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 Living Bellevue Overlake
1845 116th Ave NE
Bellevue, WA 98004

RE: Aegis Living Bellevue Overlake License # 2567

Dear Administrator:

This letter addresses Compliance Determination(s) 72592 (Completion Date 02/09/2026) and 69728 (Completion Date 12/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/09/2026 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-2466-1-a, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b-i, WAC 388-78A-2305-2, WAC 246-217-025-9, WAC 388-78A-2690-7, WAC 388-78A-2690-7-a, WAC 388-78A-2690-7-b

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Steven Garrett, LTC Licensor
Michelle Yip, ALF Licensor

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

Statement of Deficiencies	License #: 2567	Compliance Determination # 69728
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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 12/08/2025 and 12/10/2025 of:
Aegis Living Bellevue Overlake
1845 116th Ave NE
Bellevue, WA 98004

The following sample was selected for review during the unannounced on-site visit: 9 of 92 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Steven Garrett, LTC Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Jim Sherman
Residential Care Services

12-22-2025
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)

12/24/25
Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington State name and date of birth background check (BGI) every two years for 3 of 3 sampled staff (Staff A, Staff E, and Staff F). This failure placed 92 Assisted Living residents at risk for potential abuse or neglect by staff with an unknown background.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 92 residents received assisted living services.

STAFF A

Review of the facility's Employee List, dated 12/08/2025, showed that the facility hired Staff A, Administrator/Senior General Manager, on 06/13/2023. Review of Staff A's employee records showed their previous Washington state name and date of birth BGI expired on 06/14/2025. The records showed that the facility submitted and completed the current BGI on 07/22/2025, 38 days after the previous BGI expired.

STAFF E

Review of the facility's Employee List, dated 12/08/2025, showed that the facility hired Staff E, Medication Care Manager, on 06/22/2023. Review of Staff E's employee records showed their previous Washington state name and date of birth BGI expired on 06/14/2025. The records showed that the facility submitted and completed the current BGI on 07/18/2025, 34 days after the previous BGI expired.

STAFF F

Review of the facility's Employee List, dated 12/08/2025, showed that the facility hired Staff F, Lead Medication Care Manager, on 05/04/2021. Review of Staff F's employee records showed Staff F's initial Washington state name and date of birth BGI expired on 04/23/2023. The records showed that the facility submitted and completed a BGI on 06/08/2023, 46 days after the initial BGI expired. The records showed their previous Washington state name and date of birth BGI expired on 06/08/2025. The records showed that the facility submitted and completed the current BGI on 07/21/2025, 43 days after the previous BGI expired.

During an interview on 12/08/2025 at 2:52 PM, Staff J, Area Business Manager, stated that they completed the Washington State name and date of birth background check late for Staff A, Staff E, and Staff F when their previous background checks expired.

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 Living Bellevue Overlake 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(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 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess 1 of 3 sampled residents (Resident 5) for their ability to safely use medical devices. This failure placed Resident 5 at risk for possible injury and unmet care needs.

Findings included…

Note: Washington Administrative Code (WAC) 388-78A-2090, Full assessment topics.
The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

RESIDENT 5
Observation on 12/10/2025 at 9:50 AM showed two transfer poles (a floor-to-ceiling grab bar that the bottom end of the pole was mounted to the floor and the top end of the

pole was mounted to the ceiling) were installed inside Resident 5's apartment. Observation showed one transfer pole was installed near the right side of the head of the bed. Observation showed the other transfer pole was installed in front of the toilet in the bathroom. Observation showed two half-length side rails attached to the head of the bed, one side rail on each side of the bed.

During an interview on 12/10/2025 at 10:28 AM, Resident 5 stated that they used the transfer poles sometimes. During an interview at the same time, Collateral Contact 1 (CC 1), anonymous, stated that the home health therapist recommended Resident 5 using the transfer poles for mobility. CC 1 stated that the transfer poles were installed in the apartment in the late spring or early summer 2025. CC 1 stated that they were unsure whether the facility provided assessment and maintenance of the transfer poles and side rails.

Review of Resident 5's records showed that the facility admitted Resident 5 in [redacted] 2025 with medical diagnoses of [redacted] and [redacted]. The records showed that on 06/27/2025, the facility completed a full assessment for Resident 5. The records showed that on 03/09/2025, the facility completed the Side Rail/Enabler Assessment. The Side Rail/Enabler Assessment showed that the facility assessed Resident 5 for their side rail use. There was no documentation that showed the facility completed an assessment of the two transfer poles.

