



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 Kirkland Waterfront
1002 Lake Street S
Kirkland, WA 98033

RE: Aegis Living Kirkland Waterfront License # 2586

Dear Administrator:

This letter addresses Compliance Determination(s) 75778 (Completion Date 04/13/2026) and 72593 (Completion Date 02/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/13/2026 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0710, WAC 388-112A-0600-1, WAC 388-112A-0611-1-a-iii

The Department staff who did the on-site verification:

Thomas Forkgen, ALF Licenser
Michelle Yip, ALF Licenser

If you have any questions, please contact me at (206)305-3489.

Sincerely,

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 #: 2586	Compliance Determination # 72593
Plan of Correction	Aegis Living Kirkland Waterfront	Completion Date
Page 1 of 4	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 an unannounced on-site follow-up on 02/09/2026 of:

Aegis Living Kirkland Waterfront
1002 Lake Street S
Kirkland, WA 98033

This document references the following SOD dated: 02/11/2026

The following sample was selected for review during the unannounced on-site visit: 1 of 87 current residents and 0 former residents.

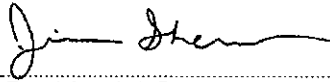
The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licenser
Michelle Yip, ALF Licenser

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2, Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2586	Compliance Determination # 72593
Plan of Correction	Aegis Living Kirkland Waterfront	Completion Date
Page 2 of 4	Licensee: Aegis Senior Communities LLC	02/11/2026

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.

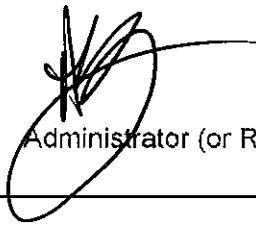


Residential Care Services

02/18/2026

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)

2/19/26

Date

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

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 388-78A-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.

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Plan of Correction	Aegis Living Kirkland Waterfront	Completion Date
Page 3 of 4	Licensee: Aegis Senior Communities LLC	02/11/2026

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 10 sampled staff (Staff O and Staff P) completed training and maintained Cardiopulmonary Resuscitation (CPR) and First Aid certification as required. This failure placed all 87 residents at risk for decreased quality of care provided by caregivers without valid training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 12/22/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 02/05/2026.

Review of the facility's Assisted Living Facility Resident Characteristic Roster dated 02/09/2026 showed 87 residents resided in the Assisted Living Facility and received services.

STAFF O

Review of the facility's Employee Roster showed the facility hired Staff O, Care Manager, on 01/08/2026. Review of the facility's Care Staff Schedule showed Staff O worked in the facility on 02/07/2026, as a care manager.

Review of Staff O's employee records showed that as of 02/09/2026, 32 days after hire, there was no documentation that showed Staff O completed first aid training within 30 days of hire.

STAFF P

Review of the facility's Employee Roster showed the facility hired Staff P, Care Manager, on 12/10/2025. Review of the facility's Care Staff Schedule showed Staff P worked in the facility as a Care Manager on 02/06/2026 and 02/07/2026.

Review of Staff P's employee records showed that Staff P's CPR and First Aid credentials expired on 12/23/2025.

Review of an email dated 02/09/2026, from Staff N, Area Business Office Manager, showed that Staff P's CPR and First Aid certification were expired.

During an interview on 02/09/2026 at 12:00 PM, Staff N, stated that Staff O did not complete a training course for First Aid and was enrolled in a First Aid class on 02/20/2026. Staff N stated that they were unable to find Staff P's CPR and First Aid card.

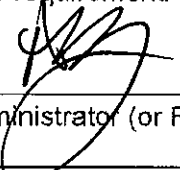
Statement of Deficiencies	License #: 2586	Compliance Determination # 72593
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Page 4 of 4	Licensee: Aegis Senior Communities LLC	02/11/2026

This is an uncorrected deficiency previously cited on 12/22/2025 for WAC 388-78A-2474 subsection (2)(d).

