



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

Terry Care Group, LLC  
Murano Senior Living  
620 Terry Ave  
Seattle, WA 98104

RE: Murano Senior Living License # 2521

Dear Administrator:

This letter addresses Compliance Determination(s) 52946 (Completion Date 01/13/2025) and 50886 (Completion Date 12/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/13/2025 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-2466-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1

The Department staff who did the on-site verification:  
Cathy Prentice, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager  
Region 2, Unit J  
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



## Residential Care Services Investigation Summary Report

**Provider/Facility:** Murano Senior Living  
**License/Cert.#:** 2521

**Provider Type:** Assisted Living Facility

**Compliance Determination #:** 50886

**Intake ID:** 156592

**Investigator:** Cathy Prentice

**Region/Unit #:** RCS Region 2 / Unit J

**Investigation Date(s):** 11/26/2024 through 12/02/2024

**Complainant Contact Date(s):** 11/26/2024, 12/02/2024

### Allegation(s):

A staff member working as an activity worker with vulnerable adults in the memory care unit has been investigated for substantiated financial exploitation of her son, so it is a concern she is working with vulnerable adults.

### Investigation Methods:

|                        |                                                                                                                               |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Sample:</b>         | Total residents: 78<br>Resident sample size: 2<br>Closed records sample size: 0                                               |
| <b>Observations:</b>   | Observed ALF residents, delivery of care and services; staff interactions with residents; residents' appearance; environment. |
| <b>Interviews:</b>     | Interviewed ALF residents, staff, administration.                                                                             |
| <b>Record Reviews:</b> | Reviewed grievances, facility policies, staff records, other pertinent records.                                               |

### Investigation Summary:

Observation and interview showed the staff member is currently working at the facility. The facility failed to have documentation of a background check upon hire or renewal two years later as required for the named staff member. See Statement of Deficiencies dated 12/02/2024.

### 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 #: 2521                 | Compliance Determination # 50886 |
| Plan of Correction        | Murano Senior Living            | Completion Date                  |
| Page 1 of 3               | Licensee: Terry Care Group, LLC | 12/02/2024                       |

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 11/26/2024 and 11/26/2024 of:

Murano Senior Living  
620 Terry Ave  
Seattle, WA 98104

This document references the following complaint number(s): 156592, 155649

The following sample was selected for review during the unannounced on-site visit: 2 of 78 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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

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

12/10/2024  
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.

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|                           |                                 |                                  |
|---------------------------|---------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2521                 | Compliance Determination # 50886 |
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| Page 2 of 3               | Licensee: Terry Care Group, LLC | 12/02/2024                       |

  
Administrator (or Representative)

Date

12/16/24

**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff C) had completed the Washington state name and date of birth background check (BGC) upon hire or renewed every two years as required. This failure placed 78 residents at risk from exposure to a staff person whose criminal history is unknown.

**Findings included...**

Record review of an employee file, on 11/26/2024 at 11:15 AM, with Staff A (Administrator) showed no BGC on file for Staff C (Activity Assistant) who was hired on 05/03/2022.

In an interview, on 11/26/2024 at 11:20 AM, Staff B (Business Office Manager) confirmed the ALF did not have a record of a BGC completed for Staff C for 2022 or 2024.

This is a recurring deficiency previously cited 04/24/2024 and 10/11/2022.

**Plan/Attestation Statement**

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date

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**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff C) had completed the Washington state name and date of birth background check (BGC) upon hire or renewed every two years as required. This failure placed 78 residents at risk from exposure to a staff person whose criminal history is unknown.

Findings included...

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\_\_\_\_\_  
Plan/Attestation Statement

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Statement of Deficiencies

License #: 2521

Compliance Determination # 50886

Plan of Correction

Murano Senior Living

Completion Date

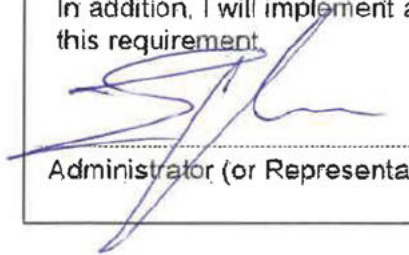
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Licensee: Terry Care Group, LLC

12/02/2024

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, Murano Senior Living is or will be in compliance with this law and / or regulation on (Date) 12/31/24.

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

  
\_\_\_\_\_  
Administrator (or Representative)12/16/24  
\_\_\_\_\_  
Date

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, Murano Senior Living 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