 08/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/17/2025 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0060-1-a-i, WAC 388-112A-0060-3-a, WAC 388-112A-0710, WAC 388-112A-0720-2-a, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2480

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Jane Hermano, NCI

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 08/12/2025 and 08/15/2025 of:
Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

The following sample was selected for review during the unannounced on-site visit: 9 of 70 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Jane Hermano, NCI

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 #: 2509	Compliance Determination #:83699
Plan of Correction	Aegis of Mercer Island	Completion Date
Page 2 of 6	Licensee: Aegis Senior Communities LLC	08/21/2025

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.

Laurie Anderson
Residential Care Services

08/22/2025
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)

08-27-2025
Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility' Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required Required per WAC 388-112A-0400 Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(3) The following training requirements are not listed in the charts in subsection (1) of this section but are required under this chapter.

(a) First aid and CPR under WAC 388-112A-0720 ;

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

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

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) | Date

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WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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

(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:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff C, Staff F, and Staff G) completed all required training to perform their job duties and responsibilities. This failure placed all 70 residents at risk of unmet care needs from staff with incomplete training.

Findings included…

Review of facility's personnel records showed the facility hired Staff C, Associate Care Director, on 08/06/2024; Staff F, Care Manager 2, on 10/18/2021; and Staff G, Medication Care Manager, on 01/09/2020.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)

STAFF C
Review of Staff C's personnel records showed that Staff C completed First-Aid and CPR training through an online, web-based training program. The records showed no documentation of any hands-on skills development training, as required.

During an interview on 08/15/2025 at 3:10 PM, Staff A, Senior General Manager/Administrator, stated that they were aware of First-Aid/CPR training requirements. Staff A stated that they were unaware that Staff C's training did not include the required hands-on skills development training.

CONTINUING EDUCATION (CE)

STAFF F
Review of Staff F's personnel records showed that Staff F did not complete the required 12 hours of CE training from their December 2023 birthday and their December 2024

birthday.

STAFF G
Review of Staff G's personnel records showed that Staff G did not complete the required 12 hours of CE training from their April 2024 birthday and their April 2025 birthday.

During an interview on 08/14/2025 at 1:30 PM, Staff A stated that they were aware of the CE training requirements. Staff A stated that they were unaware that Staff F and Staff G did not complete the 12 hours of CE training, as required.

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 Mercer Island is or will be in compliance with this law and / or regulation on (Date) 10-05-2025.

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

Administrator (or Representative) — Date: 08-27-2025

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.

(2) For purposes of WAC 388-78A-2461 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff D) was screened for Tuberculosis (TB), as required. This failure placed all 70 residents at risk of exposure to TB, an infectious disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff D, Medication Care Manager, on 11/11/2024.

birthday.

STAFF G
Review of Staff G's personnel records showed that Staff G did not complete the required 12 hours of CE training from their April 2024 birthday and their April 2025 birthday.

During an interview on 08/14/2025 at 1:30 PM, Staff A stated that they were aware of the CE training requirements. Staff A stated that they were unaware that Staff F and Staff G did not complete the 12 hours of CE training, as required.

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 Mercer Island is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) 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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff D) was screened for Tuberculosis (TB), as required. This failure placed all 70 residents at risk of exposure to TB, an infectious disease.

Findings included…

Review of facility's personnel records showed the facility hired Staff D, Medication Care Manager, on 11/11/2024.

Review of Staff D's records showed Staff D completed a Quantiferon, Interferon-Gamma Release Assay (IGRA) blood test (blood test used to detect TB infection) on 12/18/2024, thirty-five days after being hired.

During an interview on 08/14/2025 at 1:30 PM, Staff A, Senior General Manager/Administrator, stated that they were aware of the TB screening requirements. Staff A stated that they were unaware that Staff D was not screened for TB when hired.

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 Mercer Island is or will be in compliance with this law and / or regulation on (Date) 10-05-2025.

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

Administrator (or Representative)

08-27-2025
Date

Review of Staff D's records showed Staff D completed a Quantiferon, Interferon-Gamma Release Assay (IGRA) blood test (blood test used to detect TB infection) on 12/16/2024, thirty-five days after being hired.

During an interview on 08/14/2025 at 1:30 PM, Staff A, Senior General Manager/Administrator, stated that they were aware of the TB screening requirements. Staff A stated that they were unaware that Staff D was not screened for TB when hired.

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 Mercer Island is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

08/22/2025

Aegis Senior Communities LLC
Aegis of Mercer Island
7445 SE 24th Street
Mercer Island, WA 98040

RE: Aegis of Mercer Island # 2509

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/21/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
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 388-112A-1000 Which trainings require department approval of the curriculum and instructor?

(1) Except for facility orientation training under WAC 388-112A-0200 (1), the department must preapprove the curriculum, including delivery mode, and instructors for all training required under this chapter.

(4) The department will approve adult family home, enhanced services facilities, and assisted living facility training programs and instructors for orientation and safety training under WAC 388-112A-0200 (2) and 388-112A-0220 when the home is licensed. The facility training program may make changes to its training program as described in WAC 388-112A-1210 .

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

Facility staff personnel records showed the staff department orientation and safety training certificates were signed by a facility staff member who was not a department approved instructor. During the full inspection, the facility scheduled audits of all facility

staff records and removed any orientation and safety training certificates of completion signed by the unapproved employee.

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;

Residents prescribed medications in bottles, tube, and inhaler stored on the facility medication cart were not labeled with any resident's name. During the full inspection, the staff labeled the medication bottles and tube with the resident name. The staff removed the inhaler from the medication cart. The facility implemented improved guidelines for medication storage to meet the regulation.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The hot water temperatures in four-bathroom sinks, used by residents and visitors, did not consistently reach 105 degrees Fahrenheit. During the inspection, the facility staff adjusted the temperature and brought the water temperature within range of the regulatory requirements.

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

Several boxes that contained residents' health information were stored in two locked mechanical rooms, one on the third floor and one on the fourth floor of the facility. The facility maintenance and outside contractors were granted unsupervised access to the mechanical rooms, jeopardizing a potential breach of confidential information contained in the resident records. During the full inspection, facility staff removed the boxes of identifiable health records from the mechanical rooms and secured them in a designated area only authorized individuals have access to meet the regulatory requirements.

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The facility failed to ensure the family medication assistance plans for two residents contained all the required elements for the plans. During the full inspection, the facility updated the plans to include all required components and obtained signatures from the residents or their representatives to meet the requirements.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

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

Enclosure

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

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

Enclosure