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 Kirkland Waterfront is or will be in compliance with this law and / or regulation on (Date) March, 26, 26.

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



Administrator (or Representative)

2/19/26

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

Statement of Deficiencies	License #: 2586	Compliance Determination # 70090
Plan of Correction	Aegis Living Kirkland Waterfront	Completion Date
Page 1 of 8	Licensee: Aegis Senior Communities LLC	12/22/2025

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 the unannounced on-site full inspection on 12/15/2025 and 12/18/2025 of:

Aegis Living Kirkland Waterfront
1002 Lake Street S
Kirkland, WA 98033

The following sample was selected for review during the unannounced on-site visit: 9 of 89 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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 #: 2586	Compliance Determination # 70090
Plan of Correction	Aegis Living Kirkland Waterfront	Completion Date
Page 2 of 8	Licensee: Aegis Senior Communities LLC	12/22/2025

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.

Jim Sherman
Residential Care Services

12-24-2025
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)

12/31/25
Date

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(1) Continuing education is annual training designed to promote professional development and increase a long-term care worker's knowledge, expertise, and skills. DSHS must approve continuing education curricula and instructors.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

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 388-78A-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.

Statement of Deficiencies	License #: 2586	Compliance Determination # 70090
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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 sampled staff (Staff D) completed a Cardiopulmonary Resuscitation (CPR) which included hands-on skills development as required. The facility failed to ensure 2 of 4 sampled staff (Staff F and Staff M) completed the Continuing Education (CE) training approved by the Department of Social and Health Services (DSHS) between their 2024 and 2025 birthdays. These failures placed the 89 Assisted Living residents at risk for receiving improper care from untrained staff persons.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed 89 residents received Assisted Living services.

CARDIOPULMONARY RESUSCITATION (CPR)

STAFF D

Review of the facility's undated employee roster showed that the facility hired Staff D, Care Manager 1, on 06/10/2025.

Review of the facility's Care Managers' schedules showed that from September 2025 through December 2025, Staff D worked 43 shifts in the facility, providing care and services to residents.

Review of Staff D's employee records showed a CPR/first aid card dated 07/25/2024 and expired on 07/25/2026. The CPR/first aid card showed that the CPR course was provided by an online provider and was completed online, which did not include hands-on skills development with mannequins or trainee partners as required.

Review of the online CPR/First Aid provider website showed that the CPR and First Aid training did not require a live hands-on skills check.

During an interview on 12/17/2025 at 4:30 PM, Staff L, Lead Concierge, stated that they were aware the CPR and First Aid certification needed to include a hands on skills test with the use of mannequins or trainee partners.

During an interview on 12/18/2025 at 10:45 AM, Staff L stated that Staff D was removed from the schedule. Staff L stated that Staff D was to complete a CPR/First aid course that included a hands-on skills test as required before they were allowed to return to work.

CONTINUING EDUCATION (CE)

STAFF F

Statement of Deficiencies	License #: 2586	Compliance Determination # 70090
Plan of Correction	Aegis Living Kirkland Waterfront	Completion Date
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Review of the facility's undated employee list showed the facility hired Staff F, Medication Care Manager, on 10/06/2021. Review of the facility's employee schedule showed Staff F provided personal care to the residents in the facility between October 2025 and December 2025.

Review of Staff F's employee records showed Staff F held an active Nursing Assistant Certification (NAC). The records showed Staff F's NAC was first issued on 02/07/2022. The records showed documentation that Staff F completed 10.75 hours of the required 12 hours of CE training approved by the DSHS, from their October 2024 birthday to their October 2025 birthday.

STAFF M

Review of the facility's undated employee list showed the facility hired Staff M, Associate Care Director, on 08/20/2021. Review of the facility's employee schedule showed Staff M provided personal care to the residents in the facility between August 2025 and December 2025.