During an interview on 12/10/2025 at 3:30 PM, Staff K, Registered Nurse/Health Services Director, stated that they were unable to locate the assessment of the two transfer poles for Resident 5. Staff K stated that they were unsure whether an assessment of Resident 5's transfer poles were completed.

Review of the facility's document titled "Side Rail/Enabler Assessment" for Resident 5, dated 12/11/2025, showed that the physician order of the transfer poles was dated 04/03/2025. The document showed that the facility did not assess the transfer poles when they were installed.

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 Living Bellevue Overlake is or will be in compliance with this law and / or regulation on (Date) 2/5/26.

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

Administrator (or Representative) [signature] Date 12/24/25

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WAC 246-217-025 Issuance of food worker cards -- Fees.

(9) All food worker cards shall be issued and signed by the local health officer. The local health officer may contract with persons to provide the required training or testing within his/her jurisdiction. The contracts shall include test security provisions so that test questions, scoring keys, and other examination data are exempt from public disclosure to the same extent as records maintained by state or local government agencies.

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:

The facility failed to ensure that one culinary staff (Staff I, Sou Chef) food workers card was issued by a Washington State Public Health Department as required. On 12/10/2025, during the Department's full licensing inspection, Staff I completed the food worker training through the jurisdictional health department to meet the requirements.

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 Living Bellevue Overlake is or will be in compliance with this law and / or regulation on (Date) 2/1/26.

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

WA — 12/24/25

Administrator (or Representative) — Date

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to evaluate 1 of 1 resident's (Resident 10) need for electronic monitoring and failed to obtain a written consent signature from the resident or resident representative. This placed Resident 10

at risk for violation of their privacy.

Findings included..,

Review of Resident 10's "Face Sheet" (resident information document) showed a diagnosis of [redacted] and [redacted].

Review of Resident 10's records showed no documentation that the facility evaluated the need for electronic monitoring. There was no signed consent completed in writing, signed and dated by the resident or resident's representative.

Observation on 12/08/2025 at 12:30 PM showed a sign of "camera in use" posted on the entry door of Resident 10's apartment. Observation showed Staff L, Maintenance Director, and Staff A, Administrator, walked into Resident 10's apartment. Observation showed Staff L picked up a globe-shape wired electronic monitoring device that was placed on top of the console on the right side of the bed next to a window. Observation showed that the wired electronic monitoring equipment lens was aimed at the Resident 10's area of sleep. Staff L stated that they were unaware of a "camera" being installed and operated in the apartment.

Review of Resident 10's "Individualized Service Plan" (ISP) dated 07/03/2025, showed that Resident 10 did not use the facility's wall mounted electronic surveillance system and instead used a personal camera in their apartment. The ISP showed that Resident 10 was suspicious of "others stealing candy". The ISP showed that Resident 10's "daughter knows this is a false claim but knows that having the camera provides" Resident 10 "comfort".

During an interview on 12/18/2025 at 4:48 PM, Collateral Contact 2 (CC2) stated that the facility was aware the family installed a personal camera in Resident's 10's apartment last summer. CC2 stated that Resident 10 was paranoid that someone stole their sugar free candy and other items. CC2 stated that Resident 10's would misplace or hide items and then claim the items were stolen. CC2 stated that the use of the camera allowed the family to locate the items and reassure Resident 10 that no one was stealing from them. CC2 stated that Resident 10's behavior was related to their dementia. CC2 stated that the facility provided a consent form to be filled out for use of the personal electronic monitoring device. CC2 stated that they had not filled out the form.

During an interview on 12/10/2025 at 4:09 PM, Staff M, Registered Nurse, Wellness Nurse, stated that Staff N, Director of Operations, reviewed the facility's documents which showed an email dated March 2025 to CC2 to obtain consent for the camera. Staff N stated that as of 12/10/2025 the facility had not received a response from CC2.

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Staff N stated that they were unaware of the Washington Administrative Code requirements for electronic monitoring for residents. Staff N stated that they were unable to find any documentation that showed the facility completed an evaluation of the monitoring equipment used by Resident 10.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 12/24/25