Review of Staff M's employee records showed Staff M held an active NAC. The records showed Staff M's NAC was first issued on 07/07/2021. The records showed documentation that Staff M completed 5.75 hours of the required 12 hours of CE training, approved by the DSHS, from their February 2024 birthday to their February 2025 birthday.

During an interview on 12/17/2025 at 3:25 PM, Staff N, Area Business Office Manager, and Staff L stated that they were responsible for keeping track with care staff's CE training. Staff N and Staff L stated that their care staff completed the CE courses through an online training program. Staff N and Staff L stated they were unaware Staff F and Staff M completed the online CE courses that were not approved by the DSHS. Staff L and Staff N stated they were unaware the same CE course might not be repeated within one continuing education compliance year. Staff N and Staff L stated that Staff F and Staff M did not complete the required 12 hours of CE training between their 2024 and 2025 birthdays.

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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 Kirkland Waterfront 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) 

Date 12/31/25

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 1 of 8 sampled staff (Staff E). This failure placed 89 Assisted Living residents at risk for potential abuse or neglect by staff with an unknown background.

Findings included...

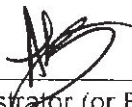
Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 89 residents received assisted living services.

Review of the facility's undated employee list showed that the facility hired Staff E, Lead Medication Care Manager, on 01/13/2017. Review of Staff E's employee records showed their previous Washington state name and date of birth BGI expired on 08/24/2025. The records showed that the facility submitted and completed the current BGI on 09/08/2025, 15 days after the previous BGI expired. Review of the facility's care staff schedule showed that Staff E provided resident care and services on 08/25/2025 without a valid BGI.

During an interview on 12/08/2025 at 2:52 PM, Staff L, Lead Concierge, stated that they

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were responsible for completing the background checks for the employees during the transition of the former and current Business Managers. Staff L stated that when they were on leave in September 2025, the facility did not complete the Washington State name and date of birth background check for Staff E. Staff L stated that Staff E worked in the facility when their previous background check 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 Kirkland Waterfront is or will be in compliance with this law and / or regulation on (Date) <u>2/5/26</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>12/31/25</u> 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 9 sampled residents (Resident 1) for their ability to safely use medical devices. This failure placed Resident 1 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

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others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

Review of the facility's "Side Rail/Enabler Device Policy", dated 03/15/2023, showed that the facility was responsible for completing an initial assessment and then annual review for the safety of side rail/enabler use.

Observation of Resident 1's apartment on 12/16/2025 at 8:54 AM showed two side rails with fabric covers, attached from the head of the bed and extended to the mid-way of the bed, one side rail on each side of the bed. Observation showed Resident 1 was not in bed and the bed rails were lowered.

Review of Resident 1's records showed that the facility admitted Resident 1 in [REDACTED] 2021 with medical diagnoses of [REDACTED] and [REDACTED]. The records showed that on 02/28/2025, Resident 1 received the physical therapist's recommendation for bedrails. The records showed that on 08/23/2025, the facility completed the full assessment for Resident 1. The records showed that as of 12/17/2025, there was no documentation that showed the facility completed an assessment of the safety of side rail use.

During an interview on 12/18/2025 at 10:38 AM, Staff H, Licensed Practical Nurse/Health and Wellness Director, stated that they were unable to locate the assessment of the two side rails for Resident 1.

Review of Staff H's email document titled "Resident 1's Bed Side Rail", dated 12/19/2025, showed that Resident 1 received the physician order for side rails and had the side rails installed in their room in March 2025. The document showed that the facility did not assess the side rails when they were installed in March 2025.

During an interview on 12/22/2025 at 4:17 PM, Collateral Contact 1 (CC 1), anonymous, stated that the bed rails were installed in the apartment about six to eight months ago when Resident 1 was discharged from the hospital. CC 1 stated that the home health therapist recommended the bedrails to prevent Resident 1 from rolling out of bed.

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

Administrator (or Representative)

Date 12/31/25